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A Study to Assess the Effectiveness on Health Education Package on Knowledge Regarding Episiotomy Care Among Primigravida Mother at Civil Hospital Moradabad

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ABSTRACT

BACKGROUND OF THE STUDY:

A current medical study proved that 60% of women with episiotomies reported severe post-partum pain, 25% experienced infection at the site and 20% had problem during intercourse for up to 3 months after child birth. Safe motherhood initiative announced in1987 had set targets to reduce maternal mortality by 50% in one decade where the safe motherhood aim is to enhance the quality of life Hence, it is evident that special care must be taken to prevent infection.

OBJECTIVE OF THE STUDY:

To assess the level of knowledge regarding episiotomy care among the primigravida mother.To evaluate the effectiveness of educational package on knowledge regarding episiotomy care among primigravida mother.To find out the association of knowledge regarding episiotomy care among the primigravida mothers with selected socio-demographic variables.

MATERIAL AND METHOD:

In the present research study quasi-experimental (One group Pre & Post test design) design was used. The study was conducted at civil hospital Moradabad and 60 mother (21-31 years) were selected by Non-Probability convenient sampling technique. The tools designed to collect the data were socio demographic Performa and structured knowledge questionnaire regarding episiotomy care.

RESULT:

The present study in experimental group mean pre-test knowledge value was 7.23 and standard deviation value of pre-test knowledge value was 1.661 followed by mean post-test knowledge value was 16.37 and standard deviation value of post-test knowledge value was 2.107 respectively. The value of paired‘t’ test was 27.275 which statistically significant at 0.05 level of significance. Effectiveness of education package on knowledge regarding episiotomy care increase the knowledge level of mother in experimental group.

CONCLUSION:

Overall knowledge of the mother regarding episiotomy care was poor before education. After education the research study that the episiotomy care awareness was effective among mother by the increased level of knowledge of mother.

KEYWORDS: Health education package, Episiotomy care, Mother.

INTRODUCTION:

ACCORDING TO WHO,The episiotomy is a technique originally designed to reduce the incidence of severe perineal tears (third and fourth-degree) during labor. Ideally, an episiotomy would relieve pressure on theperineum resulting in an easily repairable incision when compared to uncontrolled vaginal trauma. The different types of episiotomy incisions include the midline, the modified-median, the mediolateral, J-shaped, lateral, anterior, and radical.The two most common techniques are midline (the US and Canada) and mediolateral (Europe).

It was promoted in the twentieth century by renowned interventionists, obstetricians such as Gabe and De Lee. Their perception was that the female body was essentially defective and dependent on medical interventions to enable childbirth. In 1970s, there was disagreement in the practice especially because of pressure from the women's movements demanding changes in the obstetric model.In 1983, Thacker and Banta gave a full account of the lack of scientific data supporting the use of episiotomy and the potential danger associated with the procedure.

A current medical study proved that 60% of women with episiotomies reported severe post-partum pain, 25% experienced infection at the site and 20% had problem during intercourse for up to 3 months after child birth.

The delay in perineal healing leads toincreasing complications such as bleeding, pain, painful intercourse and anxiety. Cecilia (2008) concluded that signs and symptoms of infected episiotomy wound included redness or excessive swelling in the wound area, throbbing pain or tenderness in the wound area, red streaks in the skin around the wound or progressing away from the wound, pus or watery discharge.

Episiotomy is one of the most common operations performed on women while episiotomy is employed to obviate issues such as post-partum pain, incontinence and sexual dysfunction, some studies suggest that in actuality, episiotomy surgery itself can cause all of these problems. The incidence of episiotomy is more than 1 million of the roughly 4.2 million births nationwide each year. Among first-time mothers, 70% to 80% have an episiotomy

In India 23% of women report health problem in first month after delivery related to episiotomy as perineal tear, urinary incontinence. The overall prevalence of episiotomy wound infection is 10.4%.perineal hygiene among postnatal mothers was only 18% and 82% of the mothers had no idea about the importance of perineal care and change of pad.

