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A PRE- EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF INFORMATIONAL BOOKLETON KNOWLEDGE AND ATTITUDE REGARDING POSTNATAL CARE AMONG SPOUSE OF POSTNATAL MOTHERS IN A SELECTED HOSPITAL OF DELHI

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Abstract

Globally, women in labour and delivery undergo enduring experiences of painful discomfort, fear, anxiety and tensions. In a bid toame liorate these experiences, several studies have been conducted to establish the relationship between companionship by either medical personnel or spouses. These studies have shown that practices of professional support caregivers to support women in postnatal duration produce an ameliorative effect on psychology of mother during postnatal duration ⁴. For purposes of this review, support is interpreted as a continuous non-medical care of a postnatal mother. It includes physical comforting such as touching, massaging, bathing and emotional support such as companion, reassurance, encouragement, etc. These supports are either done by the medical personnel, family members, spouse or a hired hand⁵. This study aimed to assess effectiveness of informational booklet on knowledge and attitude regarding postnatal care among spouse of postnatal mothers in a selected hospital of Delhi. This study aimed to assess effectiveness of informational booklet on knowledge and attitude regarding postnatal care among spouse of postnatal mothers in a selected hospital of Delhi A pre-experimental study was carried out in selected hospital of Delhi in Oct-Nov 2016. A total of 60 spouse of postnatal women were randomly selected and Structured Knowledge and attitude questionnaire is given to assess the knowledge and attitude of spouseof postnatal mother regarding postnatal care.and the data was analyzed using a computer program of SPSS version 25. It is observed that the mean knowledge score of the study subjects in the post-test was 20.35, which is higher than the mean pre-test knowledge score 15.95, mean difference between pre-test and post-test was4.40.hence it can be deduced that the informational booklet was effective in enhancing the knowledge of the study subject.

Keywords: Postnatal mothers, spouse, Complication, Knowledge, attitude, NewDelhi

INTRODUCTION

Pregnancy and childbirth could threaten a woman's life because of obstetric complications. According to the World Health Organization (WHO), developing countries accounted for 286,000 of maternal deaths as a result of preventable complications in 2013^{2,3} Since appropriate health care services could diminish maternal morbidity and mortality, quality maternal care services should be

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utilized $^{4-7}$.

Moreover, up to two thirds of maternal deaths occur after delivery. Therefore, the World Health Organization suggests that health care should be provided at 6 hours, 6 days, 6 weeks, and 6 months post delivery, in order to ensure women's physical and mental health and well-being.

Despite this recommendation, seven out of ten women do not receive any postpartum care, based on Demographic and Health Surveys conducted in 30 low income countries between 1999 and 2004 2 . Low utilization of postnatal care has been related to women's lack of knowledge about its importance, their lack of perceived need (especially if they are feeling well), their low level of education, poverty, lack of access to health care facilities that provide postnatal care, lack of appointments or recommendations from health care providers to obtain postnatal care, poor attitudes of the health care providers, or women's tendency to give priority to the health needs of their infants rather than their own 3 .

In olden days, everything is handled by the mother, but now a days new father is expected to doall the things like loving, caring, supporting and handling with nappies. The health and survival of the new born baby depends upon the parents' knowledge, attitude and practice of new born care. So father's role is very important in the care of newborn.⁶

Caring for a new born baby is a challenging task but also incredibly rewarding even if you are nervous around other people's children, it's entirely different once you have your own. While there is much to be said about caring for a new born baby, here are the basic things you need to do as a new parent. The child needs fathers as much as it needs. The mother to needs you to take care of the baby so that father can help in doing most of the things related to baby care. So fathers take the initiative so that fathers are equal to mothers. Care of new born include dry the baby, replace the wettowel, position the baby, thermal control, cord care, rooming in, feeding, routine immunization.

AIM OF THE STUDY

A Pre- experimental study to assess the effectiveness of informationalbooklet on knowledge and attitude regarding postnatal care among spouse of postnatal mothers a selected hospital of Delhi.

OBJECTIVES

- 1. To assess the pre test and post-test knowledge and attitude score regarding postnatalcare among spouse of postnatal mothers.
- 2. To develop informational booklet on postnatal care
- 3. To evaluate the effectiveness of informational booklet
- 4. To establish relationship with knowledge score and attitude score.
- 5. To seek relationship between knowledge on postnatal care and selected demographic variables that is
 - a) Age
 - b) Educational qualification
 - c) Socio economic status



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- d) Sex of the new born
- e) Occupation

MATERIALS AND METHODS

Study design

In the present study, A Pre-Experimental research design was used.

