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**A study to assess the effectiveness of structured teaching programme on knowledge regarding cesarean section care among GNM III<sup>rd</sup> year students in selected school of nursing, Bhopal (M.P.)**

**Ruchi Tripathi<sup>1</sup>, Dolly John Shiju<sup>2</sup>**

<sup>1</sup> M.Sc, R.D. Memorial College of Nursing, Bhopal, Madhya Pradesh, India

<sup>2</sup> Vice Principal, Professor & H.O.D. Obstetrics and Gynaecological Nursing, R.D. Memorial College of Nursing, Bhopal, Madhya Pradesh, India

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**Abstract**

An a study to assess the effectiveness of structured teaching programme on knowledge regarding cesarean section care among GNM III<sup>rd</sup> year students in selected school total 60 of nursing, bhopal (m.p.) a Cesarean section care is the formation of an opening into the lower abdominal incision is made first its either a vertical incision naval and pubic hair (left) or more commonly horizontal incision lower on abdomen (right).

**Keywords:** effectiveness of structured teaching programme on knowledge regarding cesarean section care among GNM III<sup>rd</sup> year students

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**Introduction**

Cesarean section, also known as cesarean delivery, is a procedure in which a birth doctor delivers an infant through an incision in the mother's abdomen and uterus rather than through the vagina. Some doctors refer to this as an abdominal delivery.

As of 2017, Cesarean section s represented 31.9 percent of births in the United States, with 1,258,581 babies having Cesarean section births in comparison to 2,684,803 vaginal deliveries. Some women will choose to have an elective 1.Cesarean section, or Cesarean section on maternal request (CDMR). However, most Cesarean section s occur when vaginal birth would present a risk of seriously harming the mother or child. Only around 2.5 percent of Cesarean section s occur at the mother's request without addressing a medical problem.

2. However, this number has increased over the last decade. In this article, we explain how the procedure works, the possible risks, and what to expect during recovery.

A Cesarean section has been part of human culture since ancient times and there are tales in both Western and non-Western cultures of this procedure resulting in live mothers and offspring. According to Greek mythology Apollo removed Asclepius, founder of the famous cult of religious medicine, from his mother's abdomen. Numerous references to cesarean section appear in ancient Hindu, Egyptian, Grecian, Roman, and other European folklore. Ancient Chinese etchings depict the procedure on apparently living women. The Mischnagoth and Talmud prohibited primogeniture when twins were born by cesarean section and waived the purification rituals for women delivered by surgery yet, the early history of cesarean section remains shrouded in myth and is of dubious accuracy.

**Problem statement**

A study to assess the effectiveness of structured teaching programme on knowledge regarding cesarean section care among

GNM III<sup>rd</sup> year students in selected school of nursing, Bhopal (M.P.)

**Objectives of the study**

- To assess the knowledge of GNM III<sup>rd</sup> year students in experimental group and control group regarding Cesarean section care.
- To assess the effectiveness of structured teaching programme on knowledge of experimental group regarding Cesarean section care among GNM III<sup>rd</sup> year students.
- To compare the Effectiveness of structured Teaching Programme on knowledge of cesarean Care among GNM III<sup>rd</sup> year students in experimental and control group.
- To find the association of pre-test and post- test knowledge of GNM III<sup>rd</sup> year students regarding cesarean section care in with selected demographic variables.

**Hypotheses**

**H<sub>1</sub>:** The mean post- test knowledge score of experimental group after structured teaching programme regarding Cesarean section care will be significantly higher than control group at P< 0.05 level of significance.

**H<sub>2</sub>:** There will be significant association of pre-test & post-test level of knowledge among GNM III<sup>rd</sup> students with selected demographic variables.

**Material and methods**

Research methodology is the logic structure and strategy of study. It contains clear description of samples studied, adequate information pertaining to reliability and validity, sufficient description on collection of data, appropriateness of statistical treatment and data processing procedures.

