



A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Management of Psychological Effects of Motherhood Among Primigravida Women in Selected Hospitals of Valsad District"

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Abstract: **Background:** Psychological changes during pregnancy can affect the well-being of both the mother and the foetus. Improving knowledge regarding the management of these psychological effects is essential for promoting maternal mental health. **Objectives:** To assess the effectiveness of a Structured Teaching Programme on knowledge regarding the management of psychological effects of motherhood among primigravida women and to determine the association between pre-test knowledge Score and selected demographic variables. **Methods:** A quantitative pre-experimental one-group pre-test and post-test design was adopted among 60 primigravida women selected from **Shrimad Rajchandra Hospital and Research Centre, Dharampur, Valsad District**, using convenient sampling Technique. Data were collected using a structured knowledge questionnaire. **Results:** The mean knowledge score increased from 8.67 ± 2.01 in the pre-test to 16.05 ± 1.73 in the post-test. The calculated paired t-value (20.70) was significant at $p < 0.05$, demonstrating the effectiveness of the Structured Teaching Programme. Among the demographic variables, only the source of health information showed a significant association with pre-test knowledge. **Conclusion:** The Structured Teaching Programme was effective in improving knowledge regarding the management of psychological effects of motherhood among primigravida women. Educational interventions during antenatal care can enhance maternal mental health awareness and preparedness.

Key Words: Structured Teaching Programme, Primigravida Women, Psychological Effects of Motherhood, Maternal Mental Health, Knowledge.

1. INTRODUCTION:

Pregnancy is a unique period of change for women that may have a profound effect on their biological, psychological and social functioning. Much of woman's behaviour during the antenatal period is strongly influenced by her cultural background. Various studies have shown that there was a relative risk of preterm birth for women who experienced moderate and high levels of distress. Antenatal psychosocial problems may be associated with unfavorable postpartum outcomes. Issues of high concern to the women, her family or the care giver usually indicate a need for additional support or services.

During the postnatal period, there is a chance to increase the risk of development of serious mood disorder. This type of depression during postnatal period has been classified into 3 categories in ascending level of severity condition of mother - maternity blues, postpartum depression and psychotic depression. Postpartum depression (PPD) is a combination of physical, behavioral and emotional changes in some women within 4 weeks of delivery. PPD is based not only length of time taken between delivery and onset, but also severity of the depression. During the pregnancy estrogen and progesterone hormone increased excessively. After 3 days of delivery hormones levels drop back to pre-pregnant stage. This type of changes increased the risk of postpartum depression. Most of the mothers have face —baby blues after giving birth.



2.NEED OF THE STUDY :

According to WHO approximately 10% of pregnant women and 13% of postpartum women experience mental disorders such as depression and anxiety, with even higher rates reported in developing countries (15.6% antenatal and 19.8% postnatal) (WHO Maternal Mental Health, updated 2023–2024). In India, a comprehensive meta-analysis published by Upadhyay et al. in 2017 in the Bulletin of the World Health Organization reported a pooled prevalence of postpartum depression of around 22%, highlighting a significant burden across different states.

3.OBJECTIVES :

- To assess the pre-test and post-test knowledge scores regarding management of psychological effects of motherhood among primigravida women in selected hospitals of Valsad District.
- To evaluate the effectiveness of the structured teaching programme by comparing pretest and post-test Score regarding management of psychological effects of motherhood among primigravida women in selected hospitals of Valsad District.
- To find out the association between the pre-test knowledge scores of primigravida women with their selected demographic variables.

4. HYPOTHESIS:

H01: There is no significant mean difference between the pretest and post-test knowledge score regarding management among the primigravida women in selected hospitals of Valsad District at 0.05 level significance.

H1: There will be a significant mean difference between the pretest and post-test knowledge score regarding management among the primigravida women in selected hospitals of Valsad District at 0.05 level significance.

H02: There is no significant association between the pretest knowledge score regarding the management among the primigravida women with selected socio demographic variables.

H2: There will be a significant association between the pretest knowledge score regarding the management among the primigravida women with selected socio demographic variables.

5. REVIEW OF LITERATURE:

Matan Friedman et al. (2025) conducted a study to assess the impact of an informative video on anxiety during induction of labor. A randomized controlled pre-test post-test design was used among 167 women selected by random sampling and divided into intervention and control groups. The intervention group received an educational video with counselling, while the control group received routine care. Data were collected using STAI scale. The results showed that post-test anxiety was significantly lower in the video group ($p < 0.05$) and patient satisfaction was higher compared to the control group. The study concluded that video-assisted teaching effectively reduces anxiety during labor induction.