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RESULT:

The present study in experimental group mean pre-test knowledge value was 7.23 and standard deviation

value of pre-test knowledge value was 1.661 followed by mean post-test knowledge value was 16.37 and standard deviation value of post-test knowledge value was 2.107 respectively. The value of paired‘t’ test was 27.275 which statistically significant at 0.05 level of significance. Effectiveness of education package on knowledge regarding episiotomy care increase the knowledge level of mother in experimental group.

1. Frequency & Percentage distribution of pre-test level of knowledge

CRITERIA MEASURE OF PRETEST KNOWLEDGE SCORE N=60	
SCORE LEVEL	PRE TEST f(%)
INADEQUATE KNOWLEDGE.(0-7)	36(60%)
MODERATE KNOWLEDGE.(8-14)	24(40%)
ADEQUATE KNOWLEDGE.(15-20)	0(0%)
Maximum Score=20 Minimum Score=0	

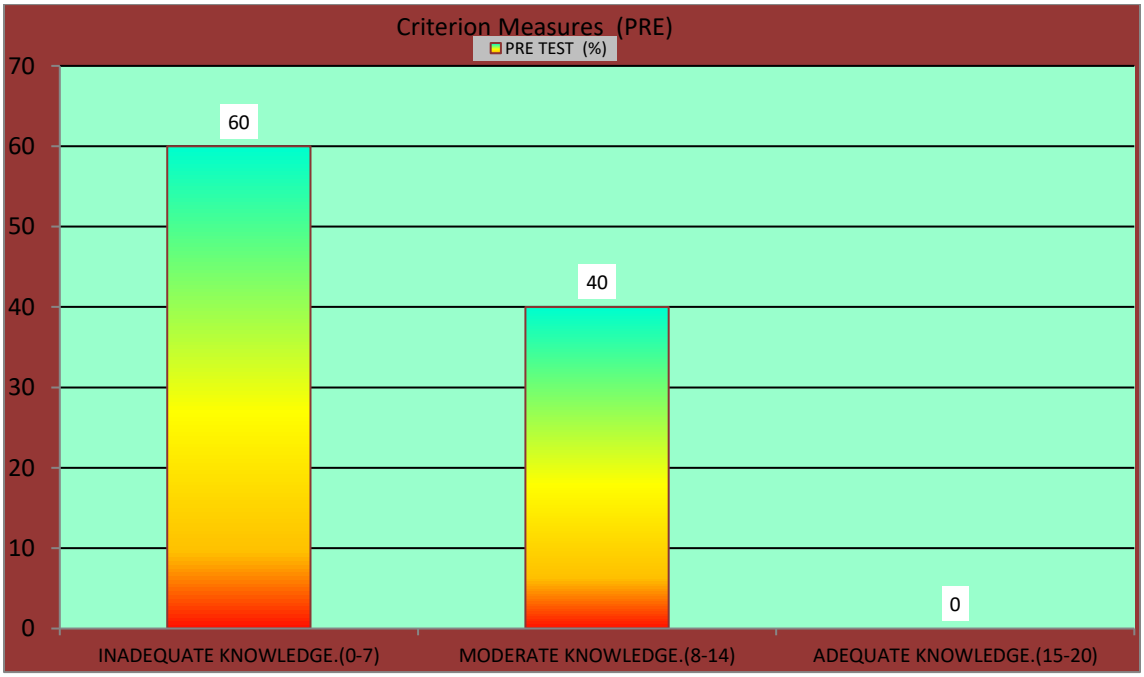

Diagram showing the percentage distribution of pre-test knowledge

2. Descriptive statistics of pre-test level of knowledge

Descriptive Statistics	Mean	S.D.	Median Score	Maximum	Minimum	Range	Mean%
PRETEST KNOWLEDGE	7.23	1.661	7	11	4	7	36.20
	Maximum=	20	Minimum=	0			

