

1

2 **A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING**  
3 **PROGRAM ON KNOWLEDGE REGARDING ESSENTIAL NEWBORN CARE PRACTICE**  
4 **AMONG PRIMI MOTHERS AT SELECTED HOSPITAL, SALEM.**

5

6 **ABSTRACT**

7 A descriptive design with quantitative research approach was undertaken to assess the  
8 knowledge of the primi mother regarding essential newborn care in VMKVMCH, Salem. 30  
9 primi mothers were selected by convenient sampling technique and data were collected by  
10 closed ended knowledge questionnaire.

11 The findings revealed that, the highest percentage (56.7%) of primi mothers were  
12 between age group of 21-25 years. Most of the primimothers (93.3%) of them were nuclear  
13 family. Highest percentage (33.3%) of the primimothers educational statuses were diploma.  
14 Highest percentage (36.7%) of the primi mothers were laborer. Highest percentages (83.3%) of  
15 the primi mother were Hindu regions. Monthly income shows that highest percentage (53.4%)  
16 of the primi mother had family income between Rs 10,000 - 20,000, it shows that primi mother  
17 were from low socio economic group.

18 In pre test, Percentage wise distribution of primi mother shows that 23(77%) had  
19 inadequate knowledge, 7(23%) had moderately adequate knowledge and (0%) had adequate  
20 knowledge. In post test, 26 (87%) had adequate knowledge, 4 (13%) moderately adequate  
21 knowledge and (0%) had inadequate knowledge.

22 Before administering knowledge information, the mean score was 18.06+ 4.19 and  
23 after administering knowledge mean score was 28.77+1.13 and the mean improvement score  
24 was 15.23(50.77%). at  $p < 0.001$  level the measured paired 't' test value of  $t = 46.010$  was found to  
25 be statistically highly improvement. This clearly suggests that there is a formal training on  
26 neonatal care practice

27 **Keywords:**-Structured Teaching, Primi mothers, Newborn, Essential newborn care,  
28 Knowledge & Practice

29 **INTRODUCTION**

30 A newborn is not only valuable to his parents, family, community and nation, but also  
31 to the whole world, child is the foundation of the nation's health and wealth. Health maintenance  
32 is not only desired but positively valued by all societies, and thus an accepted goal of all  
33 communities is an improved level of health.

34 The **World Health Organization (WHO)** recommends improving essential newborn  
35 care practices at birth in order to reduce neonatal morbidity and mortality. Effective promotion  
36 of essential newborn care at scale could significantly contribute to reducing the leading causes  
37 of newborn deaths in low income countries, especially those due to sepsis pneumonia, preterm  
38 births and tetanus. The essential practices include clean cord care, thermal care, initiating breast-  
39 feeding immediately or within an hour after birth, skilled assistance at birth for resuscitation;  
40 care-seeking and extra care sick and underweight babies.

41 **Need for study**

42 The **UNICEF 2023**, approximately 2.3 million newborns died within their first 28 days  
43 of life, averaging 6,300 deaths daily. While global neonatal mortality has decreased by 53%  
44 since 1990 (from 37 to 17 deaths per 1,000 live births), nearly half of all under-5 deaths occur  
45 during this period.

46 The **world health organization (WHO)** estimates that Global neonatal mortality (death within  
47 the first 28 days) has dropped to 17 deaths per 1,000 live births in 2023, down from 37 in 1990.

48 Despite progress, 2.3 million newborns still died in 2022, primarily in sub-Saharan Africa and  
49 Southern Asia, accounting for 47% of all under-5 deaths.

50 **In India, National Health Mission** estimated that significantly reduced its Neonatal  
51 Mortality Rate (NMR) from 26 per 1,000 live births in 2014 to 19-20 per 1,000 in 2021/2020.  
52 Despite this progress, nearly 40% of neonatal deaths occur within the first 24 hours of birth,  
53 with causes primarily including prematurity, low birth weight, and birth asphyxia.

#### 54 **Objectives**

- 55 • To assess the pre test and post test knowledge regarding essential newborn care  
56 practice among primi mother.
- 57 • To assess the effectiveness of structured teaching programme on knowledge regarding  
58 essential newborn care practice among primi mother at VMKVMCH in Salem.
- 59 • To associate the effectiveness of structured teaching programme among primi mother  
60 with their demographic variables.

#### 61 **METHODOLOGY**

##### 62 **Research design and approach**

63 A descriptive design with quantitative research approach was apply to determine the  
64 effectiveness of structured teaching programme on knowledge regarding essential newborn care  
65 practice among primi mothers at VMKVMCH Hospital in Salem.

