



**ORIGINAL RESEARCH PAPER**

**Paediatrics**

**A QUASI EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME REGARDING THE KNOWLEDGE OF ESSENTIAL NEWBORN CARE AMONG THE CAREGIVERS AT SELECTED CIVIL HOSPITAL, TARN TARAN, PUNJAB.**

**KEY WORDS:** effectiveness, knowledge, newborn, newborn care, care giver

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**ABSTRACT**

Future citizens health depends upon the care we are giving to our children today. Newborn babies constitute the foundation of life. More than half of the infant's deaths occur in newborn period. Most of these deaths occur during first week of life. The main reason of these deaths are birth asphyxia, hypothermia and infection. To reduce neonatal deaths deserve priority measures in every neonatal unit on earth so that neonatal deaths are preventable. **AIM:** The aim of the study is to assess the knowledge regarding essential newborn care among caregivers and give them teaching about essential newborn care. **Method:** a quasi experimental study was done on 60 caregivers at Civil Hospital, Tarn Taran with non- probability convenient sampling technique Self- structured questionnaire consisting 30 knowledge items were administered after informed consent. **RESULT:** The mean pre- test score of level of knowledge regarding essential newborn care among the caregivers of control group and experimental group were 12.5 (SD +2.20) and 12.2 (SD +3.4) respectively. The paired 't' test value was 2.05 significant at level 0.05 level. **Conclusion:** This study concluded that religion had a great impact on knowledge of caregivers. **Recommendations:** The present study recommended that a similar study can be undertaken on large sample for better generalization by adopting a quasi experimental design to improve the knowledge of caregivers regarding essential newborn care.

**INTRODUCTION:**

Neonate term is used for the newborn infant during 28 days period and the neonatal care refers to that care given to newborn infant from the time of delivery through first month of life. In India, besides the growing advancements and technology and awareness, there is high rate of infant mortality. Most of the deliveries even today, are conducted in homes under the eyes of elders or Dais. They are often supposed of having less knowledge and skills regarding the new and better practices which can lead to birth of healthy baby without complications.

Neonatal care, as known as specialized nurseries or intensive care has been around since 1960's. The first American Neonate ICU (NICU) was opened in October 1960 at Yale New Haven Hospital by Louis Gluck. 3

Before this, its hard to believe that only a century ago, most sickly and premature infants were sent home without any special interventions; many of these children didn't survive past their first birthday. The prime causes of neonatal death are pre- term birth, birth asphyxia, birth defects, infections and malnutrition. 4

Antenatal care is not available to most pregnant women in developing countries because of costly hospital care. The majority of the babies in our country are delivered at home either by traditional birth attendants or family members. These neonates need more special attention because deliveries at home are still conducted in an unhygienic condition due to ignorance, poverty and illiteracy among rural women.

To achieve a substantial decline in the neonatal deaths, we may not require high levels of sophistication and technology but we need facilities for clean delivery, resuscitation at birth, adequate temperature regulation, feeding of exclusive breast milk, prevention of infection, early detection and prompt treatment of minor problems. The majority of complications will occur during the period of first 24 hours of life. Therefore, close observation is necessary to prevent them. 5

Therefore, there is need to identify the knowledge of caregivers regarding newborn care, which can be improved through the structured teaching program. This will ultimately reduce high IMR. Therefore, we felt that there is necessity to conduct study on caregiver's knowledge in relation to newborn care.

**Objectives :**

- To assess the pre test knowledge score regarding essential newborn care among caregivers among experimental group and control group.
- To plan and give structured teaching programme on essential newborn care among caregivers among experimental group.
- To assess the post test knowledge score regarding essential newborn care among caregivers among experimental group and control group.
- To find out the association of knowledge score of experimental group with selected demographic variables.

**METHODS AND MATERIAL:**

Inclusion criteria- Who were the caregivers. Who were from selected Civil Hospital of Tarn Taran. Who gave consent for collecting data.