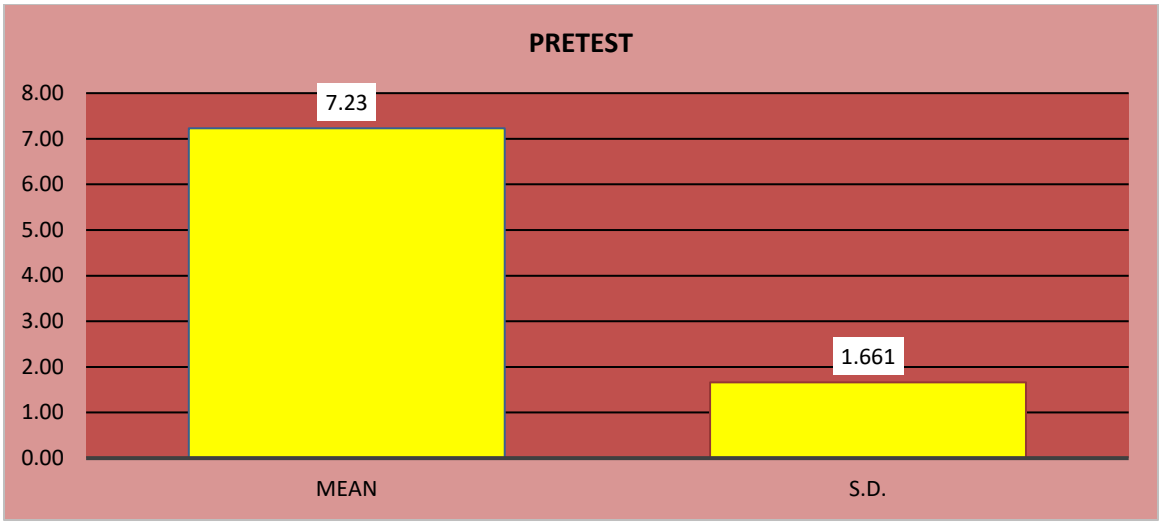

Fig: Diagram representing descriptive statistics of pre-test level of knowledge

3. Frequency & Percentage distribution of post-test level of knowledge

CRITERIA MEASURE OF POSTTEST KNOWLEDGE SCORE (N= 60)	
SCORE LEVEL	**POST TEST f(%)**
INADEQUATE KNOWLEDGE.(0-7)	0(0%)
MODERATE KNOWLEDGE.(8-14)	14(23.3%)
ADEQUATE KNOWLEDGE.(15-20)	46(76.7%)
Maximum Score=20 Minimum Score=0	

