A Study to Assess the Effectiveness of Structured Teaching Program on Knowledge Regarding Antenatal Care among the Pregnant Women of Silk Mill PHC, Chh. Sambhajinagar

Charushila Jadhav[1], Amarja Gosavi[2]

[1]Department of OBGY, Tehmi Grant Institute of Nursing Education, Pune, Maharashtra, India, [2]Department of Obstetrics and Gynaecological Nursing, MGM, Mother Teresa College of Nursing, Chhatrapati Sambhaji Nagar, Maharashtra, India

Abstract

Background: Maternal and child health promotion is a key component of India's Family Welfare Program. Ensuring safe motherhood through quality antenatal care (ANC) is vital for reducing maternal and infant mortality rates and achieving sustainable health goals. Improving knowledge of ANC among pregnant women can lead to better health outcomes for both mother and child.

Materials and Methods: A pre-experimental (one-group pre-test, post-test) study was conducted among 30 pregnant women at Silk Mill PHC, Aurangabad, using a non-probability convenient sampling technique. The structured teaching program (STP) was the independent variable, while ANC knowledge was the dependent variable. A validated structured knowledge questionnaire was used to assess ANC knowledge before and after the STP. A pilot study was conducted to ensure feasibility. Data were collected, tabulated, and analyzed using descriptive and inferential statistics. The effectiveness of the STP was evaluated using a paired t-test, while an unpaired t-test and analysis of variance were used to assess associations with demographic variables.

Results: The findings revealed that the mean pre-test knowledge score was 7.63, which significantly increased to 15.27 post-intervention. Statistical analysis confirmed that the STP was effective in enhancing ANC knowledge among pregnant women.

Conclusion: The study highlights that ANC knowledge among pregnant women is inadequate and demonstrates the effectiveness of STPs in improving maternal awareness. Strengthening ANC education through structured interventions can contribute to healthier pregnancies, safer deliveries, and better maternal and neonatal health outcomes.

Keywords: Antenatal care, structured teaching program, effectiveness, maternal health, neonatal outcomes

Introduction

Antenatal care (ANC) means "care before birth." ANC aims to monitor and promote the well-being of a mother and her developing baby. It also aims to optimize maternal and fetal health; to offer women, maternal and fetal screening; to make medical and social interventions available to women where indicated; to improve women's experience of pregnancy and birth; and to prepare women for safe motherhood. ANC is a type of preventive healthcare with goal to provide regular health check-ups that allow doctors or midwives to treat and prevent potential health problems throughout the course of the pregnancy and to promote healthy lifestyles that benefit both mother and child.[1]

Therefore, safe motherhood initiatives, a worldwide effort, were launched by the World Health Organization (WHO) in

Address for correspondence:
Dr. Amarja Gosavi, Department of Obstetrics and Gynaecological Nursing, MGM, Mother Teresa College of Nursing, Chhatrapati Sambhaji Nagar, Maharashtra, India.
E-mail: amarjagosavi@gmail.com

1987 which aimed to reduce the number of deaths associated with pregnancy and childbirth.

ANC is one of the crucial factors in ensuring healthy outcomes in women and newborns. Nutrition education and counselling not only is an integral part of ANC but it also influences maternal and child health outcomes. Malnutrition in pregnancy not only effects newborn but also impairs the mother's health. When the pregnant woman's diet does not meet required nutrients for her and fetus, the fetal requirements are met by withdrawing these from the tissues of the pregnant mother. This further weakens the mother and increases the probability of serious life-threatening complications and increases susceptibility of low-birth-weight infant (LBW). An underweight mother has 30% higher risk of delivering a LBW baby than her well-nourished counterpart.[2]

Women in poor households have reduced access to nutrition, rest, health education, and health care, all of which are essential for safe pregnancy. Prenatal and postnatal health care utilization services are imperative strategies to decrease maternal morbidity and mortality. ANC is the optimistic approach to overcome the prospective hindrance before and after delivery. Maternal health care services are essential for maternal and neonatal health safety during pregnancy, delivery and the postnatal period. It is estimated that over half a one-million women die of pregnancy-related reasons around the globe. In low-income countries, primary cause of death in childbearing age is pregnancy-related complications.[3]

It is recommended by the WHO that every pregnant woman should get at least four prenatal visits from first trimester to termination the delivery. According to the recommendation of WHO, more than half, almost 55% of mother received prenatal care around the world. However, only 37% of the mothers in low-income countries received recommended prenatal care visits. Hence, the situation regarding prenatal and postnatal care is not satisfactory in low-income nations, especially in Pakistan. The objective of the present study is to know about the knowledge, pattern, and trends of utilization of antenatal health care services by mothers.[4]

The state of women's health in India is unsatisfactory, with the majority suffering from preventable and treatable risks and diseases associated with child-bearing. According to the Demographic Health Survey in India, 70% of pregnant women have not received ANC; 23% receive preventive care by a physician; 3% by a nurse, medical health care, or family caregiver; and 4% by trained or untrained traditional obstetricians. There are several factors, which affect the use of antenatal facilities, such as educational level, awareness of the importance of ANC.

