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A Study to Evaluate the Effectiveness of a Structured Teaching Programme on Knowledge and Attitude Regarding Selected Comfort Measures Among Post-Caesarean Mothers

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Abstract

Introduction: The study was conducted to assess the levels of knowledge and attitudes related to selected comfort measures among mothers who had undergone caesarean delivery, both before and after an intervention. It also aimed to identify any associations between these outcomes and certain demographic variables. Methods: A pre-experimental design using a single group with pretest and posttest measures was employed. The sample consisted of 100 post-caesarean mothers, chosen through a nonprobability convenience sampling method. Data were gathered using a demographic information form, a structured questionnaire to evaluate knowledge, and a Likert scale to assess attitudes. The data collected was analyzed using both descriptive and inferential statistical methods. Results: The structured teaching programme was effective in enhancing the participants' knowledge and improving their attitudes toward selected comfort measures following caesarean delivery. The mean knowledge score increased from 12.77 in the pretest to 25.26 in the posttest, with a calculated t-value of 39.046 ($p < 0.05$). Similarly, the mean attitude score rose from 67.26 to 86.24, with a t-value of 17.737 ($p < 0.05$). These results confirm that the observed improvements were statistically significant and not due to chance. Additionally, no significant association was found between demographic variables and pretest knowledge or attitude at the 5% level of significance. Interpretation and Conclusion: The paired t-test revealed a significant difference between pretest and posttest scores for both knowledge and attitude, indicating the effectiveness of the structured teaching programme. Therefore, the research hypotheses (H_1 and H_2) were accepted. The study concludes that the programme successfully enhanced knowledge and fostered a positive change in attitude among post-caesarean mothers. Since the improvements were statistically significant, the structured teaching programme can be recommended as an effective approach for improving post-caesarean care practices.

Keywords: Knowledge, attitude, structured teaching programme, post-caesarean mothers, comfort measures, caesarean section

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INTRODUCTION

Women and children are the most valuable assets of a nation, and women's health is essential for the well-being of families and society. A woman passes through various life stages, each requiring proper care to maintain her optimal health. Maternal health during the postnatal phase is vital for ensuring proper recovery and reducing the risk of complications in the mother. Therefore, health education programs are important to improve knowledge and attitudes among post-caesarean mothers regarding comfort measures.

Although childbirth is a natural process, it brings profound physiological, emotional, and social challenges, requiring sensitive and supportive care from healthcare providers. Caesarean section is sometimes necessary to prevent complications. Its increasing trend has become a growing health concern, highlighting the need for careful monitoring and appropriate use.

After undergoing a caesarean section, a mother faces several physical and emotional challenges that can affect her recovery and health. In the initial days, she may experience pain and numbness at the incision site, difficulty in movement, and discomfort due to catheterization and urination. Activities such as walking, although uncomfortable, are essential for improving circulation, preventing complications, and promoting recovery. Mothers may also experience difficulties in coughing, laughing, passing stool, and breastfeeding due to abdominal tenderness and sutures. Therefore, proper rest, adequate nutrition, hygiene, and supportive care are crucial to ensure a safe and speedy recovery after caesarean delivery.

Some of the advice that helps post-caesarean mothers achieve faster recovery are early ambulation, early oral hydration, nutrition, breastfeeding, and personal care. Early ambulation after a caesarean section involves gradual movement, starting within 6–8 h, to improve circulation and promote recovery. Similarly, starting oral fluid intake within 4–6 h supports quicker recovery and reduces the likelihood of complications.

Good nutrition after a caesarean section is essential for healing, providing energy, and improving lactation. A balanced diet rich in fluids, vitamins, minerals, protein, and fiber helps in recovery and prevents complications such as constipation. After a caesarean section, mothers may experience discomfort and pain that can affect their interest in breastfeeding and daily activities. Adopting comfortable feeding positions and proper personal care measures can help improve comfort and promote recovery in patients.

After a caesarean delivery, mothers need to be aware of and practice measures that promote comfort and faster recovery. Timely movement, sufficient hydration, appropriate wound management, a balanced diet, comfortable breastfeeding positions, and personal hygiene are essential for enhancing overall well-being and minimizing the risk of complications. Wearing loose cotton clothing and ensuring adequate rest can help mothers feel relaxed and supported during the recovery period.

Assessing knowledge and attitudes regarding postnatal care and comfort measures provides valuable insights into mothers' behaviors and recovery practices after caesarean delivery. Such studies help identify gaps and support the development of targeted education, effective guidance, and improved care strategies for patients with diabetes. The findings can assist healthcare professionals, especially midwives, in promoting safe practices, enhancing comfort, and improving the overall well-being of postpartum mothers.

