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STUDY TO ASSESS EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM ON KNOWLEDGE REGARDING REPRODUCTIVE AND CHILD HEALTH SERVICES AMONG MARRIED WOMEN IN RURAL COMMUNITY AREAS

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Abstract: The Maternal and Child Health program standards provide an evidenced-based framework for the consistent, safe and quality delivery of the maternal and child health service. Maternal and child Health services (MCH) are the promotive, preventive, curative, rehabilitative health care directed to mother and children in the form of service programmes. RCH programme aims to reduce social and geographical disparities in access to and utilization of quality reproductive, maternal, newborn, child and adolescent health services. The present aims to assess the effectiveness of structured teaching program on knowledge regarding Reproductive and Child Health services among the married women in the selected rural community. The tool consists of socio demographic variables and structured knowledge questionnaire on reproductive and child health services was administered to collect the data. Result reveals that in pre-test majority 58.3% had poor knowledge and 41.7% had average knowledge where as in post-test majority 73.3% had good knowledge and 26.7% had average knowledge regarding reproductive and child health services. Findings reveal that mean pretest knowledge score was 16.37 ± 5.758 and in posttest mean knowledge score was 30.25 ± 3.926 with mean difference of 13.88. The pre-test and post-test mean score was compared using paired t test ($t=16.71$, $df = 59$, $p = 0.001$) was highly significant. Findings revealed that structured teaching programme was effective in improving the knowledge regarding reproductive and child health services among married women. Study concluded that structured teaching programme was effective in improving the knowledge regarding reproductive and child health services among married women.

Key Words **-** Effectiveness, Knowledge, Reproductive and Child health, structured teaching programme, Married Women, Services, Rural Community.

I. INTRODUCTION

Women's health is important during all phases for their lives, from childhood to adulthood. To ensure good health across the life cycle, all components of the RCH program are implemented fully towards improving the overall health of women and that of society as a whole. The Maternal and Child Health program standards provide an evidenced-based framework for the consistent, safe and quality delivery of the maternal and child health service. The program standards support the provision of clinical and corporative governance within the service and provide a systematic to improving service delivery and safety.

Despite all these efforts the desired impact on the population growth, health, development of women and children in the country could not be achieved and the need for a new approach to problem was felt. The government of India launched the reproductive and child health programme in October 1997. Under the RCH programme, government of Indian ministry of health and family welfare has defined as "People have the ability to reproduce, regulate fertility; women were able to go through pregnancy, child birth safely. The outcome of pregnancy is successful and couples are able to have safe sexual relations free from pregnancy and of contacting disease.

Reduction of Maternal Mortality Ratio (MMR) to 100: at the recent rate of decline of 5.5% per annum. India is projected to have an MMR of 143 by 2015 and 127 by 2017. An Accomplishment of the Millennium Development Goal (MDG) of Minimizing MMR to 109 by 2015 would require an advancement of this historical rate of decline. At this accelerated rate of decline, the country targeted to achieve MMR of 100 per 1000 by 2017, but it is not yet achieved. Current MMR ratio 137 per 10000 in the year 2017 so they reset the target of achievement by 70 per 10000 in the year 2030.

A woman's reproductive system is delicate and complicated system within the body. It is important to need steps to protect it from infections and injuries and stop problems including some future health problems. The quality reproductive health care may be a crucial determinant to make up an honest, better society within the longer term. To reinforce the reproductive health the upper health services and education regarding the reproductive health must be provided.

Knowledge about contraception is important for young students as un-planned pregnancies can be prevented and dire consequences of unsafe abortions and STDs could be avoided. Awareness of the extent and consequences of reproductive ill health has increased over the past decade but it's not uniform in all regions. Majority of adolescents still do not have access to information and education on sexuality, reproduction, and sexual and reproductive health and rights, nor do they have access to preventive and curative service. Providing adolescents with access to seek information education and services is thus the main challenge for future programs.

Maternal and Child Health is recognized as one of the significant component of the family welfare. Maternal and Child Health services are essential and specialized services. Moreover, children are the asset for the family, community and nation whereas; mothers have an important role in their growth and development. In spite of the wide spread infra structural facilities and service interventions in the rural areas, the morbidity and mortality among children continue to be a major cause of concern to the planning commissions. The focus seems to be the quality and level of utilization of services which are linked to the knowledge and availability of these services to the target population.

