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A Study To Assess The Effectiveness Of Community Based Education On Knowledge Regarding Child Birth Preparedness Among Primi Mother's In Selected Rural Areas

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ABSTRACT

A study was conducted to assess the effectiveness of community-based education on knowledge regarding childbirth preparedness among primi mothers in selected rural areas. The objectives were to evaluate pre- and post-test knowledge levels, assess the effectiveness of educational interventions, and explore associations with demographic variables. A quantitative research approach with a one-group pre-test post-test design was adopted. Sixty primi mothers were selected using a non-probability convenience sampling technique. Data was collected using a structured questionnaire consisting of 25 knowledge-based questions.

Findings revealed that in the pre-test, 43.33% of participants had poor knowledge and only 6.66% had good knowledge. Following the community-based education, post-test results showed a significant increase in knowledge, with a mean score improvement from 6 (SD = 2.4) to 19 (SD = 1.2). The calculated t-value (38.23) was significantly higher than the table value at 5% significance level, indicating the intervention's effectiveness.
Chi-square analysis showed a significant association between knowledge and variables such as type of family and previous knowledge, while other demographics showed no significant association.

The study concluded that community-based education effectively improves knowledge regarding childbirth preparedness among primi mothers in rural areas. Such interventions are recommended to enhance maternal outcomes and reduce delays in accessing care.

KEYWORDS: Childbirth preparedness, Primi mothers, Community-based education, Rural areas, Knowledge assessment, Structured teaching, Maternal health, Pre-test post-test design, Nursing intervention, Birth preparedness and complication readiness (BPCR).

INTRODUCTION

"Communication succeeds when you make others understand you clearly, and they make you understand them clearly."

Birth preparedness is a strategy to promote the timely use of skilled maternal and neonatal care, especially during childbirth, based on the theory that preparing for childbirth and being ready for complications reduce delay in obtaining care. Thaddeus and Maine outlined three delays that influence the provision and use of obstetric services (a) delay in deciding to seek care when complication occurs;

(b) delay in reaching facility; and (c) delay in receiving care. Women with more education and those aware of obstetric complication are more prepared for birth and complication emerged then illiterate women. BP is one intervention that addresses these delays by encouraging pregnant women, their families, and communities to effectively plan for births and deal with emergencies if they occur. At the basic level, the concept of BP/CR includes identifying a trained birth attendant for delivery, identifying a health facility for emergency, arranging for transport to skilled care site in case of emergency, saving or arranging alternative funds for costs of skilled and emergency care, finding a companion to be with the woman at birth or to accompany her to the emergency care. Other measures include identifying a compatible blood donor in case of hemorrhage, obtaining permission from the head of household to seek skilled care in the event that a birth emergency occurs in his absence, and arranging a source of household support to provide temporary family care during absence.1

OBJECTIVES OF THE STUDY

1. To evaluate the effectiveness of community-based education on knowledge regarding child

birth preparedness among primi mother's in selected rural areas."

2. To assess the pre-test level of knowledge regarding child birth preparedness among primi mother's in selected rural areas
3. To assess the post-test knowledge regarding child birth preparedness among primi mother's in selected rural areas
4. To find out the association between the pre-test knowledge score with demographic variables

SCOPE OF THE STUDY:

- The study will focus on first-time mothers (primi mothers) living in the selected rural areas.
- The study will evaluate the effectiveness of community-based education programs aimed at improving knowledge regarding child birth preparedness.

RESEARCH METHODOLOGY

Methodology is a generalized pattern for organizing procedure for gathering validity and reliable data to investigate. It is a crucial aspect of research. Methodology studies are indispensable in any scientific discipline and perhaps especially when a field is new and deals

with highly complex, intangible phenomena such as human behavior or welfare as in the case in nursing research.

RESEARCH APPROACH

It is the way in which the investigator plans or structures the research project. (K. Sharma2013)2

In this study a Quantitative research approach was adopted for the present study to accomplish the objective of determining the effectiveness of community based education on knowledge regarding child birth preparedness among primi mothers at selected rural areas.

RESEARCH DESIGN

It is the blue print for the conduct of a study maximizes control over factors that could interfere with the desired outcomes of the study.

A researcher's overall plan for obtaining answers to the research questions or for the testing research hypothesis is referred to as the research design.