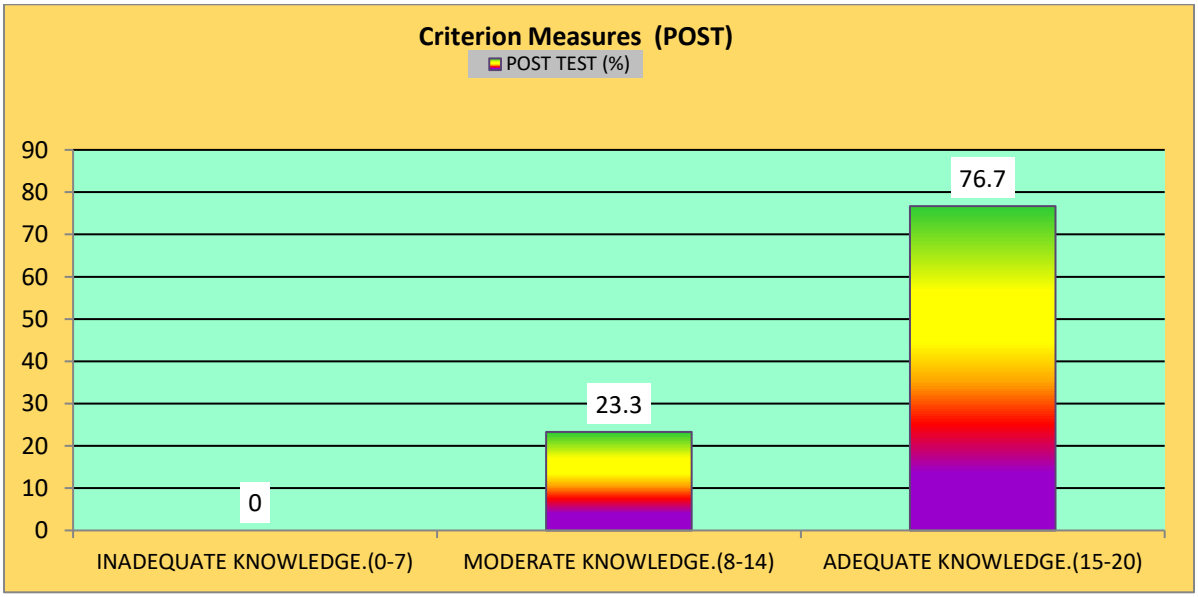

Fig.: Diagram representing percentage distribution of post-test level of knowledge

4. Descriptive statistics of post-test level of knowledge

N=60							
Descriptive Statistics	**Mean**	**S.D.**	**Median Score**	**Maximum**	**Minimum**	**Range**	**Mean%**
POSTTEST KNOWLEDGE	16.37	2.107	16	20	12	8	81.80
	Maximum=20		Minimum=0				

Fig.: Diagram representing descriptive statistics of post-test level of knowledge

5. Comparison of frequency & percentage distribution of pre-test and post-test level of knowledge

CRITERIA MEASURE OF KNOWLEDGE SCORE (N= 60)		
	PRE TEST f (%)	**POST TEST f (%)**
INADEQUATE KNOWLEDGE.(0-7)	36(60%)	0(0%)
MODERATE KNOWLEDGE.(8-14)	24(40%)	14(23.3%)
ADEQUATE KNOWLEDGE.(15-20)	0(0%)	46(76.7%)
Maximum Score=20 Minimum Score=0		

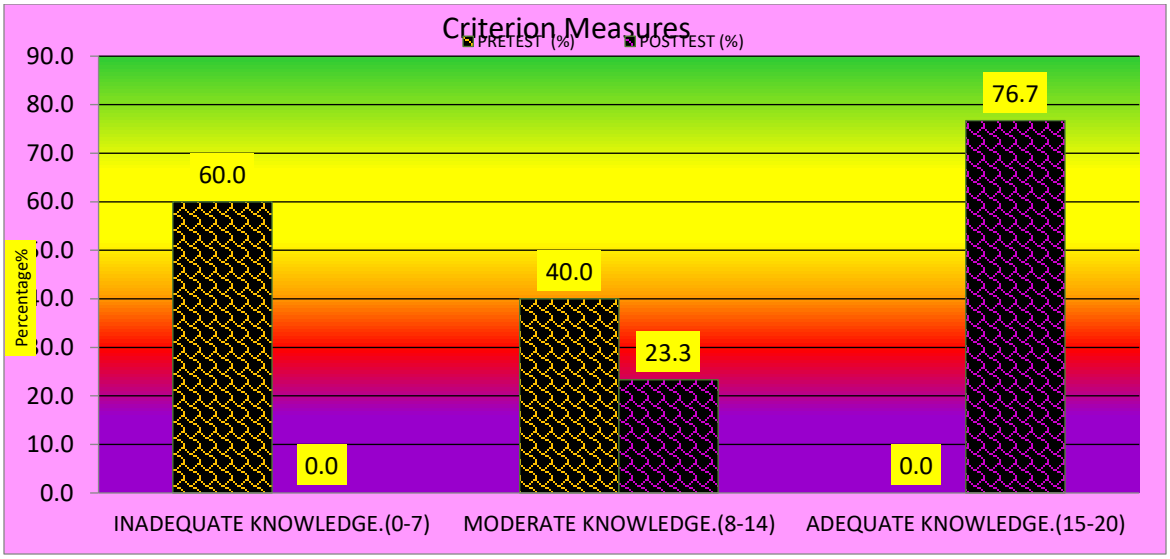

Fig.: Diagram representing comparison of percentage distribution of pre-test and post-test level of knowledge