This chapter describes methodology adopted to assess the effectiveness of structured teaching programme on knowledge regarding cesarean section care among nursing students in selected school of nursing, Bhopal (M.P.)”.

#### ▪ **Research Approach**

Quantitative evaluative research approach was adopted for the study.

#### ▪ **Research Design**

The research design adopted for this study was quasi experimental (pre-test and post-test with control group) design which was used to measure the effectiveness.

#### ▪ **Population**

Population is the set of people or entities to which the results of a research are to be generalised. (Denise F. Polit and Beck, 2011) The population of the study comprises of all GNM –III<sup>rd</sup> year students study in selected school of nursing Bhopal.

#### ▪ **Sampling**

Sampling is the process of selecting a representative segment of the population under study. (Denise F. Polit and Beck, 2011)

#### ▪ **Sample**

The samples in the study assess the knowledge of GNM III<sup>rd</sup> year students 30 from R.D. Memorial College of nursing Bhopal and 30 from Parashar College of nursing Bhopal who fulfilled the inclusion criteria.

#### ▪ **Sample size**

Sample size consists of 60 GNM III<sup>rd</sup> year students among 30 were in experimental group and 30 were in control group.

#### ▪ **Sampling technique**

Non probability convenience sampling technique was adopted for selecting the samples for the study.

### **Description of the Tool**

With the investigator’s personnel and professional experiences and after extensive literature review and discussion with experts the tool was developed for data collection. The tool consists of the following sections.

#### **Section-A**

This section consists of demographic variables such as age, gender religion, year of students, medium of instruction,

educational status, attending any workshop/ seminar and do you have any previous knowledge.

#### **Section-B: Structured teaching programme on cesarean section care**

It consisted of 30 multiple choice items to assess the knowledge on cesarean section care in GNM III<sup>rd</sup> year students. The structured interview schedule had 3 alternative responses, the correct response was given a score of one and incorrect was scored as zero.

**Table 1:** Scoring procedure for knowledge

Knowledge	Score	Percentage
Inadequate knowledge	0-10	0-34%
Moderately adequate knowledge	11-20	35-69%
Adequate knowledge	21-30	70-100%

#### **Validity**

Validity refers to the degree to which an instrument measures what it is supposed to measure. (Polit and Hungler, 2011)

Validity of the tool was obtained on the basis of opinion of subject experts (one medical experts, Five OBG Nursing Specialist), Minor modifications were made as suggested by experts and the final tool was prepared. The tool was translated in Tamil with the help of language expert.

#### **Reliability**

Reliability is the degree of consistency or dependability with which an instrument measures an attribute. (Denise F. Polit and Beck, 2011) Reliability of the tool was established by Test-re test method. The investigator selected 06 GNM III<sup>rd</sup> year students from R.D. memorial college of nursing Bhopal on 14.8.2020 and administered the structured teaching programme regarding cesarean section care. Retest was conducted on 19.8.2020. The reliability value was  $r=0.96$  which indicates that the tool was reliable. Hence the tool was considered for proceeding.

#### **Plan for Data analysis and interpretation**

Analysis is the process of organizing and synthesizing data in such a way that research questions can be answered and hypothesis tested. Analysis involves a number of closely related operations which are performed with the purpose of summarizing the collected data and organizing the data in such a manner that they answer the research questions.

#### **Section-I. Frequency and percentage distribution of demographic variables of dependance.**

**Table 2**

N – 60

No. of questions	Demographic Variables	Category	Respondents Frequency
1	Age	19-24 year	40
		25-30 year	20
		More than 30 year	00
2	Gender	Male	1
		Female	59
3	Religion	Hindu	45
		Muslim	10
		Christian	5
4	Year of Students	GNM III Year	60