To evaluate the effectiveness of community based education on knowledge regarding child birth preparedness among primi mothers at selected rural areas. Experimental One group Pre-test Post-test research design

VARIABLES OF THE STUDY

According to Best John (1996), variables are the conditions or characteristics that are investigator manipulates, controls or observes.3

Independent variable:

Independent variables are the condition or characteristics that the investigator manipulatesin his or her attempt to ascertain their relationship to observed phenomenon. The independent variable in this study is community based education.

Dependent variables:

Dependent variables are the condition or characteristics that appear disappear or change as the investigator introduces, removes or changes the independent variable.

The dependent variable in this study is knowledge of primi mothers.

Demographic variables:

Demographic variables are age, education, occupation, monthly family income, type of family, previous knowledge about birth preparedness and if yes.

SETTING OF THE STUDY

Setting refers to the area where the study is conducted. It is the physical location and condition in which data collection takes place.In this study the investigator select the subject as primi mothers from selected rural areas

POPULATION

According to Kerlinger (1986) population is all the elements (Individual, objects or substances) that meet certain criteria for inclusion in the study.

Primi mothers were the population for the present study.

IDENTIFICATION OF TARGET AND ACCESSIBLE POPULATION

Target population:
The target population is the population of aggregate of cases about which theinvestigator would like to generalize.
The target population selected for the study is primi mothers .

Accessible population:
According to (BT Basavanthappa 2007) accessible population refers to the aggregate of cases which confirm to the designated criteria and which is accessible as a pool of subjects for the study i.e. that aggregate must meet the criteria for inclusion and exclusion in the study & that is available to the researcher/investigator.4
The accessible population selected for the study is, primi mothers of selected rural areas who fulfill the inclusive and exclusive criteria

SAMPLE

According to Polit and Hungler (2008) Sample is the subset of a population selected to participate in research study.5
The samples for this study are primi mothers at selected rural areas.

SAMPLING TECHNIQUE

According to Polit and Hungler (2008) the process of selecting a unit of the population to represent the entire population is known as sampling technique.6
The sampling technique used in this study was non probability convenient sampling technique.

SAMPLE SIZE

The sample size consist total 60 primi mothers at selected city rural area.

CRITERIA FOR SELECTION OF SAMPLES

Sample drawn out should reflect population traits. Sample size should be adequate represent the population. Sample size for this study will be 60primi mothers . The following criteria are used in the present study to select sample.

INCLUSIVE CRITERIA

It is the criteria that specify characteristics that a population does have. In this study, inclusion criteria are–
The primi mothers who are selected in rural areas

- ➢ Willing to participate in the research study
- ➢ Present at the time of data collection
- ➢ Read and understand English and Marathi language

EXCLUSION CRITERIA. •

Primi mothers who are selected rural area

- ➢ High risk pregnancy

- ➢ Not present at the time of data collection.
- ➢ Primigravida mother already had information regarding the birth preparedness
- ➢ Health team member
- ➢ Anganwadi worker

TOOL PREPARATION

According to Compact Oxford reference Dictionary (2003), it is a device used to carry out a particular function based on the objectives of thestudy.7

Self-structured questionnaires

A structured questionnaire was developed for assessing the effectiveness community based education on knowledge regarding child birth preparedness at selected rural areas. This tool was developed in order to attain the objectives of the study.

The investigator adopted following steps in the development of the instruments:

1. Extensive review of literature
2. Preparation of blue print
3. Preparation of tool, planned teaching programme
4. Content validity done through experts
5. Pre-testing the instrument

Extensive review of Literature

Books, journals, reports, articles, published and unpublished research studies were used to develop the tool. Prior to develop of the tool, investigator visited the selected rural areas, consulted with authority or staff to gather information about coma stimulation.

Preparation of blue print

The blue print of items pertaining to the domain of knowledge was prepared as per the objectives and conceptual framework. The blue print included knowledge regarding demographic variables are age, education, occupation , monthly family income ,type of family , previous knowledge about birth preparedness and if yes .

Preparation of tool,

Planned teaching programme was prepared as simple as possible; keeping in mind the principles of adult learning. The community based education on child birth preparedness Opinions and suggestions of experts in the field and exposure of investigator in the area of research were considered.

DESCRIPTION OF TOOL

Section A- Demographic Variables.