Exclusion criteria- who were not willing to participate in data collection. Who were not present at the time of data collection.

**Research Design:**

The research approach for this study was quantitative and quasi experimental design was used to evaluate the effectiveness of structured teaching programme regarding the knowledge of essential newborn care among the caregivers at selected Civil Hospital, Tarn Taran, Punjab. The instrument was contained two parts:

Part 1:- Socio demographic variables. The part was consisting of 7 items such as Age, Gender, Type of Family, Residential area, Educational status, Religion and Relation with the newborn.

Part 2:- self structured questionnaire. It was consisting of 30 questions related to knowledge regarding essential newborn care among caregivers.

Score interpretation: All items were given equal score. Each correct answer were given score of 1 and wrong were given 0 score.

Level of knowledge	Scoring
Poor knowledge	0-10
Average knowledge	11-20
Good knowledge	21-30

**ETHICAL CONSIDERATION:**

After the approval of ethical committee of institute of nursing

university regional centre Goindwal sahib study was conducted. In present study, written consent taken from each subject after informing them about study an its objectives.

**ANALYSIS AND INTERPRETATION OF DATA:**

**Table-1:- Frequency And Percentage Distribution Of Experimental Group And Control Experimental Group And Control Group.**

variables	options	Experimental Group		Control Group	
		Frequency	%	Frequency	%
Age	< 20 years	2	6.6	3	10
	21-27 years	10	33.3	12	40
	28-34 years	10	33.3	6	20
	>35 years	8	20.6	9	30
Gender-	Male	9	30	8	26.6
	Female	21	70	22	73.4
Type of Family-	Nuclear	8	26.6	10	33.4
	Joint	0	0	5	16.6
	Extended	22	73.4	15	50
Residence-	Rural	26	86.6	26	86.6
	Urban	4	13.3	4	13.3
Educational Status-	Primary	21	70	22	73.4
	Secondary	9	30	7	23.3
	Graduate	0	0	1	3.3
	Post-Graduate	0	0	1	3.3
Religion-	Hindu	5	16.6	1	3.3
	Sikh	25	83.3	29	96.7
	Christan	0	0	0	0
	Others	0	0	0	0
Relation with newborn	Mother	12	40	14	46.6
	Father	6	20	6	20
	Others	12	40	10	33.4

**Table 1** depicts that most common participated 70% were female, 73.4% were extended family, 86.6% were from rural area, 70% were primary level education, 83.3% were belong to Sikh religion and 40% were newborn's mother in the experimental group . In control group 40% were 21 -27 years of age, 73% were females, 50% from extended family, 86.6% were from rural area, 73% were primary level education, 96.7% were Sikhs and 46.6% were newborn's mother.

**Table No. 2: Frequency And Percentage Of Pre- Test Score Of Control Group Regarding Knowledge Of Essential Newborn Care Among Caregivers. N= 30**

S.No	Level of knowledge	Frequency	(%)
1.	Poor	6	20
2.	Average	24	80
3.	Good	0	-

Table 2 Shows that in pre- test control group majority of caregivers i.e, 24 (80%) were average knowledge, 6 (20%) were poor knowledge and no caregiver were good knowledge.

**Table No. 3: Frequency And Percentage Of Pre- Test Score Of Experimental Group Regarding Knowledge Of Essential Newborn Care Among Caregivers.**

S.No	Level of knowledge	Frequency	%
1.	Poor	7	23.3
2.	Average	23	76.7
3.	Good	0	-

Table 3: Shows that in pre- test experimental group majority of caregivers i.e, 23 (76.7%) were average knowledge, 7 (23.3%) were poor knowledge and no caregiver were good knowledge.

Table 4 Shows that in post- test control group majority of caregivers i.e, 70% were average knowledge, 30% were poor knowledge and no caregiver were good knowledge.