Most of the women, 85% knew about the benefits of ANC and had sufficient knowledge about the importance of ANC. Majority of pregnant women 58% visited regularly ANC, whereas 56% booked in the first trimester for provision.[8] According to UNICEF, maternal death occurs due to various factors, among that 20% are due to low weight gain during pregnancy. In south East Asia, highest incidence of maternal death is 31%. In India, the rate is 41% of maternal deaths every year.[4]

Overweight and obesity are now the most common pregnancy complication in many developed countries and also some developing countries. In India, 26% of pregnant women are overweight and a further 8% are obese, while in China, 16% are overweight or obese. Gaining too much weight can affect health and increase blood pressure which may cause preeclampsia and gestational diabetes which may increase the risk of stillbirth.[5]

Pregnancy-related weight gain is disturbing for women. Health care providers have the opportunity to acknowledge these concerns and provide information and support to women so as to help them make positive choices and achieve appropriate weight gain. During the clinical postings in maternity hospital, the investigator came across a lot of mothers with high and low gestational weight gain. When assessed they were having less knowledge on weight gain during pregnancy and the complications arising from because of weight gain such as gestational diabetes mellitus, small for gestational age, preeclampsia, premature birth, etc.[5]

A study was conducted by Swati *et al.* in which non-experimental small-scale survey was carried out among 50 primigravida mothers visiting selected hospitals at Halwani block, Uttarakhand. Formal written permission was obtained from the authority of the college and hospital; informed consent was obtained from mothers to conduct the study. Demographic data of the subjects and data related to knowledge of antenatal mothers regarding antenatal nutrition and nutritional sources were collected to assess its effects on fetus and mother. The results revealed that about 24 (48%) primigravida mothers had good knowledge and 26 (52%) had inadequate knowledge regarding nutrition during antenatal period. It was found that maximum 52% of the primigravida mothers had inadequate knowledge regarding nutrition during antenatal period. Lack of awareness of health workers in community area is also making the situation worse which directly affects health of mother and fetus.[6]

The above studies as well as review shows that ANC is important to all pregnant mothers. The investigator being midwife has come across many women had less knowledge regarding ANC. With this reason, the investigator felt that knowledge about ANC among women can be improve by giving supportive and educative information. Hence, the investigator attempted to take study on ANC.[7]

MATERIALS AND METHODS

Based on the aim and objectives of the study, quantitative-quasi experimental approach was selected because the aim of this research is to evaluate the effectiveness of structured teaching program (STP) regarding knowledge of ANC among the pregnant women. With this approach, it would be possible

to describe the knowledge among pregnant women regarding ANC and motivate them. The experimental approach would help the investigator to evaluate the effect of the intervention. STP was the independent variable and knowledge regarding ANC was dependent variable for the study. The study was conducted among the pregnant women of Silk Mill PHC, Aurangabad, using a pre-experimental research design (one group pre-test and post-test).[8]

Symbols used [Table 1]
O_1: Pre-test knowledge before giving STP
x: STP regarding ANC
O_2: Post-test knowledge after giving STP

The investigator selected 30 samples for the main study. The sampling technique used was non-probability convenient sampling technique. The samples who fulfilled the inclusion criteria like pregnant women present during data collection, pregnant women who are willing to participate in the study, etc., were selected for the study. Antenatal mothers who have attended similar type of study were excluded from the study. A structured knowledge questionnaire was prepared as the tool for the study which was validated by 5 experts from OBGY specialty with necessary done modifications done as per their suggestions, and the tool was found to be valid. The tool was prepared based on the following three important steps:
1. Review of related literature
2. Preparation of blue print
3. Consultation with experts from the field.

The structured knowledge questionnaire included in two sections:
- Section 1: This section included items seeking information on demographic profile of sample that included questions related to age, religion, education, occupation, type of family, previous pregnancy, area of living, source of health, monthly income, etc.
- Section 2: Comprised of basic information about ANC which include knowledge questions.

