

Effectiveness of Planned Teaching Programme on Knowledge Regarding Identification of Danger Signs in Neonates among Post-Natal Mothers

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Abstract:-

Introduction: Infants are very susceptible to get ill, mostly with infectious disease. Most of these illnesses can be managed by primary health care not only in the sub-Centre or PHCs, but also in the home itself. But most important part is early identification of the illness after understanding the clinical feature of the disease. **Aim:** The aim of the study was to determine the effectiveness of planned teaching programme on knowledge regarding neonatal danger signs. **Method:** A pre-experimental design was used for the study and 60 Postnatal mothers were selected by purposive sampling technique. **Result:** Findings of the study revealed that the overall posttest mean score was 18.88 with standard deviation 3.147 and the responded knowledge were significantly higher than the overall mean pretest knowledge scores 11.20 with standard deviation 3.172. **Conclusion:** The present study findings indicate that planned teaching programme was a suitable and effective method of enhancing the knowledge. There was a significant difference between the Pre and Post test score categories of Knowledge. Therefore, we can say that the intervention was very effective.

Keywords:- Knowledge, Postnatal Mothers, Neonates, Planned Teaching Programme (PTP).

I.INTRODUCTION

The birth of an infant is one of the most awe-inspiring and emotional events than can occur in one's lifetime. After 9 months of anticipation and preparation, the neonate arrives amid a flurry of excitement. The new human beings affect the lives of the parents and the other family members. Some parents and families adjust easily to the necessary changes in their lifestyle, whereas others find it difficult to cope with these changes and feel varying degrees of turmoil and anxiety. This is especially true if the neonate is not the robust, healthy, lovable infants who was expected. Neonatal periods from birth to 28 day of life. First week of life (<7 days or <168 hours) is known as early neonatal period. Late neonatal period extends from 7th to <28th day. The most determinant time for a neonate survival period is 28th days of life. It's continuing to accelerate the reduction in under five mortality, focusing on neonate should be a primarily concern. 4Infants are very susceptible to get ill, mostly with infectious disease. Most of these illnesses can be managed by primary health

care not only in the sub-Centre or PHCs, but also in the home itself. But most important part is early identification of the illness after understanding the clinical feature of the disease. Children are vital to the nation's present and future. Healthy children are more likely to become healthy adults. Promotion of health today requires consideration of the hence the care of children at birth plays a vital role. Early identification of new born danger signs by caregivers with prompt and appropriate referral serves as backbone of the programs aiming at reduction in neonatal mortality. The danger signs recognized by WHO could indicate a severe disease or a local infection. Early identification of a sick new born is the key to successful management and improving neonatal outcome. The research investigator will look to the following danger sign in neonates: hyperthermia/hypothermia, diarrhea, poor feeding and vomiting, breathing difficulty, convulsion, jaundice, neonatal infection and lethargy. Apart from the all above factors, the investigator's personal experience during clinical postings made to select the study on the identification of danger signs in neonates. This study may strengthen on importance of the knowledge regarding the above said problem and to prevent morbidity and mortality concerned to the same.

II.METHODS AND MATERIALS

Method

In this study, a quantitative research approach was adopted. A pre-experimental one group pre-test -post-test designed was used. In this study group was given planned teaching programme (prepared by the investigator) about danger signs in neonates. For this 60 sample (postnatal primi mothers) were selected from shri vinoba bhav civil hospital. All selected have fulfilled the inclusion criteria and were the selected by non-probability purposive sampling technique.

Material

A self-structured questionnaire consists of 30 items used to assess the knowledge regarding identification of danger signs in neonates among postnatal primi mothers admitted in post-natal ward at shri vinoba bhav civil hospital Silvassa.

Section	Topic	Item	Max. score
1	Information regarding neonates	4	4
2	Hyperthermia/hypothermia	5	5
3	Diarrhea	4	4
4	Breathing difficulties	3	3
5	Poor feeding	4	4
6	Convulsion	3	3
7	Jaundice	2	2
8	Neonatal infection	3	3
9	Lethargy	2	2
Total		30	30

Table:1 description of knowledge questionnaire

Scoring

Tool consists of total 30 items. Each question has only one correct response. Each correct response given one mark and for wrong response given zero mark. Total minimum score is zero and maximum score is 30.

Sr. No	Level of knowledge	Score	Percentage (%)
1	Poor	0-15	<50
2	Average	16-22	50-75
3	Good	23-30	>75

Table :2 Scoring according to level of knowledge

Ethical Consideration

Ethical clearance was obtained from the institutional ethical committee of Shri Vinoba Bhave College of Nursing, Silvassa. Administrative permission was taken from the director, Medical and Health Services, Dadra And Nagar Haveli and Informed written consent was taken from the study participants.

III.FINDINGS OF THE STUDY

Data was analyzed by using descriptive and inferential statistics.

Findings of Respondent on Pretest and Post-Test Knowledge Level on Identification of Danger Signs in Neonates.