The investigator constructed this tool to collect the background data of the study subjects and to identify the influence of sample characteristics with the knowledge in them. It included

variables like include demographic variables are age, education, occupation, monthly family income ,type of family , previous knowledge about birth preparedness and if yes .
Section B- Self Structured Knowledge Questionnaires

The questionnaire consisted of 25 questions which were subdivided introduction, definition enlist national protocal, explain the components of child birth preparedness, advantage of child preparedness. Total score was 25. Each question carries one mark and a zero for the wrong answer.
The present study was aimed at assessment of primi mothers on knowledge regarding child birth preparedness.

Knowledge Score Grading –

SCORE	GRADING
0-6	POOR
7-12	SATISFACTORY
13-18	GOOD
19-24	VERY GOOD
25-30	EXCELLENT

SECTION III
Evaluate The Effectiveness Of Community Based Education On Knowledge Regarding Child Birth Preparedness Among Primi Mothers
This section deals with the effectiveness of community based education on knowledge regarding child birth preparedness among mothers in selected hospitals of the city. The hypothesis is tested statistically with distribution of pretest and posttest mean and standard deviation and mean difference. The levels of knowledge during the pretest and post test are compared to prove the effectiveness of community based education . Significance of difference at 5% level of significance is tested with student paired‘t’ test and tabulated ‘t’ value is compared with calculated ‘t’ value. Also the calculated ‘p’ values are compared with acceptable ‘p’ value
i.e. 0.05.

FEASIBILITY OF STUDY
Feasibility helps the investigator to determine, if the samples understand the items and if the directions given are clear. The purpose is to reveal problems selected to answering and to pint out weakness in the administration, organization and distribution of the instrument. There was no any difficulty in conducting the pilot study because permission was granted to conduct the study by respect authority of rural Panchayat community and subject were also available, investigator established rapport with them easily so this study was feasible from the point of view of investigator.

PILOT STUDY

A pilot study is defined as a small scale version or a trial run of a major study. Its function is to obtain information for improving the project or for assessing its feasibility. The principle focus is on the effectiveness of the adequacy of measurement. It helped the investigator to assess the effectiveness of the data collection plan, identify the inadequacies of plan and make due to modifications as required, find out the feasibility of conducting the study and to determine the methods of statistical analysis.

The investigator conducted the pilot study from 1/11/2024 to 8/11/2024. Permission taken from the Panchayat was obtained before conducting the pilot study. The purpose and the usefulness of the study were explained to Panchayat head. The investigator carried out the pilot study with six samples. The convenience sampling technique was used for the selection of the sample. There were 6 subjects in the groups.

RELIABILITY

Reliability refers to accuracy and consistency of information obtained in the study.

The reliability was done in a selected rural areas . After obtaining administrative permission, the tool was administered to 6 subjects in an experimental group as per set criteria. To test the reliability of the tool the split half method has been used. This method is used as the data is of quantitative type and this method gives the exact error in the reliability scores. The split half method was used to find the reliability. The correlation coefficient (r) was calculated and the value is 0.82 and the reliability of the tool was 0.90. It calculated that the tool was reliable.

CONTENT VALIDITY

According to (Basavanthappa 2007) Validity refers to whether a measurement instrument accurately measures what is supposed to measure. When an instrument is valid, it truly reflects the concept, it is supposed to measure.8

The tool for collecting the data i.e. structured questionnaire was prepared. This was given to experts for their suggestions regarding validity.

The experts include in the field of obgy msc nursing, and statistician. Suggestion for modification and improvement of the questionnaires were welcomed. The experts suggested modification in question related to demographic data and some changes in options of questions. All the experts gave their opinion to make the planned teaching programme in brief and in easy language, which is easily understandable. Accordingly, the areas were identified for simplification. The questionnaire and community based education were modified and the final draft was prepared.

DATA COLLECTION PROCEDURE

A formal permission was obtained from the Panchayat head. The study was conducted from 15/12/24 and 16/1/25. The investigator personally contacted each selected subject and their informed written consent was obtained after explaining the purpose of the study. Subjects were given detailed information about the study. Subjects were assured that they can leave

the study whenever they want. Permission was taken from them for pre-test. Questionnaire was administered to each one, who was asked to fill it and there after pre-test for the group,

community based education were given to the primi mothers in experimental group. The post-test was conducted after 7 days for experimental group.