##### 66 **Setting of the study**

67 This study was conducted at VMKVMC Hospital in Salem.

##### 68 **Population**

69 The population for the present study was all primi mothers in postnatal ward at  
70 VMKVMC hospital in Salem.

##### 71 **Sample**

72 All primi mothers in postnatal ward at VMKVMC Hospital Salem, who meet the  
73 inclusion criteria was the sample for the present study.

##### 74 **Sample size**

75 Sample size was 30 primi mother's with the age group of 18-35years.

##### 76 **Sampling technique**

77 Non probability convenient sampling Techniques was used for the present study

##### 78 **Planned Data Analysis**

79 **Effectiveness of structured teaching programme on knowledge regarding essential**  
80 **newborn care practice among primi mothers with newborn. N = 30**

<b>Knowledge</b>	<b>Mean</b>	<b>Standard deviation</b>	<b>Mean Improvement &amp; %</b>	<b>Paired 't' Test Value</b>
pre test	18.06	4.19	60.2 %	<b>t = 46.010</b> <b>p = 0.0001, S***</b>
Post test	26.4	5.05	88%	<b>t = 73.040</b> <b>p = 5.400, S</b>

81 \*\*\*p<0.001, S – Significant

82

83 Table no. 3 indicates that the mean before giving knowledge information score was  
84 18.06+\_ 4.19and the mean after administering knowledge score was 28.77-+1.13 and the mean  
85 improvement score was 15.23(50.77%). at p<0.001 level the measured paired 't' test value of

86 t=46.010 was found to be statistically highly important. This clearly suggests that there is a  
87 formal training curriculum on information about critical neonatal care practice  
88

## 89 **THE FINDINGS OF THE STUDY**

90 Percentage wise distribution knowledge score overall so primi mother regarding  
91 essential newborn care Percentage wise distribution of primi mother shows that 23(77%) had  
92 inadequate knowledge and 7(23%) had moderately adequate knowledge in pre test. 14(56%)  
93 had moderately adequate knowledge and 26(87%) had adequate knowledge in post test.

94 Over all knowledge score of primi mother on knowledge essential newborn care shows  
95 that mean before giving knowledge information score was  $13.53 \pm 1.52$  and the mean after  
96 administering knowledge score was  $28.77 \pm 1.13$  and the mean improvement score was  
97  $15.23(50.77\%)$ . At  $p < 0.001$  level the measured paired 't' test value of  $t=46.010$  was found to be  
98 statistically highly important. This clearly suggests that there is a formal training curriculum on  
99 information about critical neonatal care practice

## 100 **CONCLUSION**

101 The research results discuss the effectiveness of structured teaching programme on  
102 knowledge regarding essential newborn care practice among primi mothers.

103 From the finding of present study it can be concluded the primi mothers were in middle  
104 socio economic group. Majority 93.3% of the primi mothers were nuclear family.

105 The highest percentage 83.3 of the primi mothers according to religion show that  
106 majority of the primi mothers was Hindu. The adequate knowledge on primi mother 77%,  
107 inadequate knowledge on primi mothers 87%.primi mothers had average knowledge on  
108 essential newborn care.

## 109 **REFERENCES**

- 111 1. AdikaPillstev. "Maternal and child health nursing care of the child bearing and  
112 childbearing family", (5<sup>th</sup>ed) New Delhi published by Williams & Wilken , 5.2007, Pp.  
113 679-86. [www.importantofnewborn.com](http://www.importantofnewborn.com)
- 114 2. Acharya (1995), "Text book of pediatrics", (3<sup>rd</sup>ed) New Delhi Conest Longman  
115 publisher, 1995, Pp. 500-510,  
116 [www.essentialinterventionsofnewborn.com](http://www.essentialinterventionsofnewborn.com)
- 117 3. Park, "Text Book of prevention and social Medicine", 8<sup>th</sup>Edn. Bhanot publication, 2005,  
118 Pp. 345-46.
- 119 4. Essential Newborn care Available from <http://www.google.com>
- 120 5. LoparaTjaja,.Dotimu DA, and BA. Alex-Hart. Newborn cord care practices Amongst  
121 Mothers in yenagoa Local Government Rea Bayelsa State Nigeria international journal  
122 of clinical Medicine vol.03, No.01.Pp. 22 27, 2011

## 123 **Net content**

- 124 1. Is essential newborn care in Bangalore deadline extended indefinitely 2020  
125 <https://www.hindawi.com/journals/ijpedi/2020/3647309/>
- 126 2. Is essential newborn care in Delhi deadline extended indefinitely 2017  
127 <https://www.ncpi.nlm.nih.gov/pmc/articles/PMC6161384/>
- 128 3. United Nations Sustainable Development Goals.[<http://www.un.org/> sustainable  
129 development/ health/]
- 130 4. WHO recommendations on ways to improve quality of newborn care in health facilities,  
131 2016 accessd at <http://www.who.int/features/2017/quality-care facilities/en>