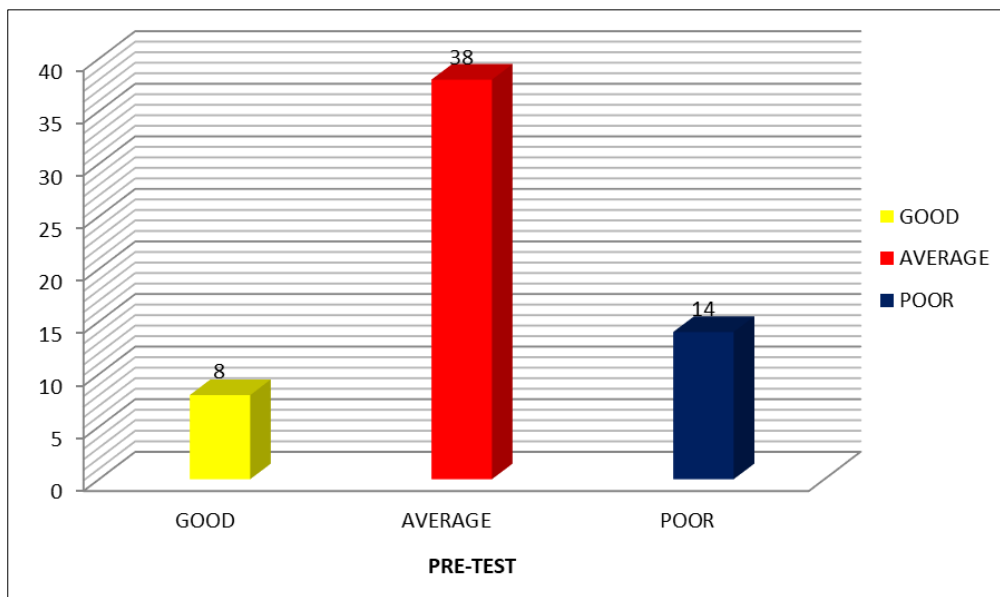
5	Medium of Instruction	English	60
6	Educational Status	10+2 =12	41
		Graduate	19
		Post Graduate	00
7	Attending any workshop/seminar	YES	40
		NO	20
8	Do you have any previous knowledge	YES	50
		NO	10

**SECTION-II: Assessment of the pre-test knowledge of GNM III<sup>rd</sup> year students regarding cesarean section care.**

**Table 3:** Frequency and percentage distribution of pretest knowledge score of samples

(N=60)

Level of knowledge	Frequency	Percentage	Pre-test mean	Pre-test SD
Good	08	15.01%	15.00	4.75
Average	38	61.71%		
poor	14	23.33%		
Total	60	100		



**Fig 1**

The above table depicts that poor knowledge scored by 08 (15.01%) ranging between 1-10, average knowledge score by 38 (61.71%) samples scored average knowledge score ranging between 11-20, 08(15.01%) score very good knowledge score ranging between 21-30.

**Section II**  
**Assessment of post-test knowledge of GNM III<sup>rd</sup> year students regarding cesarean section care. after administration of structured teaching programme**

**Table 4:** Frequency and percentage distribution of post-test knowledge score of samples

(N=60)

Level of knowledge	Frequency	Percentage	Pre-test mean	Pre-test SD
Good	42	80.00%	23.10	3.60
Average	12	20.00%		
poor	0	0%		
Total	60	100		