After obtaining the ethical clearance from the committee and after securing the permission from concerned authority of Silk Mill PHC, the study samples were selected as per the inclusion criteria and the pilot study was carried out to assess the feasibility of the study and to decide the plan for data analysis. The period for pilot study was March 04, 2020– March 06, 2020, in selected area of Aurangabad city. Total 6 samples were taken for pilot study. The researcher assessed the knowledge of ANC in pregnant women by conducting a pre-test then implemented the STP on them and later assessed their knowledge by taking post-test. The split-half method was used to compare the reliability. The correlation coefficient was

0.9 and the tool was found to be reliable. The scores calculated by Karl Pearson's split half formula. The pilot study was found to be feasible and so main study was conducted.

Later, main study was conducted among 30 study samples as per the selection criteria. The data were collected, tabulated, and analyzed as per the objectives of the study using descriptive and inferential statistics. The following plan was developed for data analysis on the basis of the opinion of experts.
- For the analysis of demographic data, frequencies and percentage were calculated
- The analysis of knowledge was done by frequencies, percentage, mean, mean percentage, and standard deviation
- Association of selected demographic variables was carried out by Chi-square test
- Effect of STP was analyzed by paired t-test
- Unpaired t-test, analysis of variance test was used to find the association with demographic variables.

The data and findings were presented in the form of table [Table 2].

RESULTS
The analysis of data and interpretation of the results are done as per the following sections:

Section A: Percentage-wise distribution of antenatal mothers according to their demographic variables
In the present study, Table 3 deals with percentage-wise distribution of antenatal mothers with regards to their demographic characteristics. A convenient sample of 30 subjects was drawn from the study population, who were from selected rural area of Silk mill colony, Aurangabad. The data were obtained to describe the samples characteristics including age, religion, educational status, occupation of mother, type of family, previous pregnancy, area of living, source of health care, marital status, monthly income, etc.

The findings showed that out of total 30 study subjects, majority of the subjects 11 (36.6%) were from the age group of 21–26 years, and 15 (50%) belong to Muslim religion. Majority of antenatal mothers 14 (46.7%) were having primary education and 18 (60%) were housewives. Out of total study subjects, 17 (56.7%) belong from joint family, and 17 (56.7%) were multigravida mothers. Furthermore, the majority of subjects, 22 (73.3%) were living in urban areas. 16 (53.3%) of majority mothers gave healthcare-related information from their relatives. Finally, majority of subjects 11 (36.7%) were having monthly income of 15000–20000.

Table 2: Level of knowledge score

Knowledge level	Score (%)
Poor	30
Average	46.7
Good	23.3
Very good	0

Table 1: Representation of research design

Group	Pretest	Intervention	Post-test
Pregnant women	O_1	x	O_2

Section B

Part-I: Pre-test knowledge regarding ANC among pregnant women

This part deals with the assessment of pre-test knowledge regarding ANC among antenatal mothers. Table 4 shows the frequency and percentage-wise distribution of ANC according to the level of knowledge regarding ANC. The levels of knowledge were into 4 categories: Poor, average, good, and very good antenatal mothers. 9 (30%) of the accredited social health activist had poor level of knowledge score, 14 (46.7%) of the majority had average level of knowledge score, and 7 (23.3%) had good knowledge score.

Part-II: Post-test knowledge regarding ANC among pregnant women

The second part deals with the assessment of post-test knowledge regarding ANC among pregnant women. Table 5 shows the frequency and percentage-wise distribution of ANC mothers according to post-test level of knowledge regarding ANC. The levels of knowledge were seen into 4 categories: Poor, average, good, and very good of ANC mothers; 16 (53.5%) of the ANC mothers had good knowledge and 14 (46.7%) had very good level of knowledge score.

Section C: Effectiveness of structure teaching program regarding ANC among pregnant women

In the following, Table 6 shows the significant difference between pre-test and post-test knowledge scores interpreting the effectiveness of structure teaching program regarding ANC among ANC mothers. Mean value of pre-test is 7.63 and post-test is 15.27 and standard deviation values of pre-test are 2.965 and post-test is 1.837. The calculated t-value is 13.480 and tabulated $P = 0.000$. Hence, it is statistically interpreted that the structure teaching program on knowledge regarding ANC among ANC mothers was effective. Thus, the research hypothesis (H_1) is accepted and null hypothesis (H_0) is rejected in this study.

