



International Journal of Advance Research in Community Health Nursing

E-ISSN: 2664-1666

P-ISSN: 2664-1658

www.communitynursing.net

IJARCN 2025; 7(1): 123-126

Received: 23-01-2025

Accepted: 27-02-2025

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Effectiveness of self-instructional module (SIM) on knowledge regarding selected aspect of safe motherhood among primigravida women in selected PHC, Chitapedi village of Surda Sundargarh District Odisha

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DOI: <https://www.doi.org/10.33545/26641658.2025.v7.i1b.230>

Abstract

The current study has been undertaken to assess knowledge score regarding selected Aspect of Safe Motherhood among Primigravida women by Self-Instructional Module in PHC, Chitapedi village of Surda Sundargarh District, Odisha. The research design used for study was pre- experimental in nature. The tool for study was self-structured knowledge questionnaire which consists of 2 parts- PART- I consisted questions related to Socio-demographic data; PART-II consisted of self -structured knowledge questionnaire to assess knowledge score regarding selected Aspect of Safe Motherhood among Primigravida women. The data was analyzed by using descriptive & inferential statistical methods. The result of this study indicates that there was a significant increase in post-test knowledge scores compared to pre-test scores of selected Aspect of Safe Motherhood. The mean percentage knowledge score was observed 1.15 ± 0.36 in pre-test & after implementation of Self-Instructional Module post-test mean percentage was observed with 2.73 ± 0.44 .

Keywords: Self-Instructional Module, Knowledge, selected Aspect of Safe Motherhood, Primigravida women

Introduction

Pregnancy and childbirth are essential for existence of the entire human race but the complications involved in pregnancies often have a negative impact on mothers mentally, physically and emotionally. If a woman dies during childbirth the risk of death for children under five-year doubles or even triples as seen in studies conducted in developing countries. Girls in particular are more affected. Thus, maternal death is a misfortune twofold^[1].

To prevent maternal mortality, morbidity and related adverse consequences the International Health Community including the World Bank, WHO, United Nations Population Fund and agencies in 45 other countries launched the "Safe Motherhood Initiative" in 1987 at a conference held in Kenya^[2]. This initiative enlisted four pillars of safe motherhood which included antenatal care, clean and safe delivery, essential obstetric care and post-natal care including family planning^[3].

Since the launch of this initiative a fall in the maternal mortality rate was observed by nearly 44% over the past 25 years in 2015^[4]. The infant mortality rate reduced from an estimated rate of 64.8 deaths per 1000 live births in 1990 to 30.5 deaths per 1000 live births in 2016^[5]. There was also a decline in the number of under-five deaths from 12.7 million in 1990 to 5.9 million in 2015^[6]. Similar significant declines were observed in the maternal, infant and under 5 mortality rates in India as well^[6-7].

Globally 800 women still die every day of preventable causes related to pregnancy out of which 20% is contributed by India, currently estimated to be 212 per 1,00,000 live births^[9]. Hence, in 2014 "Every Mother and Every Newborn" and in 2016, "The Global Strategy" were launched to implement the 2030 agenda of Sustainable Developmental Goal (SDG)-3 to ensure healthy lives and promote well-being for all at all ages^[10].

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Objective of the study

1. To assess the pre-test & post-test Knowledge score regarding selected Aspect of Safe Motherhood among Primigravida women.
2. To assess impact of Self-Instructional Module on knowledge regarding selected Aspect of Safe Motherhood among Primigravida women.
3. To find out association between pre-test knowledge score regarding selected Aspect of Safe Motherhood among Primigravida women with their selected demographic variables.