Therefore, the present study was undertaken to assess the effectiveness of a structured teaching programme on knowledge and attitude regarding selected comfort measures among post-caesarean mothers, including both primipara and multipara mothers, admitted to Cheluvamba Government Hospital for Women and Children at Mysuru. This study also aimed to explore the association between these factors and selected demographic variables.

BACKGROUND OF THE STUDY

The postpartum period is a critical phase that demands proper care, rest, and support for a mother's physical and emotional recovery following childbirth. It becomes more challenging after a caesarean delivery, requiring additional attention to healing and comfort [1]. The mode of delivery differs among women, with a noticeable increase in caesarean section rates over the years. This increasing trend highlights the need for greater awareness and appropriate postnatal care, especially among diverse population groups in the country [2].

India is witnessing a rapid rise in the rate of caesarean sections, particularly in South India, highlighting a growing global concern over increasing surgical deliveries [3]. Postoperative care following a caesarean section is essential for ensuring the mother's safe recovery and overall well-being. It starts immediately after the surgical procedure and extends through the hospitalization period as well as after discharge. Providing education to mothers on early mobilization, proper fluid intake, and a healthy diet promotes quicker healing and reduces the risk of complications in the child. Additionally, instruction on comfortable breastfeeding techniques, wound management, exercises, and emotional support contribute significantly to overall recovery, and such comprehensive care also helps improve mothers' attitudes toward adopting healthy practices during the postnatal period [4].

As part of postoperative care, healthcare providers should understand and incorporate mothers' cultural and religious beliefs while educating them about essential comfort measures. Guidance on early ambulation, hydration, wound care, nutrition, rest, and breastfeeding techniques helps improve comfort and recovery. Such holistic care also supports positive changes in mothers' attitudes toward the adoption of these practices [5].

Need For Study

There is a need for this study as mothers undergoing caesarean sections experience multiple physical discomforts and potential complications similar to major abdominal surgery, affecting various body systems. Understanding and addressing these issues can help improve postnatal care practices, enhance recovery, and reduce the risk of complications among post-caesarean mothers [6].

In India, there has been a noticeable rise in caesarean section (CS) deliveries, alongside an increase in institutional births. The CS rate has increased from 25.4% to 32% nationwide, with approximately 32.6% reported in South India, indicating that these figures are considerably high on a global scale.

Midwives play a significant role in supporting mothers following caesarean delivery by enhancing the quality of postnatal care and offering guidance on various comfort measures. Their involvement encourages mothers to follow healthy practices and fosters a positive approach to recovery.

These interventions contribute significantly to enhancing the overall health and well-being of post-caesarean mothers [7, 8].

The rising rate of caesarean section deliveries is evident from the data, with 61.6% of deliveries in Bengaluru private hospitals being caesarean sections compared to the national average of 17.2% and 23.6% in Karnataka. Such high rates highlight the need for enhanced awareness and effective postnatal care measures to ensure better recovery and well-being of post-caesarean delivery [9].

Experts emphasize that strengthening postnatal care services, along with continuous education and awareness programs, can significantly improve recovery and reduce complications among post-caesarean mothers. Therefore, there is a need to assess the knowledge, attitudes, and practices regarding postnatal care and comfort measures and to promote positive behavioral changes through targeted guidance and interventions [10].

Objectives

- To determine the level of knowledge and attitude in the pretest regarding selected comfort measures among post-caesarean mothers.
- To assess the impact of a structured teaching programme on improving knowledge and attitude related to selected comfort measures among post-caesarean mothers.
- To examine the relationship between pretest knowledge levels and selected demographic variables.
- To identify the association between pretest attitude and selected demographic characteristics.

Hypothesis

- *H1*: There is a statistically significant difference between the mean pretest and posttest knowledge scores.
- *H2:* There is a statistically significant difference between the mean pretest and posttest attitude scores following the structured teaching program.
- *H3*: There is a significant association between pretest knowledge levels and selected sociodemographic variables.
- *H4:* There is a significant association between pretest attitude levels and selected sociodemographic variables.

MATERIALS AND METHODS

Sources of Data

The data were collected from 100 post-caesarean mothers, including both primipara and multipara mothers, admitted to Cheluvamba Government Hospital, Mysuru.

Demographic Variables

Age, educational qualification, occupation, religion, family monthly income, dietary pattern, parity, type of caesarean section, gestational age at delivery, type of anesthesia, and previous source of health information.

Research Designs

The study employed a pre-experimental one-group pretest and posttest design to evaluate the effectiveness of a structured teaching programme on knowledge and attitude related to selected comfort measures among post-caesarean mothers at Cheluvamba Government Hospital, Mysuru.