Section D: Association of knowledge score regarding ANC among pregnant women with selected demographic variables

In the following last section of the study, Table 7 shows the association of knowledge scores with the age in years of ANC mothers. The "F" value was calculated 0.620 at 5% level of significant with (df = 29) also the calculated "P" = 0.608 which is more than the acceptable level of significance (i.e., $P = 0.608$). Hence, it is interpreted that knowledge is not associated with age.

Table 8 shows the association of knowledge scores with religion of ANC mothers. The "F" value was calculated 0.061 at 5% level of significance with df = 3.26 also the calculated "P" = 0.980 which is more than 0.05. Hence, it is interpreted that the religion of ANC mothers is not associated with their knowledge score.

Table 3: Percentage-wise distribution of antenatal mothers according to their demographic variables $n=30$

Demographic variables	No of antenatal mothers	Percentage
Age		
18–21 years	10	33.3
21–26 years	11	36.6
26–30 years	4	13.3
30 years and above	5	16.6
Religion		
Hindu	6	20
Muslim	15	50
Christian	5	16.7
Other	4	13.3
Education		
Illiterate	7	23.3
Primary	14	46.7
Higher education	6	20
Graduation	3	10
Occupation		
Housewife	18	60
Government employee	4	13.3
Private job	7	23.3
Business	1	3.3
Type of family		
Joint	17	56.7
Nuclear	13	43.3
Previous pregnancy		
Primigravida	13	43.3
Multigravida	17	56.7
Area of living		
Urban	22	73.3
Rural	8	26.7
Source of health-related information		
From own	10	33.3
From relatives	16	53.3
From friends	4	14.4
Income		
Below 10000	5	16.7
15000–20000	11	36.7
20000–25000	7	23.3
25000 above	7	23.3

Table 4: Pre-test knowledge regarding antenatal care among pregnant women

Level of knowledge score	Score range	Percentage score	Pre-test	
			Frequency	Percentage
Poor	0–5	0–25	9	30
Average	6–10	26–50	14	46.7
Good	11–15	51–75	7	23.3
Very good	16–20	76–100	0	0
Minimum score		2		
Maximum score		13		
Mean score		7.63±2.965		
Mean %		8.15		

Table 9 shows the association of knowledge scores with educational status of ANC mothers. The "F" value was calculated 2.308 at 5% level of significance with (df = 3.26) also the calculated "P" = 0.100 which is more than 0.05. Hence, it is interpreted that the educational status of ANC mothers is not associated with their knowledge score.

Table 10 shows the association of knowledge scores with family type of ANC mothers. The "F" value was calculated 0.015 at 5% level of significance with (df = 28) also the calculated "P" = 0.903 which was more than the acceptable level of significance i.e. "P" = 0.05. Hence, it is interpreted that type of family of ANC mothers is statistically not associated with their knowledge score.

Table 11 shows the association of knowledge scores with previous pregnancy of antenatal mothers. The "F" value was calculated 0.046 at 5% level of significance with df = 28 also the calculated "P" value is 0.831 which is more than 0.05. Hence, it is interpreted that previous pregnancy of ANC mothers is not associated with their knowledge score.

Table 12 shows the association of knowledge scores with area of living of ANC mothers. The "F" value was calculated 0.266 at 5% level of significance with df = 28 also the calculated "P" = 0.610 which was more than "P" = 0.05. Hence, it is interpreted that area of living of ANC mothers is not associated with their knowledge score.

Table 13 shows the association of knowledge scores with source of health-related information of ANC mothers. The "F" value was calculated 0.693 at 5% level of significance with (df = 2.27) also the calculated "P" = 0.509 which is more than 0.05. Hence, it is interpreted that source of health-related

Table 5: Post-test knowledge regarding antenatal care among pregnant women

Level of knowledge score	Score range	Percentage score	Post-test	
			Frequency	Percentage
Poor	0–5	0–25	0	0
Average	6–10	26–50	0	0
Good	11–15	51–75	16	53.3
Very good	16–20	76–100	14	46.7
Minimum score		11		
Maximum score		19		
Mean score		15.27±1.837		

Table 6: Effectiveness of structured teaching program regarding antenatal care among pregnant women $n=60$

Overall	Mean	SD	Mean percentage	t-value	P-value	Significant
Pre-test	7.63	2.965	38.15	13.480	0.000	(S)
Post-test	15.27	1.837	76.35			