II. STATEMENT OF THE PROBLEM

A study to assess the effectiveness of structured teaching program on knowledge regarding Reproductive and Child Health services among the married women in the selected rural community at Barabanki district, Uttar Pradesh.

III. OBJECTIVES

(1) To assess the knowledge regarding Reproductive and Child Health services among married women before intervention.
(2) To assess the effectiveness of structured teaching program on knowledge regarding Reproductive and child health services among married women after intervention.
(3) To determine the association between knowledge regarding Reproductive and child health services among married women with their selected demographic variables.

IV. RESEARCH METHODOLOGY

4.1 Research Design

Pre-experimental - One group pretest and posttest design was utilized by the investigator to achieve the objectives of the study.

4.2 Sampling and Sampling Technique

In this study investigator used non-probability sampling technique purposive sampling technique was used. The sample and sample size of present study was 60 married women those who fulfilling inclusion criteria.

4.3 Research Tool and Technique

The data collection tool consisted of (1) demographic variables (2) Self structured knowledge questionnaire on reproductive and child health services.

V. RESULTS AND DISCUSSION

5.1 Frequency and percentage distribution of demographic variables of married women

Table5.1: Frequency and percentage distribution of demographic variables of married women

S.No	Demographic Variable	Frequency (f)	Percentage (%)
1	Age in years		
	a. 18-24 years	13	21.7
	b. 24-30 years	25	41.6
	c. 30-36 years	15	25
	d. 36-42 years	7	11.7
2	Religion		
	a. Hindu	44	73.3
	b. Christian	6	10
	c. Muslim	10	16.7
3	Type of family		
	a. Nuclear family	39	65
	b. Joint family	18	30
	c. Extended family	3	5
4	Educational status		
	a. Illiterate	5	8.3
	b. Primary school	11	18.3
	c. Secondary/ Higher secondary	27	45
	d. Graduate and above	17	28.4
5	Occupation		
	a. Housewife	28	46.6
	b. Daily wage worker	7	11.7
	c. Govt/ private employee	15	25
	d. Self-employed/ business	10	16.7
6	Monthly family income (Rs)		
	a. Up to 10000	17	28.3
	b. Up to 20000	25	41.7
	c. Up to 30000	9	15
	d. Above 30000	9	15
7	No of children		
	a. One	33	55
	b. Two	19	31.7
	c. Three or more	3	5
	d. No children	5	8.3
8	Dietary habits		
	a. Vegan	4	6.7
	b. Vegetarian	22	36.7
	c. Eggetarian	6	10
	d. Non vegetarian	28	46.6
9	Source of knowledge		
	a. Family members or friends	10	16.7
	b. Health personnel	25	41.6

	c. Mass media	7	11.7
	d. No response	18	30

Table 5.1 shows that frequency and percentage distribution of demographic variables of married women married women according to their age, majority 25 (41.6%) were in 24-30 years of age, followed by 15 (25%) were in 30-36 years of age, 13 (21.7%) were in 18-24 years of age and 7 (11.7%) were in 36-42 years of age. Regarding religion of married women, maximum 44 (73.3%) belongs to Hindu, 10 (16.7%) belongs to Muslim and 6 (10%) belongs to Christian. As per type of family of married women, majority 39 (65%) were living in nuclear family, 18 (30%) were living in joint family and 3 (5%) were living in extended family. With regard to educational status of married women, maximum 27 (45%) had secondary and higher secondary education, 17 (28.4%) had graduate and above, 11 (18.3%) had primary school and 5 (8.3%) were illiterate. According to occupation of married women, 28 (46.6%) were housewife, 15 (25%) were government or private employee, 10 (16.7%) were self-employed or business and 7 (11.7%) were daily wage workers. Regarding monthly family income of married women, maximum 25 (41.7%) had income of up to 20,000, 17 (28.3%) had income of up to 10,000, 9 (15%) had income of 30,000 and 9 (15%) had income of above 30,000. As per No of children of married women, 33 (55%) had one child, 19 (31.7%) had two children, 5 (8.3%) had no children and 3 (5%) had three or more children. According to dietary habits, maximum 28 (46.6%) were non vegetarian, 22 (36.7%) were vegetarian, 6 (10%) were vegetarian and 4 (6.7%) were vegan. With regard to source of knowledge of married women, majority 25 (41.6%) had information from health personnel, 18 (30%) had given no response, 10 (16.7%) had information from family members and friends and 7 (11.7%) had information from mass media.

