



A study to assess the effectiveness of structured teaching programme on knowledge regarding the maternal fetal attachment among antenatal mothers at selected hospital in Bangalore.

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Abstract: This study has been undertaken to assess the effectiveness of structured teaching programme on knowledge regarding the maternal fetal attachment among antenatal mothers at selected hospital in Bangalore. The research approach used was evaluative approach. The Research Design selected for the study was one group pre-test post-test design. The setting was General hospital, Nelamangala in Bangalore. The sample includes 60 antenatal mothers and is selected by non-probability convenience sampling technique. The structured Teaching Programme regarding the maternal foetal attachment was prepared. The Pilot Study was conducted with 10 antenatal mothers. Reliability of the tool was assessed by collecting data from 10 antenatal mothers who are attending antenatal clinic at General Hospital, Nelamangala in Bangalore. Split half method with Karl Pearson's formula was used to test the reliability of the tool.

INTRODUCTION

Birth is not beginning. It is a continuation of another level of life, following the time in the womb. The baby is much a member of family at one week old in the womb. Following birth babies have emotional needs. They needed to be loved and nurtured, acknowledged and accepted this where prenatal bonding comes in. There are many special moments awaiting for mother in her pregnancy, the first time mother see her baby, the first time mother here the heart beats and the first time mother feel the moments. All these moments help the mother to bond wither unborn baby A mother bonding with her unburned child is one of the most important aspects of life. This bond starts from the first day of pregnancy and continues throughout the person's life

The goal of prenatal attachment is to ensure the protection, comfort and assistance needed for survival. Maternal prenatal attachment positively influences pregnancy related health practices such as taking adequate sleep, receiving prenatal care, eating healthy foods, not using illegal drugs or alcohol etc... Prenatal attachment positively correlated with involvement during postnatal interaction: mother to infant proximal I stimulation like touching, kissing, etc...and mother to infant distal stimulation like vocalization and smiling. Prenatal attachment negatively correlated with maternal non prenatal emotional attachment.

I. RESEARCH METHODOLOGY

The research methodology includes the steps undertaken to gathering and organizing the data collection that are research approach, research design, study setting, population undertaken study sample, sampling technique, criteria for selection of sample, development of demographic variable, description of tools for data collection and plan for data analysis.

3.1 Population and Sample

The target Population for the study was antenatal mothers admitted in general hospital nelamangala, banglore.

The samples were 60 antenatal mother admitted in general hospital at nelamangala, banglore

3.2. Data and the Source of Data

Formal administrative permission was taken from The medical supretendent of general hospital nelamangala banglore. Final data was done from 03/01/2019 to24/01/2019. 60 antenatal mother (30 experimental group and 30 control group) were selected from selected general hospital by Non- Probability convenience sampling technique.

3.3 Theoretical Framework

Variables of the study contains dependent and independent variables. independent variable was structured teaching programme on maternal and fetal attachment and dependent variable was knowledge on fetal and mother maternal attachment.

3.4 Statistical tools and econometric models

The details of methodology is given as follow

3.4.1 descriptive and Inferential Statistics

Score were planned to be organized tabulated and analyzed by using the frequency distribution with descriptive statistics (mean, standard deviation and mean score percentage) and inferential statistics (paired t test and chi square) which helped to find out the effectiveness of skill competency programme on drug administration error related to neurological alteration among staff nurses.

IV RESULT AND DISCUSSION

The frequency and percentage distribution of the antenatal mothers according to the age group

Slno	Demographic variable	Group	
1	Age in years	Frequency	Percentage
	18-23	13	21.67%
	24-29	32	53.33%
	30-35	15	25%

Out of 60 antenatal mothers with regard to age, majority were 32 (53.33%) were in the aged between 24-29 years, 15 (25%) were aged between 30-35 years and 13 (21.67%) were aged between 18-23 years.

TABLE: 1.2**The frequency and percentage distribution of the antenatal mothers according to the Educational status**

Sl no	Demographic variable	Group	
		Frequency	Percentage
2	Educational status		
	No formal education	2	3.33%
	Primary	7	11.67%
	Secondary	5	8.33%
	Higher secondary	16	26.67%
	Degree/Diploma	30	50%
	Post graduate or above.	0	0%

Considering their educational status majority 30 (50%) had degree/diploma, 16(26.67%) had higher secondary education, 7 (11.67%) had primary and minority had 2 (3.33%) had no formal education and there is nobody with post graduate or above.