Study setting

Setting of the study for research was swami Dayanand hospital (DilshadGarden), New Delhi.

Data collection tools and technique

On the basis of the objectives of the studyand the conceptual framework, data collection tool was prepared. The tool for data collection was Structured Knowledge and attitude scale to assess knowledge and attitude of spouse of postnatal mother regarding postnatal care.

Sample size

A sample of 60 spouse of postnatal mother was selected whose wives areadmitted in postnatal ward in a selected hospital of Delhi.

Sampling technique

Non –probability purposive sampling was used. Spouse of postnatal mother were taken from the swami Dayanand hospital New Delhi ,until the sample size was achieved.

After obtaining ethical permission from the Institutional Ethical Committee of JamiaHamdard, New Delhi to conduct the research study, a formal permission for conducting research was obtained from the ethical committee of Swami Dayanand hospital New Delhi. A written informed consent was taken from each study subject. They were assured of anonymity and confidentiality of the information provided

during the study. The consent also gave the right to the subject to withdraw from the study any time..

Results

Analysis and interpretation of data were based on structuredKnowledge and attitude scale.

SECTION 1

Frequency and percentage Distribution of spouse of postnatal mothers By their age, general education, religion and family income.

ducation, rengion and family income.		
	Majority of spouse were in the age group of $21\text{-}30\text{years}55(83.33\%)$, $4(13.35\%)$ in the age	
	group of 31-40 years of age, and 1(3.33%) in the age group of 40.	
	Majority of subjects had general education of higher secondary 38 (63.3%) and 12(20%) were	
	educated till primary and 10(16.67%) were intermediate pass.	
	Majority of subjects42 (70%) belonged to Hindu community, 26.66% belonged to Muslim	
	community, 1 (7.22%) belonged to Christian community) and, 1 (7.22%) were belonged to	
	other community.	
	Majority of subjects 22 (36.66%) had their family income between 5,000 to 10,000 and15(
	25%) had family income below 50000, and 15(25%) also having family income between	
	15000-20000 followed by $1(1.66%)$ having family income of $20,000$ per month.	
	Majority of the family members 50 (83.8%) were living in joint family, and 8(13.13%) lived in	



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	nuclear family and 2(3.33%) in extended family.
	Majority of subjects $52(86.66\%)$ were doing private service , $4(6.675\%)$ were in govt service and $4(4.665)$ were engaged in self employed business.
	36(60%) had baby girl and 24(40%) had baby boys.
	TION -2 nation of Informational Booklet in terms of knowledge and attitude ofspouse of postnatal mother
regar	rding postnatal care.
	This section the effectiveness of informational booklet in terms of knowledge and attitude scores among spouse of postnatal mother regarding postnatal care.(mean, median, mode , standard deviation of pre-test and post test score of knowledge score of spouse on care of mother and baby)
	Computing z- test (to find out difference between pre-test and post-test knowledge scoreof spouse regarding postnatal care)
	Computing z- test (to find out difference between pre-test and post-test attitude score of spouse regarding postnatal care)
	TION -3 Liency and percentage gain in post-test knowledge category.
>	frequency and percentage of pre-test and post-test according to knowledge score category of good, average and poor respectively values 0, $2(3.33\%)$, $58(96.37\%)$. Frequency and percentage of post test gain inknowledge according to knowledge scale good, average and poor respectively values are, $26(43.33\%)$, $26(43.33\%)$ and $8(13.3\%)$. This indicates that the informational booklet helpful in increasing knowledge of spouse of postnatal mother.
Frequ	TION -4 uency and percentage distribution of attitude category of spouse of postnatal mother regarding natal care.
	It indicates that the of all the spouse of postnatal care has unfavorable attitude towards postnatal care, frequency and percentage of pre-test scoring of attitude scale favorable, neutral, and unfavorable respectively values 29 (48.33%,), 31 (51.66%). After administering informational booklet the frequency and percentage of post test attitude scoring according to favorable, neutral and unfavorable. 65%, 35% this indicates that the after administering informational booklet the spouse of postnatal mother gained a positive attitude towards postnatal care.
SECT	TON -5
	ciated Fisher's exact test between knowledge score of the spouse of postnatal mother and their
_	ted demographic variables
	fisher exact test between demographic profile pre test knowledge score and age and it was found that the p value knowledge score and age is
_	0.99 is more than 0.05 level of significance, hence it is not significant. It can be interpreted that there is no significant correlation between pre-testknowledge score and age.
	On computing the fisher value on knowledge score and general education it was found that