Schedule for data collection:

After identifying the sample, objectives of the study were discussed and consent for participation in the study was taken from the selected group. The investigator assured the subjects about the confidentiality of the data. Questionnaire consisting related to knowledge regarding child birth preparedness administered to subjects. The time taken to fill questionnaire was 30-40 minutes. During the pre-test the subjects were seated away from the each other and discussion was not allowed in between them to prevent from contamination. Community based education was distributed to group, then after 7 days, post-test was given to the respective participant. Time taken for post-test for questionnaire was about 30-40 minutes. After the data collection was over all the participants were thanked for their participation in the study.

PLAN FOR DATA ANALYSIS

Data obtained from the sample was organized and analyzed with the use of both descriptive and inferential statistics.

Table III.1: Show plan for data analysis

SR. NO	DATA ANALYSIS	METHOD	REMARKS
1	**Descriptive Statistics**	Frequency and percentage	To describe the distribution of demographic variables
		Mean. Median, Standard deviation	To determine the knowledge regarding coma stimulation among primi mothers studying at selected rural areas
2	**Inferential statistics**	Paired t-test	To determine the effectiveness of community based learning
		Chi square	To determine the association between pretest knowledge score with their selected Demographic variables.

REVIEW OF LITERATURE

"Literature is a kind of intellectual light, which like light of the sun
may sometimes enable us to see what we do not like"
Samuel Johnson.

Review of literature is an important source for development of research project. It helps to gain insight into the research problem and provide information of what has been done previously. It

helps the researcher to be familiar with the existing studies and helps to develop the methodology, tools for data collection and research. Review of literature generates a picture of what is known and what is not known about a particular problem. It indicates whether adequate knowledge exists to make changes in practice or whether additional research is needed. The literature is reviewed to summarize knowledge for use in practice or to provide a basis for conducting a study.9

In the present study, the literature review has been organized in categories under following headings:

1. Literature related to child birth preparedness.
2) Literature related to knowledge of primigravida mothers on child birth preparedness.
3) Research studies related to the effectiveness of teaching interventions on child birth preparedness.

Literature related to child birth preparedness –

Supriya S. Patil, et al.(2020), This study surveyed 400 antenatal and postnatal women in Karad's tertiary hospital to evaluate birth preparedness and complication readiness (BPACR). Results showed a 59.56 BPACR index, with 52% demonstrating good readiness, yet lacking knowledge on blood transfusion, danger signs, and community resources. Higher education (46.2% in women educated beyond high school) and upperclass status doubled the likelihood of good BPACR. Integrating BPACR components into pregnancy care promises enhanced healthcare access, improved complication management, and better maternal-fetal outcomes. This underscores the importance of comprehensive strategies to promote maternal health, incorporating pregnancy planning and awareness of available services for optimal utilization.10

Pervin J and others (2018) conducted a study to assess the information regarding maternal problems and factors associated with it in rural Matlab, Bangladesh. A community based

cross sectional study was conducted by selecting samples randomly i.e. 2262 postnatal mothers who delivered a live or a still birth in the year 2014. A structured questionnaire was introduced in the process of data collection. After the data collection the study revealed that there was low level of knowledge among the mothers outlook BPCR interventions.11

Semere Sileshi Belda, et al.(2016), citied in their study Ethiopia faces high maternal mortality and low skilled delivery rates. Despite efforts to promote birth preparedness, many births occur at home. A study investigated the impact of preparedness on delivery location. Among 358 respondents, 67.1% delivered at home, while only 32.9% used health facilities. A significant 79.7% of cases and 34.0% of controls were well-prepared. Factors like education, distance from health facilities, and obstetric history influenced delivery location. Preparedness significantly impacted delivery location (AOR = 2.55). The study highlighted better institutional delivery among prepared mothers. Strategies enhancing maternal preparedness could boost institutional10 delivery rates, crucial in addressing Ethiopia's maternal health challenges.12

Literature related to the knowledge of primigravida mothers on birth preparedness.