The frequency and percentage distribution of the antenatal mothers according to percapita monthly family income

Sl no	Demographic variable	Group	
		Frequency	Percentage
3	Per capita monthly of family income in rupees		
	3000& below	2	3.33%
	3001-6000/month	9	15%
	6001-9000/month	35	58.33%
	9001-12000/month	12	20%
	Above 12000/month	2	3.33%

Considering the per capita monthly income of the subjects 35 (58.33%) were between 60001-9000 /month, 12 (20%) between 9001-12000.Rs/month,9(15%) between 3001-6000, and minority were 2(3.33%) had both below 3000 and above 9000.

TABLE: 1.4

The frequency and percentage distribution of the antenatal mothers according to the occupation.

Slno	Demographic variable	Group	
		Frequency	Percentage
4	Occupation		
	Heavy worker	17	28.33%
	Moderate worker	3	5%
	Sedentary worker	40	66.67%

With regard to occupation majority 40 (66.67%) are sedentary worker, 17 (28.33%) of them heavy worker and only 3 (5%) had moderate worker.

TABLE: 1.5

The frequency and percentage distribution of the antenatal mothers according to source of information about the maternal fetal attachment.

Sl no	Demographic variable	Group	
		Frequency	Percentage
5	Source of health information		
	Mass media	16	26.67%
	Printed media	30	50%
	Health professionals	5	8.33%
	From friends or relatives.	8	13.33%
	No source of information	1	1.67%

Considering the source of information majority 30 (50%) are getting information about maternal fetal attachment from printed media 16(26.67%) were from mass media.8(13.33%) were from friends and relatives, 5(8.33%) from health professionals minority 1(1.67%) are not having any sources of information.

SECTION-II

This section reveals the level of knowledge of antenatal mothers regarding the maternal fetal attachment before and after conducting structured teaching programme.

Table-2.1: Assessment of pre-test knowledge level of antenatal mothers regarding the maternal fetal attachment.

n=60

Level of knowledge	PRE TEST	
	frequency	%
Adequate knowledge (> 75 %)	0	0%
Moderate knowledge (50-75%)	04	6.67%
Inadequate knowledge (<50 %)	56	93.33%
TOTAL	60	100%

This table indicates the frequency and percentage distribution of antenatal mother's level of knowledge in pretest. Majority of 56(93.33%) had inadequate knowledge regarding maternal fetal attachment. Of 4(6.67%) antenatal mothers had moderate knowledge regarding maternal fetal attachment and nobody having adequate knowledge regarding maternal fetal attachment.

TABLE:-2.2

Assessment of antenatal mothers aspect wise knowledge scores regarding maternal fetal attachment in pretest

n=60

No	Aspect	Maximum score	Mean	Mean%	SD
I	Questions related to the maternal fetal attachment.	5	1.517	30.34	0.911
II	Questions related to the benefits of maternal fetal attachment.	16	4.6	28.75	2.359
III	Question related to the factors influencing maternal fetal attachment.	5	1.37	27.4	0.66

IV	Question related to the strategies for increasing maternal fetal attachment.	4	1.22	30.5	0.85
	Over all	30	8.7	29	3.841

The above table indicates assessment of antenatal mother's aspect wise knowledge scores regarding maternal fetal attachment in pretest. The overall mean percentage was 29%. The mean percentage of knowledge in the aspect of maternal fetal attachment was 30.34%. The mean percentage in the aspect of the benefits of maternal fetal attachment was 28.75%. The mean percentage in the aspect of the factors influencing maternal fetal attachment was 27.4%. The mean percentage in the aspect of the strategies for increasing maternal fetal attachment was 30.5%.

TABLE: 2.3

Assessment of antenatal mothers post- test level of knowledge regarding maternal fetal attachment.

n=60

Level of knowledge	POST TEST	
	frequency	%
Adequate knowledge (> 75 %)	13	21.67%
Moderate knowledge (50-75%)	38	63.33%
Inadequate knowledge (<50 %)	9	15%
TOTAL	60	100%

Table indicates the frequency and percentage distribution of antenatal mother's level of knowledge in pretest. Majority of 38(63.33%) had moderate knowledge regarding maternal fetal attachment. Of 13(21.67%) antenatal mothers had adequate knowledge maternal fetal attachment and 9 (15%) had inadequate knowledge regarding maternal fetal attachment.