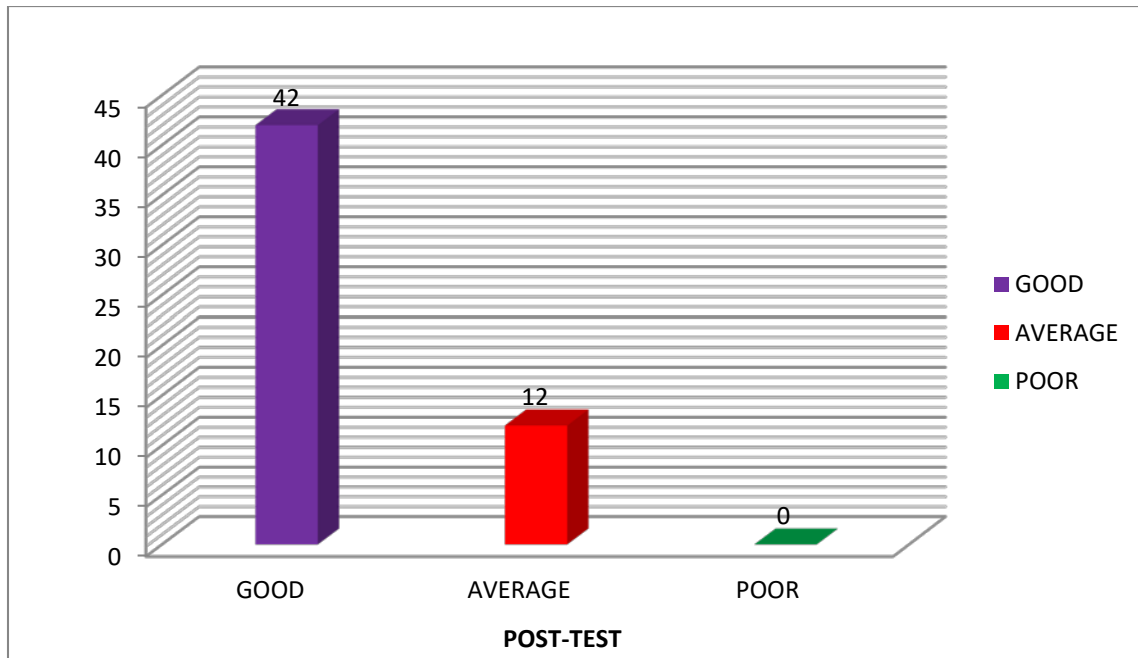


Fig 2

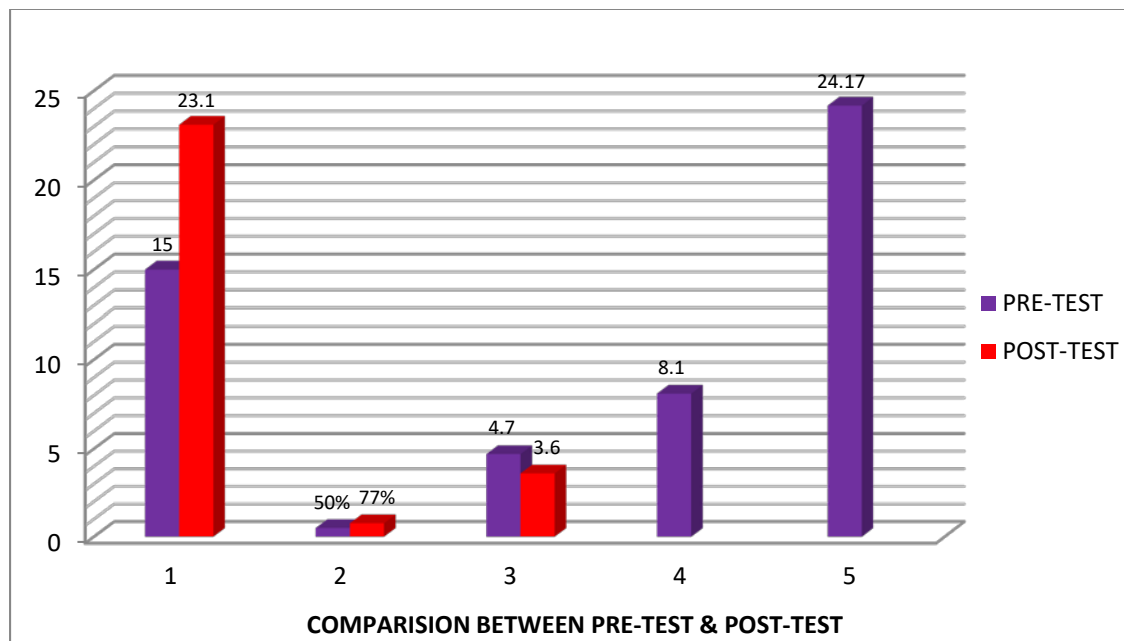
The above table depicts that poor knowledge scored by 0 (0%) ranging between 1-10, average knowledge score by 12 (20.00%) samples scored average knowledge score ranging between 11-20, 42(80.00%) score very good knowledge score ranging between 21-30.

