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Impact of multimedia training package affects women's attitudes and knowledge about preconception care Among Women employees : A quasi experimental Study

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Introduction

Preconception care is treatment provided before conception, with the main goal of improving both the mother's and the unborn child's health prior to conception. Preconception care is crucial for all women of reproductive age who have the physiological ability to conceive a child, regardless of whether they want to have a family in the future. To effectively detect and minimise dangers arising in the biological, behavioural, and social domains, a broad range of preventive and management approaches are applied.

In the great majority of cases, the pregnant lady has already completed the first trimester of her pregnancy before considering seeking prenatal treatment and counseling. At this late point in organogenesis, the client's lifestyle choices, whether good or harmful, may have an impact. When people are made aware of the need for preconception care, they are more likely to take precautions to limit the risks to which they expose themselves. Every woman of reproductive age should have access to preconception counselling, with a special focus on teenagers and young adults who are considering getting pregnant in the near future, as well as primary school students.

Safety precautions must be followed prior to the occurrence of an event. Preconception care education would be most advantageous to young women rather than married women, since this age group is more likely to have unwanted pregnancies. A huge number of people, including men, healthcare practitioners, youth leaders, and community volunteers, as well as delivery places such as primary care clinics, companies, and community centres, collaborate to offer preconception health care. Reaching out to women and educating them is the first step in improving the health of new mothers and their babies. If preconception care is begun as soon as it is medically viable, both a woman and her unborn child have a better chance of having a successful pregnancy and delivery.

The study's author discovered that rates of preconception care utilisation differed considerably between rural and urban women. The majority of pregnant women who did not seek prenatal care did so because they believed it was unnecessary for them. Despite recent advances, there are not nearly enough resources to assist women in planning their pregnancies. The study's author felt compelled to reach out to women in underserved areas and give them preconception planning advice. Due to a lack of resources in their region, these women may not have easy

access to information about reproductive health care. As a result, the study focuses on female participants in order to aid them in learning about preventative measures.Methodology

Methodology

This study's design was quasi-experimental, but there was no control group. The research was carried out at two different industries in the city of Indore, which is located in the state of Madhya Pradesh. A control group of staff members aged 19–21 was recruited for the experiment's purposes. One hundred women were recruited for the study, fifty from each location, using a process that was neither random nor totally random. A knowledge questionnaire and a modified version of the Likert scale were used to assess the women's attitudes toward preconception care.The data was analysed using both descriptive and inferential statistical approaches. When doing a study on the characteristics of the female population, we relied on frequency and percentage distribution. The mean and standard deviation were used to analyse the differences in the women's levels of knowledge and viewpoints throughout the two unique time periods. The pre- and post-test responses of women in the experimental and control groups were analysed using paired and unpaired t-tests, respectively, to examine whether there were any variations in the women's answers to preconception care questions. After administering a post-test, the correlation coefficient was used to assess the women's prior knowledge and attitudes toward preconception care.An analysis of variance was used to compare women's knowledge and attitude ratings in order to understand which variables were responsible for the observed discrepancies.

Results

comparison of the female populations under experimental and control settings, as well as an examination of the differences between them Participants in both the control and experimental groups shared numerous characteristics, including the following: 77% identified as Hindu, and 61% had been raised in a nuclear family, despite the fact that over half of them (57%) had only finished high school or had fewer years of study. The task was completed by 98% of the participants, and none of them showed any signs of improper behavior. The experiment's goal was to see whether women's preconception health literacy and attitudes changed throughout the course of the research.Prior to taking part in the research, both the experimental and control groups of women were tested to see how much they understood about preconception health. The experimental group had a significantly higher proportion of participants with insufficient knowledge about preconception care (68% vs. 18% vs. 20%), whereas the control group had just 20% of participants with insufficient knowledge about preconception care.