Hypotheses

- **RH₀:** There will be no significant difference between pretest & post-test knowledge score on selected Aspect of Safe Motherhood among Primigravida women.
- **RH₁:** There will be significant difference between pretest & post-test knowledge score on selected Aspect of Safe Motherhood among Primigravida women.
- **RH₂:** There will be significant association between pre-test score on selected Aspect of Safe

Analysis and interpretation**Section-I****Table 1:** Frequency & percentage distribution of samples according to their demographic variables. N = 98

S. No	Demographic Variables	Frequency	Percentage
1	Age in Years		
a.	21-26	30	30.6
b.	27-32	55	56.1
c.	33-38	11	11.2
d.	39-44	2	2.0
2	Educational Status		
a.	No formal education	3	3.1
b.	Primary	12	12.2
c.	Secondary	32	32.7
d.	Higher secondary	38	38.8
e.	UG & PG	13	13.3
3	Family income		
a.	10000-15000	27	27.6
b.	150001-20000	35	35.7
c.	Above 20000	36	36.7
4	Dietary pattern		
a.	Vegetarian	25	25.5
b.	Non vegetarian	43	43.9
c.	Mixed	30	30.6
5	Previous knowledge related to selected Aspect of Safe Motherhood		
a.	Yes	13	13.3
b.	No	85	86.7

Age Distribution

The majority of primigravida women (56.1%) were between 27 and 32 years.

About 30.6% were aged between 21 and 26 years, indicating a good proportion of young mothers. A smaller percentage (11.2%) were between 33 and 38 years, and only 2% were in the 39–44 years age group.

Most of the primigravida women were in their late twenties to early thirties, which is considered an optimal reproductive age group.

Educational Status

A significant portion (38.8%) had completed higher

Motherhood among Primigravida women with their selected demographic variables.

Assumption

1. Primigravida women may have deficit knowledge regarding selected Aspect of Safe Motherhood.
2. Self-Instructional Module will enhance knowledge of Primigravida women regarding selected Aspect of Safe Motherhood.

Methodology

An evaluative approach was used and pre-experimental one group pre-test post-test research design was used for the study. The samples consisted of 98 Primigravida women selected by Non probability convenient sampling technique. The setting for the study was PHC, Chitapedi village of Surda Sundargarh District, Odisha. Data was gathered with help of demographic variables & administering a self-structured knowledge questionnaire by analyst prior & after Self-Instructional Module. Post-test was done after seven days of pre-test. Data were analysis using descriptive & inferential statistics.

secondary education. 32.7% had completed secondary education. 13.3% had completed undergraduate or postgraduate degrees. Very few women had primary education (12.2%) or no formal education (3.1%).

The majority of the women were fairly well-educated, with most having secondary to higher secondary education levels.

Family Income

Income distribution was fairly balanced: 36.7% had a family income above ₹20,000 per month. 35.7% were earning between ₹15,001–20,000. 27.6% had a family income between ₹10,000–15,000.

This indicates a moderate to good socio-economic background among the participants.

Dietary Pattern

43.9% followed a non-vegetarian diet. 30.6% had a mixed diet (Both vegetarian and non-vegetarian). 25.5% were strictly vegetarian. The majority of participants consumed a non-vegetarian or mixed diet, suggesting potential good

protein intake necessary during pregnancy.

Previous Knowledge about Safe Motherhood

Only 13.3% had prior knowledge about safe motherhood. A large majority (86.7%) lacked previous knowledge. There is a significant gap in awareness related to safe motherhood among primigravida women, highlighting the urgent need for health education and awareness programs.

Table 2: Impact of Self-Instructional Module by calculating Mean, SD, Mean Difference and ‘t’ Value of Pre-test and Post-test knowledge

Knowledge Score of Primigravida women	Mean (\bar{X})	S. D. (s)	Std. Error of Mean	D. F.	t-value	Significance
Pre-test	1.15	0.36	0.05	97	-29.22	$p < 0.0001^*$
Post-test	2.73	0.44				

When the mean and SD of pre-test & post-test were compared & ‘t’ test was applied. It can be clearly seen that the ‘t’ value was -23.30 and p value was 0.0001 which

clearly show that Self-Instructional Module was very effective in enhancing the knowledge of Primigravida women.