**Table No. 4: Frequency And Percentage Of Post-Test Score Of Control Group Regarding Knowledge Of Essential Newborn Care Among Caregivers.**

S. no.	Level of knowledge	Frequency	%
1.	Poor	9	30
2.	Average	21	70
3.	Good	0	0

**Table No. 5: Frequency And Percentage Of Post-Test Score Of Experimental Group Regarding Knowledge Of Essential Newborn Care Among Caregivers.**

S.no	Level of knowledge	Frequency	(%)
1.	Poor	0	-
2.	Average	10	33.3%
3.	Good	20	66.7%

Table 5 Shows that in post- test experimental group majority of caregivers i.e, 20 (66.7%) were good knowledge, 10 (33.3%) were average knowledge and no caregiver were poor knowledge.

**Table No. 6 : Association Of Post-Test Experimental Group Knowledge Score With Demographic Variables-**

Socio-demographic variables	Knowledge Score	T			df	Chi-square	
		Total					
		Poor	Average	Good			
Age	>20	0	0	2	2	9	16.92 <sup>NS</sup>
	21-27	0	6	5	11		
	28-34	0	7	1	8		
	<35	0	2	7	9		
Gender	Male	0	6	2	8	1	3.84 <sup>NS</sup>
	Female	0	9	13	22		
Family type	Nuclear	0	4	0	20	2	5.9 <sup>NS</sup>
	Joint	0	4	2	4		
	Extended	0	8	12	6		
Residence	Rural	0	13	15	28	1	3.84 <sup>NS</sup>
	Urban	0	1	1	2		
Educational Status	Primary	0	11	14	25	3	7.82 <sup>NS</sup>
	Secondary	0	4	1	5		
	Graduate	0	0	0	0		
	Post-graduate	0	0	0	0		
Religion	Hindu	0	1	0	1	3	7.82 <sup>NS</sup>
	Sikh	0	14	15	29		
	Christan	0	0	0	0		
	Others	0	0	0	0		
Relation with newborn	Mother	0	5	5	10	2	5.9 <sup>NS</sup>
	Father	0	6	2	8		
	Other	0	4	8	12		

\*Significant at level p<0.05

Table 6 depicts that religion was associated with the post test knowledge score of experimental group.

**Table No. 7 : Effectiveness Of Structured Teaching Programme Regarding Essential Newborn Care Among Caregivers.**

Sr.No.	Mean Score	Standard Deviation	Paired t-test
Control Group (Post-test)	12.3	2.8	13.4
Experimental Group (Post-test)	20.8	3.4	

Table 7 shows that mean post- test score of level of knowledge regarding essential newborn care among the caregivers of control group and experimental group were 12.3 (SD +2.8) and 20.8 (SD +3.4) respectively. The paired t-test value 13.4 was significant probability of 0.05 level.

**RESULTS:**

showed that effectiveness of STP on essential newborn care

i.e mean knowledge score of pre-test experimental group found to be 12.5 with SD 2.20 and mean knowledge score of pre-test control group found to be 12.2 with SD 2.8 as compared to mean knowledge score of post-test experimental group found to be 20.8 with SD 3.4 and mean knowledge score of post-test control group found to be 12.3 with SD 2.8. Thus it was inferred that planned teaching programme on the knowledge regarding essential newborn care was an effective strategy to enhance the knowledge of caregivers. This was similar to the findings of study by Yadav Kumari Mamta revealed that there was a significant difference between pre- test and post- test mean knowledge score in there pre- experimental study to assess the knowledge, practices and attitude of primigravida mothers on newborn care at JJR Maternity Centre, Bangalore, Karnataka. 6

**CONCLUSION:**

The major goal of nursing practice is to impart the knowledge and bring about changes in caregivers knowledge. The present study was done to evaluate the effectiveness of STP regarding the knowledge of essential newborn care among caregivers at selected Civil Hospital, Tarn Taran, Punjab.

**Conflict Of Interest:** none

**Acknowledgement:**

the researcher thank to all participants in the study.

**Financial And Material Support:** self

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