Sr. No.	Knowledge aspect	Statement	Max score	Respondents knowledge		
				Mean	Mean (%)	SD
1	General information on neonates	4	4	2.17	54.24	1.011
2	Knowledge on hyper/hypothermia	5	5	1.68	33.6	1.066
3	Knowledge on diarrhea	4	4	1.25	31.25	0.932
4	Knowledge on feeding problems	3	3	1.07	35.66	1.071
5	Knowledge on breathing difficulties	4	4	1.03	25.75	0.843
6	Knowledge on convulsion	3	3	0.77	25.66	0.789
7	Knowledge on jaundice	2	2	1.43	71.5	0.563
8	Knowledge on neonatal infection	3	3	1.13	37.66	0.724
9	Knowledge on lethargy	2	2	.67	33.5	0.655
10	Combined	30	30	11.16	37.2	7.654

Table:3 Area wise and overall Mean, Mean Percentage and SD, regarding postnatal mothers on identification of danger signs in neonates.

n=60

The table 3 displays that area wise and overall pretest mean, mean% and SD regarding identification of neonatal danger signs. It shows majority of postnatal mothers (71.5 %) had knowledge on jaundice, followed by general information

on neonates (54.24%), neonatal infection (37.66%), feeding problems (35.66%), hyper/hypothermia and lethargy (33.6% & 33.5%), diarrhea (31.25%), and minimum (25.66%) on breathing difficulties and on convulsion (25.75 %).

Sr. No.	Knowledge aspect	Statement	Max score	Respondents knowledge		
				Mean	Mean (%)	SD
1	General information on neonates	4	4	3.57	89.25	.593
2	Knowledge on hyper/hypo thermia	5	5	3.02	60.4	1.127
3	Knowledge on diarrhea	4	4	2.25	56.25	0.950
4	Knowledge on feeding problems	3	3	2.13	71	1.171
5	Knowledge on breathing difficulties	4	4	1.50	37.5	0.873
6	Knowledge on convulsion	3	3	1.80	60	0.898
7	Knowledge on jaundice	2	2	1.62	81	0.490
8	Knowledge on neonatal infection	3	3	1.95	65	0.769
9	Knowledge on lethargy	2	2	1.05	52.5	0.723
10	Combined	30	30	18.89	62.96	6.721

Table :4 Area wise and overall Mean, Mean Percentage and SD of post-test regarding postnatal mothers on identification of danger signs in neonates

n=60

Table:4 shows the majority (89.25%) of the mothers had knowledge regarding general information on neonates followed by jaundice (81%), feeding problems (71%),

neonatal infection (65%), hyper/hypo thermia and convulsion (60%), diarrhea (56.25%), lethargy (52.5%) and lowest knowledge on breathing difficulties (37.5%).

Score category	Mean	Mean %	SD	z-value	p-value	df	Level of significance
Pre test	11.20	37.33	3.172	-6.959	0.001	59	0.05
Post test	18.88	62.93	3.147				

Table:5 Mean, Mean %, SD and z-value of pretest and post-test knowledge score regarding postnatal mothers on identification of danger signs in neonates
n=60

Note: significance at the level of 0.05

The above table depicts that obtained z is (Z (59,0.05=-6.959<0.001). Therefore, p- value is found to be higher than the calculated value. Hence the research hypothesis stated that there will be significant difference between pre and post-

test level of knowledge on danger signs in neonate among postnatal mothers accepted. This supports that the PTP was effective in increasing the knowledge level of women regarding danger signs in neonates

Sr. No	Baseline characteristics	Poor	Average	Chi Square value	p-value	df	Significance
1	Age			2.837	.585	4	NS
	<21	10	1				
	21-24	22	3				
	25-28	12	1				
	29-32	4	1				
	33-36	4	2				
2	Education			14.357	.026	6	S
	Professional	1	1				
	Graduate	1	2				
	Post graduate	7	0				
	Diploma	2	0				
	High school	10	3				
	Middle school	13	0				
Primary school	18	2					
	Illiterate	0	0				
3	Occupation			5.781	.566	7	NS
	Technicians	1	1				
	Clerk	1	0				
	Skilled worker	2	0				
	Agriculture	2	0				
	Craft	1	1				
	Plant	1	0				
Elementary	1	0					
	Unemployed	43	6				
4	Type of family			.145	.703	1	NS
	Joint	16	3				
	Nuclear	36	5				
	Extended	0	0				
5	Family income			7.541	.183	5	NS
	39,033-78062	1	0				
	29200-39032	2	2				
	19516-29199	5	2				
	11708-19515	18	2				
	3908-11707	22	2				
	<3907	4	0				
6	Residence			12.027	.001	1	S
	Urban	6	5				
	Rural	46	3				
7	Religion			1.224	.542	2	NS
	Hindu	39	7				
	Christian	7	0				

	Muslim	6	1				
8	Delivery type						
	Normal	23	3	.128	.721	1	NS
	LSCS	29	5				
9.	Previous knowledge						
	Yes	9	4	4.366	.037	1	S
	No	43	4				

Table :6 Association of pretest knowledge score of mothers with selected socio demographic variables
n=60

NOTE: - $p \leq 0.05$, S- Significance, NS-Non significant

Table:6 displays age, occupation type of family, family income, religion and delivery samples does not have any significant association with their pretest level of knowledge about danger signs in neonates whereas the education of mothers, residence and previous knowledge had a significant association with the pretest level of knowledge of the study sample.

IV.CONCLUSION

Planned teaching programme can enhance the Knowledge of mothers regarding identification of danger signs in neonate.

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