6. Comparison of descriptive statistics of pre-test and post-test Scores of knowledge

N=60							
Paired t Test	Mean±S.D.	Mean%	Range	Mean Diff.	Paired t Test	P value	Table Value at 0.05
PRETEST KNOWLEDGE	7.23±1.661	36.20	4-11	9.140	27.275 *Sig	<0.001	2.00
POSTTEST KNOWLEDGE	16.37±2.107	81.80	12-20				
** Significance Level 0.05 Maximum=20 Minimum=0							

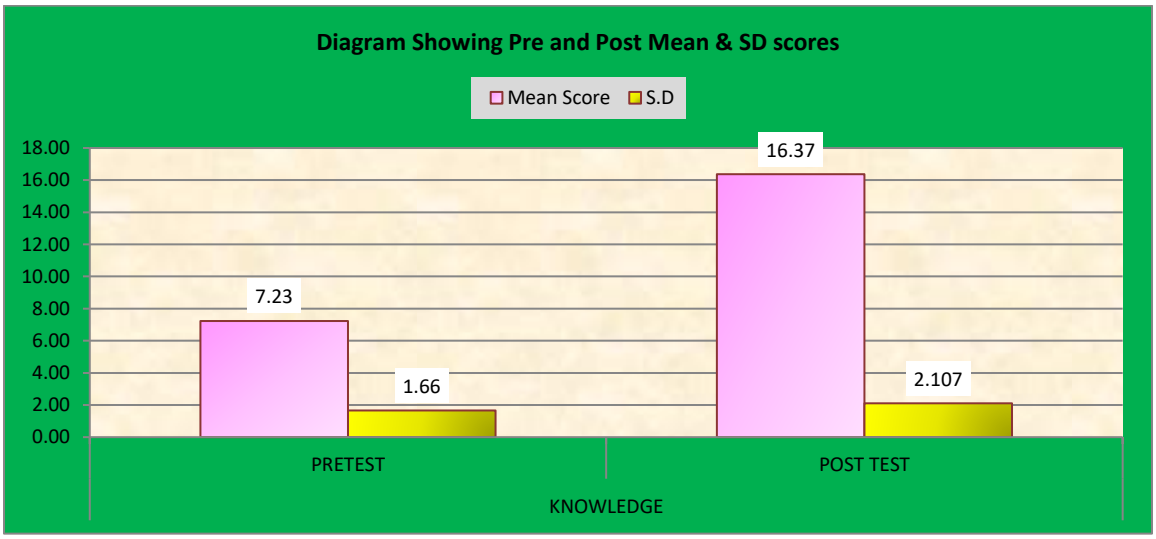

Fig.: Bar diagram representing Mean & SD of pre-test and post-test knowledge scores

7. Comparison of descriptive statistics of pre-test and post-test Scores of knowledge

DIAGRAM SHOWING INDIVIDUAL SCORE GAIN (EFFECTIVENESS))						
Mean %	**PRE TEST KNOWLEDGE**	**POST TEST KNOWLEDGE**	**DIFFERENCE**	**PRE TEST KNOWLEDGE SCORE %**	**POSTTEST KNOWLEDGE SCORE %**	**DIFFERENCE%**
Average	7.23	16.37	9.13	36.17	81.83	45.67