Shree Nidhi, et al.(2023), Globally, pregnancy complications affect over 40% of women, with India bearing a significant burden. Birth Preparedness and Complication Readiness (BPCR) aims to mitigate these issues by promoting effective birth planning and emergency response. A study in rural West Bengal assessed BPCR status among pregnant women. Covering January 2019 to September 2020, 272 participants were sampled from antenatal clinics in Singur block, Hooghly district. Findings revealed 60.3% had inadequate BPCR, with 66.1% lacking knowledge and 72.8% practicing poorly. Factors like maternal morbidity, fewer ANC visits, and late ultrasound significantly correlated with inadequate BPCR. While government initiatives like JSY and JSSK touch upon BPCR, a considerable gap persists in Indian women's understanding and application. Integrating BPCR into healthcare systems stands essential for enhancing pregnant women's outcomes.13

K Priya, et al.(2022), citied The study aimed to enhance birth preparedness knowledge and attitude among primigravida mothers through a structured teaching program. Conducted in Thiruvallur GH, Tamilnadu, using a quasi-experimental pretest/posttest design, it involved third-trimester mothers visiting the antenatal OPD. Initially, 17% had adequate knowledge, while 79% exhibited moderately favorable attitudes. Post-

intervention, there was a significant improvement: 79% gained adequate knowledge, and 78% showed favorable attitudes. The structured teaching program led to a noteworthy shift, with a marked increase in knowledge and positive attitudes toward birth preparedness among primigravida mothers. The results underscored the program's effectiveness in enhancing both knowledge and attitudes, highlighting its potential to significantly benefit pregnant women in preparing for childbirth.14

Research studies related to the effectiveness of teaching interventions on birth preparedness.

K Priya, et al,(2022), The study conducted at Government Medical College and Hospital in Tamilnadu aimed to assess the impact of a structured teaching program on birth preparedness among Primigravida mothers. Using a quasi-experimental design, the pretest revealed that 42% had moderately adequate knowledge, 41% had inadequate knowledge, and 17% had adequate knowledge. Post-test results showed a significant improvement, with 79% demonstrating adequate knowledge. In terms of attitude, 79% had moderately favorable attitudes in the pretest, which increased.15

SECTION I

Table IV.1: Table showing Percentage wise distribution of primi mothers according to the demographic characteristics

n=60

Demographic Characteristics		Frequency (n)	Percentage (%)
Age(yrs)	19-24yrs	20	33.33%
	25-29 yrs	32	53.33%
	30-34 yrs	8	13.33%
	➢ 35years	0	0.00
Education	Primary	20	33.33%
	HSLC	30	50%
	H.S	8	13.3%
	Graduate	2	3.3%
	Housewife	25	41.66%
	Daily labour	30	33.33%
	Work in private sector	10	16.66%
	Work in govt sector	5	8.33%
	<10000	15	25%
	10001-20000	25	41.66%
	20001-30000	10	16.66%
	>300001	5	8.33%

Demographic Characteristics		Frequency(n)	Percentage (%)
	Nuclear	30	50%
	Joint	20	33.33%

Type of family	Extended	10	16.66%
Previous knowledge about birth preparedeness	Yes	15	25%
	No	45	75%
If yes	Mass media	5	33.33%
	Friends	5	33.33%
	Relative and family	3	20%
	Health care member	2	13.33%
	Other	0	0

- The table shows that among the subjects 2033.33 %) were belonged to 19- 24yrs, 32(53.33%) belonged to 25-29yrs of age, 8(13.33%) were between the age of >35 yrs and none of the subjects .
- According to education majority of the samples i.e 30(50%) were HSLC and 20(33.33-%) were primary, H,S 8(13.33%) and graduate 2(3.3%)

.

- According to occupation majority of the samples i.e. 25 (41.66%) were housewife and 20(33.33%) were daily labour, 10(16.66%) were work in private sector and 5(8.33%) were work in govt. sector.
- According to monthly family income majority of the samples i.e 25 (41.66 %) were d10001- 20000 , 15(25%) were less than 10000 , 10(16.66%) were 20001-30000 and 5 (8.33%) were greater than 30000.
- According to type of family majority i.e. 30(50%) were nuclear and 20(33.3%) were joint family and 10(16.6%) were extended family.
- According to previous knowledge about birth preparedeness majority of the samples 45(75%) in NO and 15(25%) were yes .
- According to yes majority of the samples were 5(33.33 %) were mass media , 5(33.33 %) were in the friends , 3(20%) were relative and family , and 2(13.3%)were health care member.

Table IV.2: Table showing Percentage wise distribution of primi mothers according to the age

Age(yrs)	19-24yrs	20	33.33%
	25-29 yrs	32	53.33%
	30-34 yrs	8	13.33%
	➢ 35years	0	0.00

n=60

- The table shows that among the subjects 2033.33 %) were belonged to 19-

24yrs, 32(53.33%) belonged to 25-29yrs of age, 8(13.33%) were between the age of >35 yrs and none of the subjects.