5.2 Pre-test and post-test level of knowledge regarding reproductive and child health services among married women.

The pre-test and post-test level of knowledge regarding reproductive and child health services among married women reveals that in pre-test majority 35 (58.3%) had poor knowledge, 25 (41.7%) had average knowledge and none of them had good knowledge where as in post-test majority 34 (73.3%) had good knowledge, 16 (26.7%) had average knowledge and none of them had poor knowledge regarding reproductive and child health services.

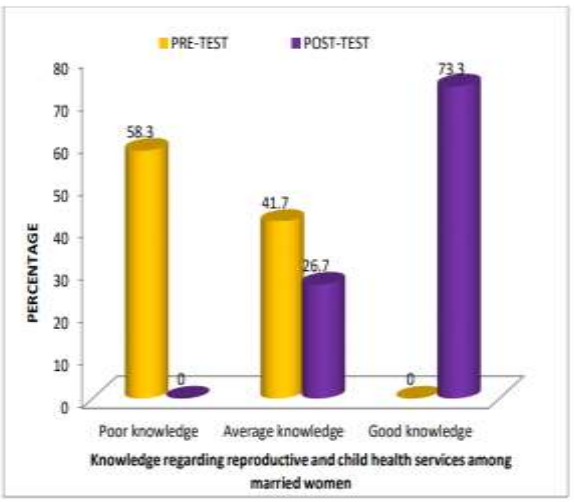

Fig 5.1: Bar diagram showing the distribution of pre-test and post-test level of knowledge regarding reproductive and child health services among married women.

5.3 Effectiveness of structured teaching programme on knowledge regarding reproductive and child health services among married women

The effectiveness of structured teaching programme on knowledge regarding reproductive and child health services among married women reveals that mean pretest knowledge score was 16.37 ± 5.758 and in posttest mean knowledge score was 30.25 ± 3.926 with mean difference of 13.88. The pre-test and post-test mean score was compared using paired t test (t=16.71, df=59, p=0.001) was highly significant. Findings revealed that structured teaching programme was effective in improving the knowledge regarding reproductive and child health services among married women.

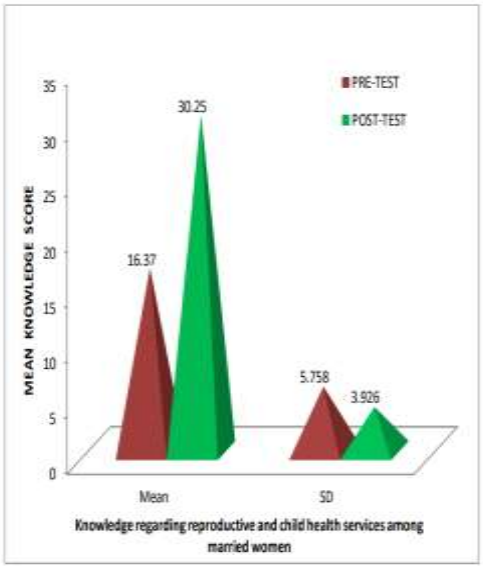

Fig 5.2: Bar diagram showing the distribution of mean and SD of pre-test and post-test knowledge score regarding reproductive and child health services among married women.

5. 4 Association between pre-test level of knowledge regarding reproductive and child health services among married women with selected demographic variables

The association between pre-test level of knowledge regarding reproductive and child health services among married women with selected demographic variables which was tested by using chi-square test. The result revealed demographic variables such as age, religion, type of family, educational status, occupation, monthly family income, no of children, source of knowledge and dietary pattern of married women was found non-significant with pre-test level of knowledge regarding reproductive and child health services.

Table 5.2: Association between pre-test level of knowledge regarding reproductive and child health services among married women with selected demographic variables.