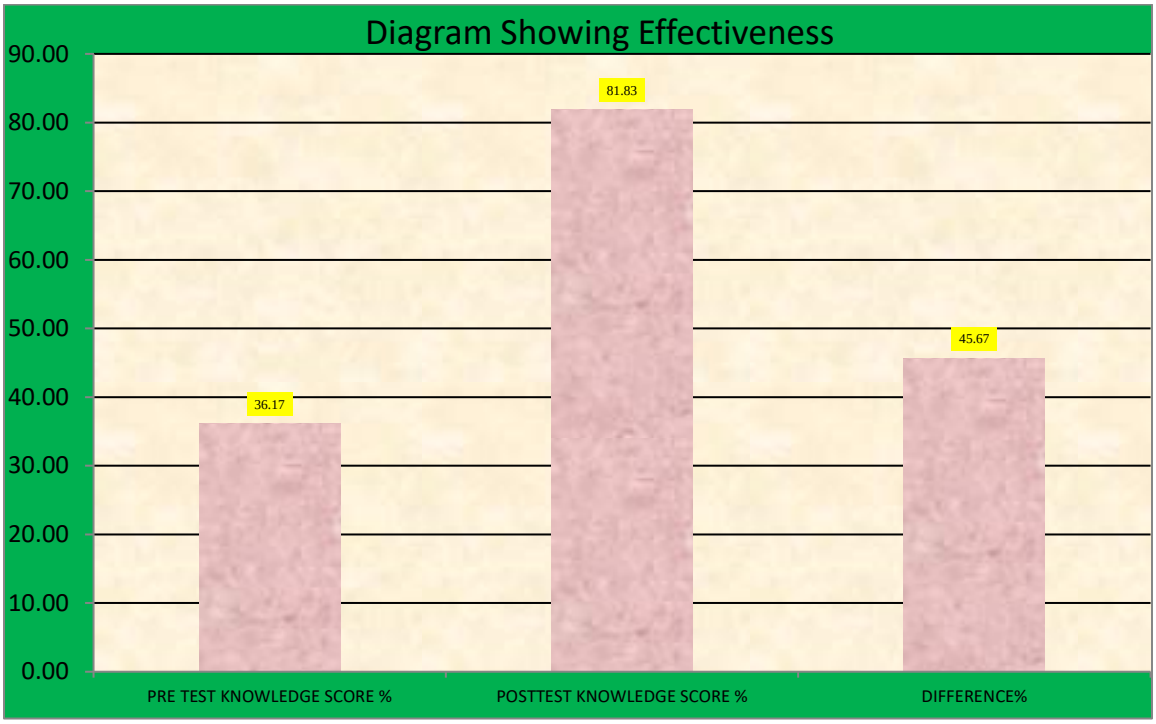

Fig.: Bar diagram representing comparison of pre-test and post-test level of knowledge representing effectiveness

8. Association of scores and demographic variables:

ASSOCIATION OF PRETEST KNOWLEDGE SCORES WITH SELECTED SOCIO-DEMOGRAPHIC VARIABLES.									
Variables	**Opts**	**INADEQUATE KNOWLEDGE**	**MODERATE KNOWLEDGE**	**ADEQUATE KNOWLEDGE**	**Chi Test**	**P Value**	**df**	**Table Value**	**Result**
Age(In Year)	< 25 YEAR	0	10	16	1.581	0.664	3	7.815	Not Significant
	20-25 YEAR	0	2	3					
	26-30 YEAR	0	12	15					
	>31 YEAR	0	0	2					
Religion	Hindu	0	10	18	1.054	0.590	2	5.991	Not

	Muslim	0	11	16					Significant
	Cristian	0	3	2					
	Other	0	0	0					
Type of Family	Nuclear	0	10	13	0.188	0.665	1	3.841	Not Significant
	Joint	0	14	23					
	Extended	0	0	0					
	Other	0	0	0					
Educational Status	No Formal Education	0	4	5	0.646	0.886	3	7.815	Not Significant
	Primary Education	0	9	14					
	Secondary Education	0	8	10					
	PG & Above	0	3	7					
Place of Residence	Rural	0	15	20	0.286	0.593	1	3.841	Not Significant
	Urban	0	9	16					
	Tribal Community	0	0	0					
Diet Pattern	Veg	0	4	8	0.278	0.598	1	3.841	Not Significant
	Non Veg	0	20	28					
	Mixed	0	0	0					
	Eggetarian	0	0	0					
Parity of Mother	Primipara	0	24	36		N.A		N.A	
	Other	0	0	0					
Baby Weight	<2.5 Kg	0	19	25	0.733	0.693	2	5.991	Not Significant
	2.5-3 Kg	0	3	6					
	3.5-4 Kg	0	2	5					
	>4.0 Kg	0	0	0					
Occupation	Home Maker	0	24	32	2.857	0.091	1	3.841	Not Significant
	Govt. Employee	0	0	0					
	Pvt. Employee	0	0	4					
	Business	0	0	0					
Family Income	> 10000	0	0	0	1.016	0.602	2	5.991	Not Significant
	10000-20000	0	5	11					
	20000-30000	0	13	19					
	< 30000	0	6	6					