Nikoozad Sahar, Safdari Faranak, Sharifi, Forouzan Ganji (2024) conducted a study to assess the effect of prenatal education on health anxiety among primigravida women. A quasi-experimental approach with pre-test and post-test design was used. The study was conducted among 122 primiparous pregnant women selected by random sampling technique and divided into intervention and control groups at Shahrekord health centers. Data were collected using the Health Anxiety Questionnaire (Warwick and Salkovskis, 2002). The results showed that there was no significant difference in type of delivery, gestational age, Apgar score, and hospitalization duration. However, the duration of active and latent phases of labor was significantly shorter and newborn weight was higher in the intervention group ($p < 0.05$). Health anxiety scores such as illness concern and negative consequences decreased significantly in the intervention group, while they increased in the control group. The study concluded that prenatal education significantly reduced health anxiety among primigravida women.

6. RESEARCH METHODOLOGY:

Research Approach: Quantitative research approach

Research Design: Pre experimental one group pretest posttest design

Independent variable: Structured Teaching Programme

Dependent variable: knowledge regarding management of psychological effects of motherhood.

Demographic variables: age in years, educational qualification, occupation, marital status, type of family, area of residence, monthly family income, gestational age, source of health information, any previous exposure to psychological counselling or education, any history of abortion, any history of infertility.

Target population: Primigravida women of selected hospitals of Valsad district.



Accessible population: Primigravida women of Shrimad Rajchandra Hospital and Research Centre Dharampur.

Setting: Shrimad Rajchandra Hospital and Research Centre Dharampur.

Sample: Primigravida women

Sample Size:60

Sampling Technique: Convenience sampling technique

7.RESULTS

Table no. 7.1 Description of socio demographic variables of participants based on frequency and percentage.

n=60			
Sr No	Baseline Data	Frequency	Percentage
1	Age (in years)		
	a) <20years	15	25%
	b) 20–24	23	38.33%
	c) 25–29	22	36.67%
	d) 30 and above	0	0%
2	Educational Qualification		
	a) Illiterate	0	0.00%
	b) Primary	30	50%
	c) Secondary	29	48.33%
	d) Higher secondary	1	1.67%
	e) Graduate and above	0	0.00%
3	Occupation		
	a) Housewife	40	66.67%
	b) Government Employed	0	0%
	c) Private employed	20	33.33%
	d) Self-employed	0	0.00%
4	Marital Status		
	a) Married	60	100%
	b) Unmarried	0	0.00%
5	Types of Family		
	a) Nuclear Family	20	33.33%
	b) Joint Family	20	33.33%
	c) Extended Family	20	33.33%
6	Area of Residence		
	a) Urban	19	31.67%
	b) Semi-urban	17	28.33%
	c) Rural	24	40.00%
7	Monthly Family Income		
	a) Below ₹10,000	0	0%
	b) ₹10,001–20,000	33	55%
	c) ₹20,001–30,000	27	45.00%
	d) Above ₹30,000	0	0.00%
8	Gestational Age		
	a) 13–20 weeks (Second trimester)	0	0.00%
	b) 21–28 weeks	34	56.67%
	c) 29–36 weeks (Third trimester)	26	43.33%
9	Source of Health Information		
	a) Health Professionals	0	0%
	b) Internet/social media	19	31.67%
	c) Family/friends	26	43.33%
	d) Books/magazines	0	0.00%
	e) No information received	15	25.00%



10	Any Previous Exposure to Psychological Counselling or Education		
	a) Yes	0	0.00%
	b) No	60	100.00%
11	Any history of Abortion		
	a) Yes	13	21.67%
	b) No	47	78.33%
12	Any history of infertility		
	a) Yes	0	0.00%
	b) No	60	100.00%

Table No: 7.2 Description of frequency and percentage distribution of pre-test and post-test level of knowledge score

Grading	Score	Percentage	Pre Test		Post Test	
			Frequency	Percentage	Frequency	Percentage
Inadequate Knowledge	0-10	0-50%	52	86.70%	0	0%
Moderate Knowledge	11 to 15	51-75%	8	13.30%	20	33.30%
Adequate Knowledge	16-20	76-100%	0	0%	40	66.70%

Table 7.2 shows that in the **pre-test**, most participants (86.70%) had inadequate knowledge, while 13.30% had moderate knowledge and none had adequate knowledge. After the intervention, the **post-test** results showed a marked improvement, with no participants in the inadequate category, 33.30% having moderate knowledge, and the majority (66.70%) demonstrating adequate knowledge.

Table no:7.3 Mean, Mean difference, Standard deviation, and paired 't' test of pretest and post-test knowledge score regarding ways to improve management of psychological effects among primigravida women.