S. No.	Demographic Variable	Poor knowledge	Average knowledge	χ 2 value	df	p value
1	Age in years a. 18-24 years b. 24-30 years c. 30-36 years d. 36-42 years	 7 14 9 5	 6 11 6 2	0.675	3	0.879
2	Religion a. Hindu b. Christian c. Muslim	 25 4 6	 19 2 4	0.224	**2**	0.894
3	Type of family a. Nuclear family b. Joint family c. Extended family d. Broken family	 21 11 3 --	 18 7 0 --	2.253	**2**	0.283
4	Educational status a. Illiterate b. Primary school c. Secondary/ Higher secondary d. Graduate and above	 3 7 16 9	 2 4 11 8	0.346	**3**	0.951
5	Occupation a. Housewife b. Daily wage worker	 14 6	 14 1	3.673	**3**	0.299

	c. Govt/ private employee	8	7			
	d. Self-employed/ business	7	3			
6	Monthly family income (Rs)					
	a. Up to 10000	10	7			
	b. Up to 20000	15	10	3.745	**3**	0.290
	c. Up to 30000	7	2			
	d. Above 30000	3	6			
7	No of children					
	a. One	18	15			
	b. Two	12	7	0.468	**3**	0.926
	c. Three or more	2	1			
	d. No children	3	2			
8	Dietary habits					
	a. Vegan	2	2			
	b. Vegetarian	15	7	2.551	**3**	0.466
	c. Eggetarian	2	4			
	d. Non vegetarian	16	12			
9	Source of knowledge					
	a.Family members or friends	4	6	1.930	**3**	0.587
	b. Health personnel	15	10			
	c. Mass media	4	3			
	d. No response	12	6			

Table 5.2 shows that the association between pre-test level of knowledge regarding reproductive and child health services among married women with selected demographic variables which was tested by using chi-square test. The result revealed demographic variables such as age, religion, type of family, educational status, occupation, monthly family income, no of children, source of knowledge and dietary pattern of married women was found non-significant with pre-test level of knowledge regarding reproductive and child health services.

5.5 Association between post-test level of knowledge regarding reproductive and child health services among married women with selected demographic variables.

Table 5.3: Association between post-test level of knowledge regarding reproductive and child health services among married women with selected demographic variables.

S. No.	Demographic Variable	Average knowledge	Good knowledge	χ 2 value	df	p value
1	Age in years					
	a. 18-24 years	3	10			
	b. 24-30 years	8	17	3.336	3	0.343
	c. 30-36 years	5	10			
	d. 36-42 years	0	7			
2	Religion					
	a. Hindu	11	33		2	0.880
	b. Christian	2	4	0.256		
	c. Muslim	3	7			
3	Type of family					
	a. Nuclear family	14	25			
	b. Joint family	1	17	5.870	2	0.053
	c. Extended family	1	2			
	d. Broken family	--	--			

4	Educational status a. Illiterate b. Primary school c. Secondary/ Higher secondary d. Graduate and above	 2 2 8 4	 3 9 19 13	1.066	3	0.785
5	Occupation a. Housewife b. Daily wage worker c. Govt/ private employee d. Self-employed/ business	 11 2 2 1	 17 5 13 9	5.077	3	0.166
6	Monthly family income (Rs) a. Up to 10000 b. Up to 20000 c. Up to 30000 d. Above 30000	 6 6 0 4	 11 19 9 5	5.465	3	0.141
7	No of children a. One b. Two c. Three or more d. No children	 10 4 1 1	 23 15 2 4	0.711	3	0.871
8	Dietary habits a. Vegan b. Vegetarian c. Eggetarian d. Non vegetarian	 1 7 3 5	 3 15 3 23	3.086	3	0.379
9	Source of knowledge a. Family members or friends b. Health personnel c. Mass media d. No response	 4 3 3 6	 6 22 4 12	5.006	3	0.171

Table 5.3 shows that the association between post-test level of knowledge regarding reproductive and child health services among married women with selected demographic variables which was tested by using chi-square test. The result revealed demographic variables such as age, religion, type of family, educational status, occupation, monthly family income, no of children, source of knowledge and dietary pattern of married women was found non-significant with post-test level of knowledge regarding reproductive and child health services.

VI. CONCLUSION

The findings of the study showed that in pre-test majority 35 (58.3%) had poor knowledge and 25 (41.7%) had average knowledge where as in post-test majority 34 (73.3%) had good knowledge and 16 (26.7%) had average knowledge regarding reproductive and child health services. Study that structured teaching programme was effective in improving the knowledge regarding reproductive and child health services among married women. Study suggests that women's health is important and all components of the RCH program should be implemented fully towards improving the overall health of women and that of society as a whole. Health education is an integral part of the nurse and so she has to organize the programme for the people to improve their health need and make them healthy.

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