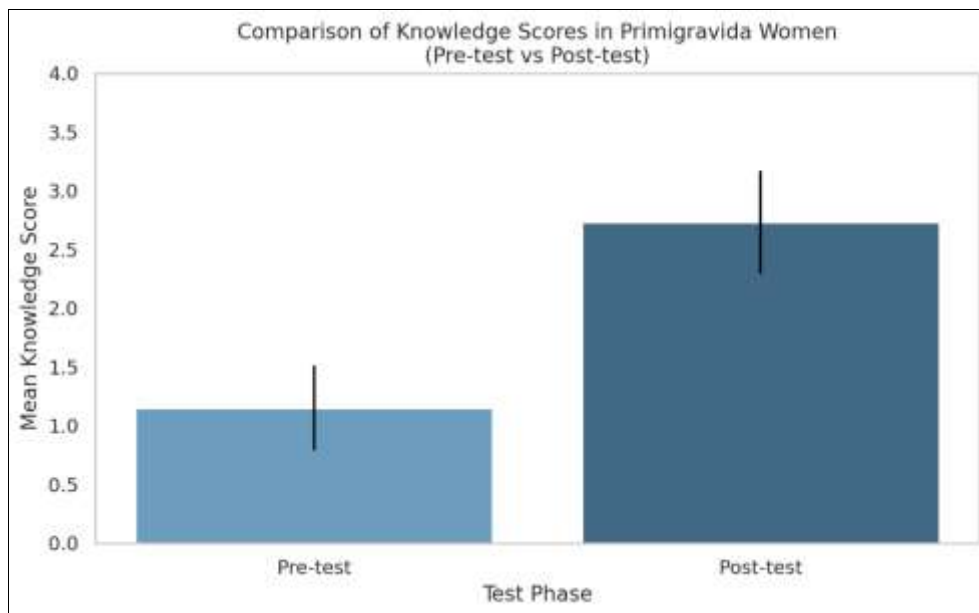


Fig 1: Comparison between pre-test and post-test.

Section-III Association of knowledge scores between test and selected demographic variables

- The association of age & test scores is shown in present table 3.1. The probability value for Chi-Square test is 2.27 for 3 DF which indicated insignificant value ($p > 0.05$). Hence, it is identified that there is insignificant association between age & test scores. Moreover, it is reflected that age isn't influenced with current problem.
- The association of educational status & test score is shown in present table 3.2. The probability value for Chi-Square test is 6.80 for 4 degrees of freedom which indicated educational status and test scores. Moreover, it is reflected that educational status isn't influenced with present problem.
- The association of family income & test score is shown in present table 3.3. The probability value for Chi-Square test is 0.87 for 2 degrees of freedom which indicated family income and test scores. Moreover, it is reflected that family income isn't influenced with present problem.
- The association of dietary pattern & test score is shown in present table 3.4. The probability value for Chi-

Square test is 2.78 for 2 degrees of freedom which indicated dietary pattern and test scores. Moreover, it is reflected that dietary pattern isn't influenced with present problem.

- The association of previous knowledge & test scores is shown in present table 3.5. The probability value for Chi-Square test is 2.76 for 1 degrees of freedom which indicated previous knowledge & test scores. Moreover, it is reflected that previous knowledge isn't influenced with current problem.

Results

The result of this study indicates that there was a significant increase in post-test knowledge scores compared to pre-test scores of selected Aspect of Safe Motherhood. The mean percentage knowledge score was observed 1.15 ± 0.36 in pre-test & after implementation of Self-Instructional Module post-test mean percentage was observed with 2.73 ± 0.44 .

Conclusion

Therefore, following data analysis and interpretation, we can say that the hypothesis RH1, according to which there would be a significant difference between Primigravida

women's pre-test and post-test knowledge scores at ($p < 0.001$), is accepted.

Additionally, when information needs to be bridged and modified, the Self-Instructional Module on a few aspects of safe motherhood for primigravida women may be a useful tool.

Limitations

- This was limited to PHC, Chitapedi village of Surda Sundargarh District, Odisha.
- This was limited to 98 Primigravida women.

Conflict of Interest

Not available

Financial Support

Not available

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How to Cite This Article

Roul P. Effectiveness of self-instructional module (SIM) on knowledge regarding selected aspect of safe motherhood among primigravida women in selected PHC, Chitapedi village of Surda Sundargarh District Odisha. International Journal of Advance Research in Community Health Nursing 2025; 7(1): 123-126.