,at 5% level of significance. The findings shows that the level of knowledge of primigravida mothers was improved by structured teaching in the post test.

SECTION II

Table IV -9: Assessment with existing knowledge score of samples regarding child birth preparedness -pre test

n=60

Level of knowledge score	**Score range**	**Pre Test**		**Mean score**	**SD**
		Frequency	Percentage (%)		
Poor	0-5	26	43.33	6	2.4
Average	6-10	30	50		
Good	11-15	4	6.66		
Very Good	16-20	0	0.00		
Excellent	21-25	0	0.00		

At the time of pretest, 43.33% of the primi mothers had poor, 50% of the primi mothers had average , 6.66% of the primi mothers had good and none had very good and excellent knowledge regarding child birth preparedness among primi mothers. pretest was 6 mean score and with standard deviation of 2.4

SECTION III

EVALUATE THE EFFECTIVENESS OF COMMUNITY BASED EDUCATION ON KNOWLEDGE REGARDING CHILD BIRTH PREPAREDNESS AMONG PRIMI MOTHERS

This section deals with the effectiveness of community based education on knowledge regarding child birth preparedness among mothers in selected hospitals of the city. The hypothesis is tested statistically with

distribution of pretest and posttest mean and standard deviation and mean difference. The levels of knowledge during the pretest and post test are compared to prove the effectiveness of community based education . Significance of difference at 5% level of significance is tested with student paired't' test and tabulated 't' value is compared with calculated 't' value.
Also the calculated 'p' values are compared with acceptable 'p' value
i.e. 0.05.

Table IV.XI: Effectiveness Of community-based learning on knowledge regarding child birth preparedness

n=60

Tests	Mean	SD	't'-value	Table value	df.	p-value	Significance
Pre Test	6	2.4	38.23	2.00	59	0.000	Highly Significant
Post Test	19	1.2					

This table shows that there is a significant difference between pretest and post test knowledge scores interpreting effectiveness of community based education on knowledge regarding child birth preparedness among primi mothers in selected rural areas. Mean and standard deviation values are compared and student paired't' is applied at 5% level of significance. The tabulated t-value for n=60-1 i.e 59 degrees of freedom was 2.00. The calculated't' value are 38.23 much higher than the tabulated value at 5% level of significance for all the areas of knowledge score which is statistically acceptable level of significance. Hence it is statistically interpreted that the community based education on knowledge regarding child birth preparedness among primi mothers was effective. Thus the H1 is accepted.

SECTION -IV:

Deals with analysis of data related to association of pre-test knowledge regarding based education on knowledge regarding child birth preparedness among primi mothers with selected demographic variables.

Table IV.12: Association of pre-test knowledge regarding child birth preparedness with selected demographic variables

Demographic variables	Chi square value	Degree of freedom	Table value	Level of significance	Significance
Age	3.94	3	7.82	0.05	NS
Education	5.08	4	9.49	0.05	NS
Occupation	2.93	4	9.49	0.05	NS
Monthly family income	7.64	4	9.49	0.05	NS
Type of family	9.67	3	7.82	0.05	S

S Significant NS Not Significant

Analysis reveals that there is no significant association of knowledge score with age, education , occupation , monthly income , previous knowledge and there is significant only type of family experience, previous area.

RECOMMENDATIONS:

- A similar study can be replicated on a larger population for a generalization of findings.
- A comparative study can be carried out to find out the knowledge regarding child birth preparedness and complication in private and government hospitals. .
- A similar study can be conducted by using a SIM (self instructional module) or a pamphlet or booklet.
- A study can be conducted to assess the effectiveness of self instructional module versus other teaching strategies in improving the knowledge.
- A comparative study can be carried rural and urban.
- A comparative study can be carried primi mothers and primi mothers with risk of complication

CONCLUSION

In this chapter, different aspects of the study in terms of analysis and interpretation are discussed. The study reveals, The pretest averageknowledge score was 7 with standard deviation of 2.5. The posttest average score was 19 with standard deviation of 1.8. It is evidence by the calculated' value 30.76 is greater than tabulated' value 2.00 at 5% level of significance in experimental group. Hence the research hypothesis H1 is accepted. Which states that planned

teaching programme of coma stimulation was effective in experimental group. Analysis reveals that there is no significant association of knowledge score with age, gender, marital status, qualification, training received and present area and there is significant with experience, previous area

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