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	the p value is 0.75 value knowledge scoreand general education is 0.75 is more than 0.05 level of significance, hence it is not significant. It can be interpreted that there is no significant correlation between pre-test knowledge score and general education.
	On computing the fisher value on knowledge score and family it was found that the p value is 0.03 value knowledge score and family income is 0.03 is less than 0.05 level of significance, hence it is significant. Itcan be interpreted that there is significant correlation between pretest knowledge score and family income
	On computing the fisher value on knowledge score and occupation $$ it was found that p value is 0.73 which is more than 0.05 level of significance, hence it not significant $$ it can be interpreted that there is not significant correlation between pre-test knowledge and occupation
	On computing the fisher value on knowledge score and sex of the newborn it was found that the p value is 0.01 value knowledge score and sex of the newborn is 0.01 is less than 0.05 level of significance, hence it is not significant. It can be interpreted that there is significant correlation between pre-test knowledge score and sex of the newborn.
SECT	TON -5
	r exact test between attitude score of the spouse of postnatal mother and their selected
	ographic variables.
	The fisher exact test between demographic profile pre test attitude score and age education ,income, occupation and sex of the baby and it was found that the p value attitude score and age is 0.99 is more than 0.05 level of significance, hence it is not significant. It can be interpreted that there is no significant correlation between pre-test attitude score and
	age.
	On computing the fisher value on attitude score and general education itwas found that the p value is 0.03 value attitude score and general education is less than 0.05 level of significance, hence it is significant. It can be interpreted that there is significant correlation between pretest attitude score and general education.
	On computing the fisher value on attitude score and family it was found that the p value is 0.05 value knowledge score and family income is lessthan 0.05 level of significance, hence it is significant. It can be interpreted that there is significant correlation between pre-test attitude score and family income.
	On computing the fisher value on attitude score and occupation it was found that p value is 0.741 which is more than 0.05 level of significance ,hence it not significant . it can be interpreted that there is not significant correlation between pre-test attitude and occupation
	On computing the fisher value on knowledge score and sex of the new-born it was found that the p value is 0.195 value knowledge score and sex of the new born is 0.195 is more than 0.05 level of significance, hence it is not significant. It can be interpreted that there is significant correlation between pre-test attitude score and sex of the new-born.

DISCUSSION

Finding of the present study have been discussed in terms of objectives, theoretical basis and hypothesis in this study the major findings of the present study have been discussed with the references to the results obtained by other investigators. The present study aimed at identifying



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knowledge and attitude of spouse regarding postnatal care.

Wai KM, Shibanuma , et al conducted a study the aim of this study was to identify the factors associated with husbands' involvement in maternal health in Myanmar. Of 426 husbands, 64.8% accompanied their spouses for an antenatal visit more than once while 51.6% accompanied them for a postnatal visit. Husbands were major financial supporters for both antenatal (95.8%) and postnatal care (68.5%).finding of the present study also revealed that the spouse of the postnatal mother has nil knowledge before administration of informationalbooklet , after administration of informational booklet there is a gain in knowledge 43.33%.shows that the informational booklet is effective in increasing knowledge of spouse of postnatal mother and the participation of spouse of postnatal mother is increased in postnatal care 43

CONCLUSION

In the present study knowledge deficit found among the spouse of postnatal mother regarding postnatal care, and the informational booklet was found to be effective in enhancing the knowledge of spouse of postnatal mother. The informational booklet was found to be effective in changing the attitude of spouse of postnatal mother. There was a positive correlation between post-test knowledge and attitude score of spouse of postnatal mother There was a significant correlation found between the gained score of knowledge and attitude among the spouse postnatal mother. There was a significant correlation found between the knowledge, attitude and selected demographic variables.

The informational booklet was found effective in increasing knowledge and bring favourable change in attitude of postnatal mother in a selected hospital of Delhi.

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