TABLE: 2.4

Assessment of antenatal mothers aspect wise knowledge scores regarding maternal fetal attachment in post test

n=60

No	Aspect	Maximum score	Mean	Mean%	SD
I	Questions related to the maternal fetal attachment.	5	3.63	72.6	1.13
II	Questions related to the benefits of maternal fetal attachment.	16	9.1	56.88	2.4
III	Question related to the factors influencing maternal fetal attachment.	5	2.83	56.6	1.11
IV	Question related to the strategies for increasing maternal fetal attachment	4	2.4	60	0.7
	Over all	30	18	60	3.97

The above table indicates assessment of antenatal mothers aspect wise knowledge scores regarding maternal fetal attachment in post-test. The overall mean percentage was 60%. The mean percentage of knowledge in the aspect of maternal fetal attachment was 72.6%. The mean percentage in the aspect of the benefits of maternal fetal attachment was 56.88%. The mean percentage in the aspect of the factors influencing maternal fetal attachment was 56.6%. The mean percentage in the aspect of the strategies for increasing maternal fetal attachment was 60%.

SECTION-III

This section deals with the comparison of pretest and posttest knowledge scores of antenatal mothers regarding the maternal fetal attachment.

TABLE: 3.1

Comparison of antenatal mothers pretest and posttest knowledge scores regarding the maternal fetal attachment.

n=60

Aspect	Group						Paired t value
	Pretest			Post test			
	Mean	Mean (%)	SD	Mean	Mean (%)	SD	
Maternal fetal attachment.	1.517	30.33	0.911	3.63	72.6	1.13	11.28
The benefits of maternal fetal attachment.	4.6	28.75	2.356	9.1	56.88	2.4	10.34
The factors influencing maternal fetal attachment.	1.37	27.4	0.66	2.83	56.6	1.11	8.763
The strategies for increasing maternal fetal attachment	1.22	30.5	0.85	2.4	60	0.7	8.309
Total	8.7	29	3.841	18	60	3.97	13.04

The table 3.1 shows that the post-test Mean score was higher than pre-test Mean score in all the aspects of knowledge and paired t value shows there is a significant difference between the pretest and posttest values such as Maternal fetal attachment Mean score was (1.52,3.63) with SD (0.91,1.13) and paired t value was (11.281), The benefits of maternal fetal attachment, Mean score was (4.6,9.1) with SD(2.36,2.4),and paired t value was (10.34) The factors influencing maternal fetal attachment Mean score was (1.37,2.83) with SD (.66,1.11) and paired t value was (8.763), The strategies for increasing maternal fetal attachment Mean score was (1.22,2.4) with SD (0.85,0.7) and paired t value was (8.309).

The overall t value was 13.043 this indicates there is a significant difference between pretest and posttest knowledge scores. The over-all Mean score was higher in the post-test 18 with SD 3.97 than the pre-test Mean 8.7 and with SD 3.84. Hence H1 is accepted

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REFERENCES

- [1]. [www. Buzzle.com/article/bonding-with-your-baby-in-the-womb.htm](http://www.Buzzle.com/article/bonding-with-your-baby-in-the-womb.htm).
- [2]. Maternal bond wikipedia, the free encyclopedia, en. [Wikipedia, org/wiki/maternal bond](https://en.wikipedia.org/wiki/maternal_bond).
- [3]. [http://www.lilomaternity.com/blog/bonding-with-your-unborn-baby/Helpful ways to bond with the unborn baby](http://www.lilomaternity.com/blog/bonding-with-your-unborn-baby/Helpful_ways_to_bond_with_the_unborn_baby).
- [4]. Bowlby. J, "attachment, separation loss". New York, Basic Books: 1969.
- [5]. Rubin R, "Attainment of maternal role", Nursing Research, 1967:16:129-37.
- [6]. Rubin R, ,, "maternal identity and the maternal experience", New York: Springer: 1984.
- [7]. Kaosiung, Shieh C, Kravitz M, Wang H "what do you know about maternal fetal attachment: journal of medical science, 2001:17:448-54.
- [8]. Lindgren K, "Relationships among maternal fetal attachment, prenatal depression, and health practices in pregnancy", Research in Nursing and Health: June 2001:24:203-17(pub med).