The posttest findings indicated that there was a significant difference in the quantity of preconception care knowledge between the two groups of women. The experimental group had an adequate knowledge level of 87 percent and a comparatively appropriate information level of 13 percent, whereas the control group had an insufficient knowledge level of 75 percent, a fairly acceptable understanding level of 10 percent, and a suitable comprehension level of 15 percent.Prior to the start of the study, 67% of the women in the experimental group and 33% of the women in the control group had favourable attitudes toward preconception care (66 percent in the latter).At the post-test, women in the experimental group were more likely to

have a positive attitude about preconception care (67% vs. 8%), whereas women in the control group were less likely (35% vs. 8%).The knowledge of preconception care of women in both the treatment and control groups was assessed before and after they got pregnant. It had previously been 9.12, but after all of the tests were completed, the mean jumped to 13.22 and the standard deviation was reduced to 2.43. When the table value exceeded the "t" calculation value, it was determined that there was a statistically significant difference (p 0.001) between the two groups.Prior to testing, the experimental group averaged 8.11 out of 10, with a standard deviation of 4.29, whereas the control group averaged 8.87 out of 10, with a standard deviation of 3.41. A t-value of 1.33 was used to demonstrate that there was no statistically significant difference between the control group's pre-test and post-test knowledge levels. As seen in the preceding statement, this t-value is less than the value in the table.

Before and after the trial, the women in both groups were asked about their thoughts regarding preconception care. The pre- and post-test means and standard deviations for the experimental group were 22.15 and 33.36, respectively, whereas the pre- and post-test means and standard deviations for the control group were 22.15 and 5.12. A p-value of 0.001 indicates that there is a statistically significant difference when comparing two groups. In this case, the estimated t-value of 8.99 was higher than the number presented in the table for comparison.The control group had a mean score of 21.12 (a standard deviation of 4.12) before the exam, while their score after the test was 23.48 (a standard deviation of 4.88). The estimated t-test result showed that there was no statistically significant difference between the two groups (p-value 0.001).

According to Raja, researchers in the United States examined women of reproductive age to learn more about their attitudes and knowledge regarding preconception care. These ladies were questioned about their experiences in 2019 (p. (2019). The great majority of respondents (91%) agree that improving preconception health would benefit pregnant mothers. According to the results, 77% of respondents indicated a desire to learn more about preconception medical care. Seventy-six percent of those polled feel that understanding preconception health is important, and the same number believes that having a healthy pregnancy starts with good preconception health.Exposure to the multimedia training programme was shown to result in a significant shift in women's preconception health knowledge and attitudes. [Citation required] [Citation required] According to Trupti (2011), 186 women in Belgaum, India, took part in a nurse intervention study, and as a consequence, they had a better awareness of the importance and value of preconception care. Rather than using a random sample strategy, a more focused approach was adopted in this experiment. Following completion of the course, participants' general understanding of the necessity of preconception care increased significantly.

The experimental group received an average of 11.87 and 8.11 points on the post-test, which assessed their knowledge and attitude toward preconception care (with a standard deviation of 3.56). An analysis of the data reveals that there is a relatively strong link between knowledge and attitude ($p = 0.001$, $r = 0.48$).The correlation between post-test mean knowledge and attitude for preconception care in the comparator group was between 2.11 and 1.09, and between 0.99 and 1.74 for attitude. The link between knowledge and attitude was not found to be statistically significant ($r = -0.022$). Because there was no significant change in pre- and post-test knowledge and attitude toward preconception care among women, null hypothesis H02 was rejected in the experimental group whereas null hypothesis H01 was accepted in the control group. This was because there was no significant difference in the experimental group.

For the women who took part in the experiment, there were significant correlations with demographics. However, the mean differential knowledge score showed only a weak correlation with the credibility of the information's source, and there was no correlation at all with religious identification.

There was no relationship identified between any of the demographic characteristics and the women's mean difference scores on the knowledge and attitude measures used to compare groups. As a consequence, the null hypothesis, N03, was confirmed in the experimental group for the demographic variables of information source and religion but was rejected for the other demographic variables.

Conclusion

We chose to conduct this study to get a better understanding of how a multimedia training package affects women's attitudes and knowledge about preconception care. Following participation in a multimedia training programme, the researchers discovered significant differences in women's knowledge and attitudes about preconception care between the experimental and control groups.

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