Research Setting

The study was conducted at Cheluvamba Government Hospital for Women and Children at Mysuru.

Population

Post-caesarean mothers, including primipara and multipara mothers, were admitted to Cheluvamba Government Hospital, Mysuru.

METHODS OF DATA COLLECTION

Sampling Technique

Nonprobability convenient sampling technique was used in this study.

Sample Size

The study sample comprised 100 post-caesarean mothers, including primipara and multipara mothers, admitted to Cheluvamba Government Hospital, Mysuru.

Inclusion Criteria

- Post-caesarean mothers, including both primipara and multipara mothers.
- Post-caesarean mothers who are willing to participate in the study.
- Post-caesarean mothers who are admitted to the hospital.

Exclusion Criteria

- Mothers with any post-partum psychological conditions.
- Mothers with any postoperative complications.

Instruments Used

The tool used for this research consisted of the following sections.

SECTION A: DISTRIBUTION OF SOCIODEMOGRAPHIC CHARACTERISTICS

Table 1 presents the frequency and percentage distribution of the sociodemographic variables of post-caesarean mothers. The data show that the majority of post-caesarean mothers were aged 18–24 years (67%), followed by 24–30 years (29%) and 30–36 years (4%), indicating a predominance of younger mothers. In terms of education, most had high school (40%) or PUC (34%) education, while fewer had higher education (15%), primary education (9%), or no formal education (2%). The majority of mothers were homemakers (89%) with a small proportion of working women (11%), and most belonged to the Hindu religion (83%), followed by Muslims (17%). The majority of mothers followed a mixed diet (73%), while 27% were vegetarians. Most mothers belonged to the lower income group, with 77% earning below Rs.20000, followed by 21% earning Rs.20000–40000 and only 2% above Rs.40000. Most mothers were primipara (55%) and had a gestational age above 36 weeks (80%), with most undergoing emergency caesarean sections (83%). Fetal indications were the leading cause (63%), followed by maternal (29%) and placental causes (8%) for caesarean delivery. The majority of mothers received spinal anesthesia (99%), with only 1% receiving general anesthesia. Regarding prior information, 60% had no knowledge of comfort measures, while 32% learned from previous lower segment caesarean section (LSCS) experiences, 7% from health personnel, and 1% from family members.

Table 1. Frequency and percentage distribution of sociodemographic variables.

S.N.	Demographic variables	Options	Frequency	Percentage
1.	Age in years	18–24 years	67	67
		24–30 years	29	29
		30–36 years	4	4
2.	Educational status	No formal education	2	2
		Primary	9	9
		High school	40	40
		PUC	34	34
		Graduation and above	15	15
3.	Occupation	Working women	11	11
		Home maker	89	89
4.	Religion	Hindu	83	83
		Muslim	17	17
5.	Diet pattern	Vegetarian	27	27
		Mixed diet	73	73
6.	Family monthly income in rupees	<20000	77	77
		20000–40000	21	21
		>40000	02	2
7.	Parity	Primipara	55	55
		Multipara	45	45
8.	Gestational age at delivery	Below 34 weeks	02	02
		34–36 Weeks	18	18
		Above 36 weeks	80	80
9.	Type of caesarean section	Elective	17	17
		Emergency	83	83
10.	Indication for caesarean section	Maternal	29	29
		Fetal	63	63
		Placental	8	8
11.	Type of anesthesia	General	1	1
		Spinal	99	99
		Epidural	00	00
12.	Previous source of health information	Family members	1	1
		Previous experience	32	32
		Health personnel	7	7
		No information	60	60

SECTION B: KNOWLEDGE SCORES OF POST-CAESAREAN MOTHERS ABOUT SELECTED COMFORT MEASURES

The data presented in Table 2 show that in the pretest, knowledge levels were almost equally distributed, whereas in the posttest, the majority of mothers (74%) had above-average knowledge. This indicates a significant improvement in knowledge after the intervention.

SECTION C: ATTITUDE SCORES OF POST-CAESAREAN MOTHERS ABOUT SELECTED COMFORT MEASURES

The data presented in Table 3 show that attitude levels remained the same in both pretest and posttest, with 48% below the median and 52% at or above the median. However, the increase in the median score from 67 to 86 indicates an overall improvement in attitude among post-caesarean mothers.

SECTION D: EFFECTIVENESS OF THE STRUCTURED TEACHING PROGRAM ON KNOWLEDGE

The data in Table 4 illustrate that the mean posttest knowledge score (25.26) of the group was higher than the mean pretest knowledge score (12.77) of the same group. The mean difference between pretest and posttest knowledge scores was significant at the 5% level, with a t-value of 39.046 ($p<0.05$).