Knowledge	Mean	Mean Difference	SD	Calculated value of 't'	Table Value of 't'	P Value	Inference
Pre-Test	8.67	7.38	2.01	20.70	2.00	<0.05	S
Post-Test	16.05		1.73				

Note: S – statistically significant $t > 2.00$ at the 0.05 level.

Above table no. 7.3 showed that the mean pretest level of knowledge regarding management of psychological effects among primigravida women was 8.67, which was significantly improved to 16.05 in the post-test with a mean difference of 7.38. **Hence the H1 is accepted.** The standard deviation of the pretest level of knowledge regarding management of psychological effects among primigravida women was 2.01 and the post-test was 1.73. The calculated value of 't' was 20.70, which was greater than the table value of $t=2.00$ at the level of $p < 0.05$.

Table: 7.4 Association between pretest knowledge score with selected socio demographic variables regarding management of psychological effects among primigravida women in selected hospitals of Valsad district.

n=60

Sr. no	Demographic variable	Level Of Knowledge			Chi Square and DF	Table Value	Inference
		Inadequate	Moderate	Adequate			
1	Age (in years)						
	a) <20years	12	3	0			



	b) 20–24	20	3	0	0.92 DF=2	5.99	NS
	c) 25–29	20	2	0			
	d) 30 and above	0	0	0			
2	Educational Qualification						
	a) Illiterate	0	0	0	0.16 DF=2	5.99	NS
	b) Primary	26	4	0			
	c) Secondary	25	4	0			
	d) Higher secondary	1	0	0			
	e) Graduate and above	0	0	0			
3	Occupation						
	a) Housewife	35	5	0	0.07 DF=1	3.84	NS
	b) Government Employed	0	0	0			
	c) Private employed	17	3	0			
	d) Self-employed	0	0	0			
4	Marital Status						
	a) Married	60	60	0	0	5.99	NS
	b) Unmarried	0	0	0			
5	Type of Family						
	a) Nuclear Family	18	2	0	1.16 DF=2	5.99	NS
	b) Joint Family	18	2	0			
	c) Extended Family	16	4	0			
6	Area of Residence						
	a) Urban	17	3	0	0.324 DF=2	5.99	NS
	b) Semi-urban	18	2	0			
	c) Rural	18	2	0			
7	Monthly Family Income						
	a) Below ₹10,000	0	0	0	0.21	3.84	NS
	b) ₹10,001–20,000	0	0	0			
	c) ₹20,001–30,000	28	5	0			



	d) Above ₹30,000	24	3	0	DF=1		
8	Gestational Age						
	a) 13–20 weeks	0	0	0	0.128 DF=1	3.84	NS
	b) 21–28 weeks	29	5	0			
	c) 29–36 weeks (Third trimester)	23	3	0			
9	Source of Health Information						
	a) Health professionals	0	0	0	10.36	5.99 DF=2	S
	b) Internet/social media	19	0	0			
	c) Family/friends	19	7	0			
	d) Books/magazines	0	0	0			
	e) No information received	15	0	0			
10	Any Previous Exposure to Psychological Counselling or Education						
	a) Yes	0	0	0	0	-	NS
	b) No	60	60	0			
11	Any history of Abortion						
	a) Yes	5	1	0	0.064 2 DF=1	3.84	NS
	b) No	47	7	0			
12	Any history of infertility						
	a) Yes	0	0	0	0		NS
	b) No	60	60	0			

Above Table 7.4 shows the association between selected demographic variables and the level of knowledge among antenatal mothers. Among all the demographic variables, **only the source of health information** was found to have a statistically significant association with the level of knowledge ($\chi^2 = 10.36$, $df = 2$, which is greater than the table value **5.99** at the 0.05 level of significance). Hence, the null hypothesis was rejected for this variable.

7. DISCUSSION:

The present study demonstrated that the Structured Teaching Programme was effective in improving the knowledge of primigravida women regarding the management of psychological effects of motherhood. The post-test knowledge scores were significantly higher than the pre-test scores, indicating the effectiveness of the educational intervention. Among the selected demographic variables, only the source of health information showed a significant association with the pre-test level of knowledge, while all other demographic variables had no significant association. These findings suggest that the Structured Teaching Programme is an effective method for improving knowledge among primigravida women regardless of most demographic characteristics.



8. CONCLUSION:

The study concluded that the Structured Teaching Programme was effective in improving the knowledge of primigravida women regarding the management of psychological effects of motherhood. The significant improvement in post-test knowledge scores confirmed the effectiveness of the intervention. The findings support the use of structured educational programmes during antenatal care to enhance awareness and promote better maternal mental health among primigravida women.

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