9. Association of scores and demographic variables:

ASSOCIATION OF POSTTEST KNOWLEDGE SCORES WITH SELECTED SOCIO-DEMOGRAPHIC VARIABLES.									
Variables	**Opts**	**TE KNO**	**TE KNO**	**ATE KNO**	**Chi Test**	**P Value**	**df**	**Table Value**	**Result**
Age(In Year)	< 25 YEAR	22	4	0	3.067	0.381	3	7.815	Not Significant
	20-25 YEAR	4	1	0					
	26-30 YEAR	18	9	0					
	>31 YEAR	2	0	0					
Religion	Hindu	21	7	0	1.667	0.435	2	5.991	Not Significant
	Muslim	20	7	0					
	Cristian	5	0	0					
	Other	0	0	0					
Type of Family	Nuclear	16	7	0	1.051	0.305	1	3.841	Not Significant
	Joint	30	7	0					
	Extended	0	0	0					
	Other	0	0	0					
Educational Status	No Formal Education	6	3	0	2.717	0.437	3	7.815	Not Significant
	Primary Education	16	7	0					
	Secondary Education	16	2	0					
	PG & Above	8	2	0					
Place of Residence	Rural	26	9	0	0.266	0.606	1	3.841	Not Significant
	Urban	20	5	0					
	Tribal Community	0	0	0					
Diet Pattern	Veg	8	4	0	0.839	0.360	1	3.841	Not Significant
	Non Veg	38	10	0					
	Mixed	0	0	0					
	Eggetarian	0	0	0					
Parity of Mother	Primipara	46	14	0		N.A		N.A	
	Other	0	0	0					
Baby Weight	<2.5 Kg	35	9	0	0.814	0.666	2	5.991	Not Significant
	2.5-3 Kg	6	3	0					
	3.5-4 Kg	5	2	0					
	>4.0 Kg	0	0	0					

Occupation	Home Maker	45	11	0	6.395	0.011	1	3.841	Significant
	Govt. Employee	0	0	0					
	Pvt. Employee	1	3	0					
	Business	0	0	0					
Family Income	> 10000	0	0	0	2.877	0.237	2	5.991	Not Significant
	10000-20000	10	6	0					
	20000-30000	27	5	0					
	< 30000	9	3	0					

DISCUSSION:

Finding related to effectiveness of education package on knowledge regarding for episiotomy care.

The present study in experimental group mean pre-test knowledge value was 7.23 and standard deviation value of pre-test knowledge value was 1.661 followed by mean post-test knowledge value was 16.37 and standard deviation value of post-test knowledge value was 2.107 respectively. The value of paired 't' test was 27.275 which statistically significant at 0.05 level of significance. Effectiveness of education package on knowledge regarding episiotomy care increase the knowledge level of mother in experimental group.

Findings related to associated between knowledge and selected demographic variables of primigravidas mother regarding episiotomy care.

- To find out the relationship between selected demographic variables and knowledge of primigravida mother regarding episiotomy care. The chi square was used and finding suggested that:
- Association between pre-test level of knowledge among experimental group There is a significant association present between the mother with occupation with chi square.
- It conclude that there is non-significant association between pre-test level of knowledge among experimental group There is a significant association present between the mother with age, education, monthly income, religion, occupation, baby weight, type of family. Hence the result is significant at p>0.05 level.

CONCLUSION:

On the basis of the study's findings, the following significant conclusions were reached

1. The motherwere poor knowledge regarding episiotomy care.
2. Significant relationship between level of knowledge score of mother and their occupation.

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