SECTION E: EFFECTIVENESS OF THE STRUCTURED TEACHING PROGRAMME ON ATTITUDE

The data in Table 5 show that the mean posttest attitude scores (86.24) of the group were higher than the mean pretest attitude scores (67.26) of the same group. The mean difference between pretest attitude scores and posttest attitude scores was significant at the 5% level, as the 't'=17.737 ($p<0.05$).

Table 2. Knowledge score.

Level of knowledge	Below average	Greater than or equals average
Pretest	49	51
Posttest	26	74

Table 3. Attitude score.

Level of attitude	Below median	Greater than or equal to the median
Pretest	48	52
Posttest	48	52

Table 4. Mean pretest and posttest knowledge scores.

Number of samples	Knowledge scores	Mean	SD	df	Paired 't'-value	Level of n significance
100	Pretest scores	12.77	2.967	99	39.046	< 0.001
	Posttest scores	25.26	1.818			

Table 5. Mean pretest and posttest attitude scores.

Number of samples	Attitude scores	Mean	SD	df	Paired 't'-value	Level of significance
100	Pretest scores	67.26	7.797	99	17.737	<0.0001
	Posttest scores	86.24	7.748			

SECTION F: ASSOCIATION OF PRETEST KNOWLEDGE LEVELS WITH SELECTED DEMOGRAPHIC VARIABLES

Table 6 findings reveal that there was no significant association between pretest knowledge scores and selected sociodemographic variables at the 5% level of significance, indicating that these variables did not influence the pretest knowledge levels. Hence, research hypothesis H_3 was rejected.

Table 6. Chi-square values pretest knowledge with selected sociodemographic variables.

S.N.	Demographic variables	Options	Pre-knowledge group		χ2 value	df	p-value	Sig.
			Less than median	*Greater than or equal to median*				
1.	Age in years	18–24	34	33	0.28	2	0.86	NS
		24–30	13	16				
		30–36	2	2				
2.	Educational status	No formal education	2	0	4.03	4	0.40	NS
		Primary	6	3				
		High school	20	20				
		Pre-University course (PUC)	15	19				
		Graduation and above	6	9				
3.	Occupation	Working	3	8	2.33	1	0.12	NS
		Home maker	46	43				
4.	Religion	Hindu	40	43	0.12	1	0.72	NS
		Muslim	9	8				
5.	Dietary pattern	vegetarian	14	13	0.12	1	0.72	NS
		Mixed diet	35	38				
6.	Family monthly income	<20000	37	40	0.12	2	0.94	NS
		20000–40000	11	10				
		>40000	1	1				
7.	Parity	Primipara	27	28	.0001	1	0.984	NS
		Multipara	22	23				
8.	Gestational age at delivery	<34 weeks	1	1	.003	2	0.99	NS
		34–36 weeks	9	9				
		>36 weeks	39	40				
9.	Type of caesarean section	Elective	6	11	1.54	1	0.21	NS
		Emergency	43	40				
10.	Indication for caesarean section	Maternal	18	11	2.71	2	0.25	NS
		Fetal	27	36				
		Placental	4	4				
11.	Type of anesthesia	General	0	1	0.97	1	0.32	NS
		Spinal	49	50				
12.	Previous source of information Source	Family members	1	0	1.29	3	0.73	NS
		Previous experience	15	17				
		Health personnel	4	3				
		No	29	31				

*NS: not significant, *= significant*

SECTION G: ASSOCIATION OF PRETEST ATTITUDE LEVELS WITH SELECTED DEMOGRAPHIC VARIABLES

Table 7 findings reveal that there was no significant association between pretest attitude scores and selected sociodemographic variables at the 5% level of significance, indicating that these variables did not influence the pretest attitude levels. Hence, research hypothesis H_4 was rejected.

Table 7. Chi-square values of pretest attitude with selected sociodemographic variables.