**Section III**  
**To assess the effectiveness of planned teaching program by comparing pre and post-test knowledge score**

**Table 5:** Comparison between mean, mean difference, standard deviation and 't' value of Pre-test and post-test knowledge score

Knowledge score	Mean	Percentage	Standard deviation	Mean Difference	t' value
Pre-test	15.00	50%	4.7	8.1	24.17
Post-test	23.10	77%	3.60		

(N=60)



't value =24.17, P value= 0.01,

Fig 3

The data presented in Table no.4.3 shows that The post-test mean knowledge score (77%) is apparently higher than the mean pre-test knowledge score (50%). The dispersion of pre-test score (SD 4.7) it is less than that of the post test scores (SD 3.60).

The Computed 't' value shows that there is a significant difference between pre and post-test knowledge score (\*t= 24.17, P, 0.01 level). In the 't' table the value of 't' is 24.17 at 0.01 level. Hence, post -test knowledge score is higher than pre-test knowledge score. This indicates that the STP is effective in increasing knowledge scores among GNM III<sup>rd</sup> year students regarding cesarean section care. so research hypothesis (H<sub>1</sub>) is accepted and null hypothesis (H<sub>0</sub>) is rejected.

### Discussion

The discussion brings the research report to closure. A well-developed discussion section "makes sense" of the research results. This is the most important section of any research report. This chapter presents the major findings of the study and discusses them in relation to similar studies conducted by other researchers. "a study to assess the effectiveness of structured teaching programme on knowledge regarding cesarean section care among GNM III<sup>rd</sup> year students in selected school of nursing Bhopal ( m.p.)". The findings of the study have been discussed with reference to the objectives and hypothesis stated in chapter 2 along with findings of other studies.

### Variables with post-test knowledge scores.

- Regarding age 40 samples were in the age group of 19-24 year, and 20 samples, and 00sample were in the age group more than 30 year.
- Regarding gender, 01 samples are males and 59 are females. Most of the samples.
- Regarding religion status 45 are Hindu samples and 10 are Muslim samples and 05 Christian samples.
- Regarding year of students status 60 are GNM III<sup>rd</sup> year students
- Regarding educational status 10+2, 41 samples and graduate 19 samples (38%) and post graduate 0 sample (0%).
- Regarding medium of instruction 00samples (00%) in Hindi medium and 60 samples in English medium.
- Regarding attending any workshop/seminar/conference yes 40 sample and 20 samples
- Regarding do you have any previous knowledge about caesarean section care yes 50 samples and no 10 samples.

### Conclusion

The study findings showed that there was a significant increase in the knowledge of GNM III<sup>rd</sup> year student after administration of STP regarding cesarean section care. Hence it was concluded that STP is an effective method to increase knowledge of GNM III<sup>rd</sup> year student regarding cesarean section care.

### Recommendations

On the basis of findings of the study the following recommendations were made.

- A similar study can be replicated on a larger sample with different demographic characters.
- An Experimental study can be under taken with control group.

- A Study can be undertaken to find out the association between demographic variables and knowledge of staff nurses regarding tracheostomy care.
- A Similar study can be conducted using other strategies like SIM, booklets and pamphlets.
- Teaching and demonstration regarding cesarean section care can be given to the student nurses in class teaching.
- A follow up study need to be conducted to find out the effectiveness terms of retention of knowledge among GNM III<sup>rd</sup> year students and to re-in force health promotion teaching services.

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