S.N.	Demographic variable	Options	Pre-attitude group		$\chi 2$ value	df	p-value	Sig
			Less than median	*greater than or equal to median*				
1.	Age in years	18–24 years	33	34	0.16	2	0.92	NS
		24–30 years	13	16				
		30–36 years	2	2				
2.	Educational status	No formal education	2	0	4.49	4	0.34	NS
		Primary	4	5				
		High school	22	18				
		Pre-University Course (PUC)	15	19				
		Graduation and above	5	10				
3.	Occupation	Working women	4	7	0.67	1	0.41	NS
		Home maker	44	45				
4.	Religion	Hindu	39	44	0.20	1	0.65	NS
		Muslim	9	8				
5.	Diet pattern	Vegetarian	12	15	0.18	1	0.66	NS
		Mixed diet	36	37				
6.	Family monthly income	<20000	38	39	1.90	2	0.38	NS
		20000–40000	10	11				
		>40000	0	2				
7.	Parity	Primipara	24	31	0.93	1	0.33	NS
		Multipara	24	21				
8.	Gestational age at delivery	<34 weeks	1	1	0.08	2	0.95	NS
		34–36 weeks	8	10				
		>36 weeks	38	41				
9.	Type of caesarean section	Elective	6	11	1.32	1	0.25	NS
		Emergency	42	41				
10.	Indication for caesarean section	Maternal	14	15	0.70	2	0.70	NS
		Fetal	29	33				
		Placental	5	3				
11.	Type of anesthesia	General	0	1	0.93	1	0.33	NS
		Spinal	48	51				
12.	Source of health information	Family members	0	1	3.25	3	0.35	NS
		Previous experience	12	20				
		Health personnel	4	3				
		No	32	28				

*NS: not significant, * = Significant*

DISCUSSION

This study was designed to assess the knowledge and attitudes of post-caesarean mothers, including both primipara and multipara. The study was conducted over 4 weeks, and the findings revealed that in the pretest, half of the samples had below average knowledge, and the other half had above-average knowledge. In the posttest, 26% of the post-caesarean mothers had below average knowledge, and 74% had above-average knowledge. In the pretest, 48% of post-caesarean mothers had attitude scores below the median, while 52% had scores above the median. The median attitude score in the pretest was 67.

The findings of the study indicate that the structured teaching programme was effective in improving both knowledge and attitude among post-caesarean mothers regarding selected comfort measures. The posttest mean scores for both knowledge and attitude were higher than the pretest scores, indicating a noticeable improvement following the intervention. The paired t-test demonstrated that these differences were statistically significant at the 5% level ($p < 0.05$), confirming that the observed changes were not due to chance. This finding suggests that the structured teaching programme had a substantial positive effect on participants. Overall, the results emphasize the value of organized educational interventions in improving postnatal care.

Further analysis of demographic variables revealed no significant association with pretest knowledge scores among the post-caesarean mothers. Factors such as age, education, occupation, religion, dietary habits, income, parity, gestational age, type and indication of caesarean section, anesthesia used, and previous exposure to information did not show any influence on knowledge levels ($p > 0.05$). This indicates that baseline knowledge was independent of demographic characteristics.

The data showed no statistically significant association between selected demographic variables and pretest attitude scores among post-caesarean mothers. Factors such as age, education, occupation, religion, dietary pattern, income, parity, gestational age, type and indication of caesarean section, type of anesthesia, and previous information showed no influence on attitude ($p > 0.05$). This indicates that pretest attitudes were independent of these demographic variables.

These findings emphasize the need for comprehensive strategies that go beyond mere knowledge dissemination among post-caesarean mothers. Healthcare institutions and professionals, especially midwives, can play a key role in providing continuous education, practical demonstrations, and regular follow-up on comfort measures. Additionally, behavioral change communication, family involvement, and motivational support may be more effective in improving the adoption of these practices.

Overall, this study highlights the importance of bridging the gap between awareness and practice in postnatal care. Addressing barriers and reinforcing positive behaviors are essential for enhancing recovery, comfort, and well-being among post-caesarean mothers. The results offer valuable insights for healthcare providers and policymakers to design targeted interventions that promote effective postnatal care practices.

CONCLUSION

This study aimed to evaluate the effectiveness of a structured teaching programme on knowledge and attitudes regarding selected comfort measures among post-caesarean mothers. Conclusions were drawn based on the study findings, and the limitations encountered during the research were identified.

Childbirth is considered a significant event in a woman's life. It is a natural and normal physiological process that brings new experiences to her reproductive journey. This event has a profound physical, emotional, and social impact on both the woman and her family. During this period, a woman may experience stress, physical pain, and fear related to complications such as bleeding, surgical procedures like caesarean section, and even the risk to life. Therefore, caregivers must provide care with sensitivity, respect, and understanding toward the mother.

Recommendations

- A similar study can be replicated on a larger sample for wider generalizations to demonstrate strong statistical associations.
- A comparative study can be undertaken between primipara gravidae and multipara gravidae mothers to understand the level of knowledge of selected comfort measures.
- A study can be conducted in different hospitals to reveal a better picture and confirm the findings of the present study.
- A comparative study can be conducted between the effects of structured teaching programme (STP) and video-assisted teaching.

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