Table 7: Association of knowledge score in relation to age in years, $n=30$

Age (years)	No. of ANC mothers	Mean knowledge score	F-value	P-value
18–21 years	10	15.20±1.932	0.620	0.608
21–26 years	11	15.73±1.679		
26–30 years	4	14.25±0.957		
30 years and above	5	15.20±2.588		

ANC: Antenatal care

Table 8: Association of knowledge score in relation to religion, $n=30$

Religion	No. of ANC mothers	Mean knowledge score	F-value	P-value
Hindu	6	15.17±1.169	0.061	0.980
Muslim	15	15.20±1.971		
Christian	5	15.60±0.548		
Others	4	15.25±3.403		

ANC: Antenatal care

Table 9: Association of knowledge score in relation to educational status, $n=30$

Education	No. of ANC mothers	Mean knowledge score	F-value	P-value
Illiterate	7	13.86±1.952	2.308	0.100
Primary	14	15.93±1.817		
Higher education	6	15.50±1.517		
Graduate	3	15.27±1.837		

ANC: Antenatal care

Table 10: Association of knowledge score in relation to family type, *n*=30

Type of family	No. of ANC workers	Mean knowledge score	F-value	P-value
Joint	17	15.82±1.704	0.015	0.903
Nuclear	13	14.54±1.808		NS, *P*>0.05

ANC: Antenatal care

Table 11: Association of knowledge score in relation to previous pregnancy, *n*=30

Previous pregnancy	No. of ANC mothers	Mean knowledge score	F-value	P-value
Primigravida	13	15.31±1.702	0.046	0.831
Multigravida	17	15.24±1.985		

ANC: Antenatal care

Table 12: Association of knowledge score in relation to area of living, *n*=30

Area of living	No. of ANC workers	Mean knowledge score	F-value	P-value
Urban	22	15.73±1.638	0.266	0.610
Rural	8	14.00±1.852		

ANC: Antenatal care

Table 13: Association of knowledge score in relation to source of health-related information

Source of health information	No. of ANC mothers	Mean knowledge score	F-value	P-value
From own	10	15.40±1.838	0.693	0.509
From relatives	16	15.44±1.788		
From friends	4	14.25±2.217		

ANC: Antenatal care

Table 14: Association of knowledge score in relation to monthly income, *n*=30

Monthly income (Rs)	No. of ANC mothers	Mean knowledge score	F-value	P-value
Below 10000 Rs	5	16.20±0.447	1.087	0.372
15001–20000 Rs	11	14.55±2.296		NS, *P*>0.05
20001–25000 Rs	7	15.57±1.902		
Above 25001 Rs	7	15.43±1.397		

ANC: Antenatal care

information of ANC mothers is not associated with their knowledge score $n = 30$.

Table 14 shows the association of knowledge scores with monthly income of ANC mothers. The "F" value calculated 1.087 at 5% level of significance with (df = 3.26) also the calculated "*P*" = 0.372 which is more than "*P*" = 0.05. Hence, it is interpreted that monthly family income (Rs) of ANC mothers of is not associated with their knowledge score.

DISCUSSION

The findings of the present study are discussed with reference to its objectives. The present study was undertaken as "A study to assess the effectiveness of STP on knowledge regarding ANC among the pregnant women of Silk Mill PHC, Chh. Sambhajinagar."

The major findings of the study from the above data show that the pre-test score of antenatal mothers is 7.63, whereas post-test score is 15.27. The statistical analysis was done and by comparing both the scores of pre-test and post-test, it indicated that the STP is effective in improving the knowledge of antenatal mothers regarding ANC. Thus, the study is useful in improving the knowledge of ANC among antenatal mothers to achieve a healthy pregnancy and delivering a healthy baby.

A study was conducted on "to assess the effectiveness of STP regarding selected perinatal hygiene among antenatal mothers working in selected garment factories at Anekal taluk, Bangalore." This study revealed that most of the antenatal mothers 32 (53.4%) had inadequate knowledge regarding selected prenatal hygiene in the pre-test and the equal number of antenatal mothers 60 (100%) had adequate level of knowledge regarding selected prenatal hygiene in the post-test. The pre-test mean knowledge scores obtained from the antenatal mothers was 14.61. After administering STP, post-test mean knowledge scores increased to 27.35 with the table value 1.96 and found to be significant at the level of $P < 0.05$ which indicates that the developed STP helped in increasing the knowledge of the antenatal mothers. Hence, the above findings indicate that STP was effective in increasing the knowledge of the antenatal mothers regarding selected prenatal hygiene and it was found to be appropriate, effective and could motivate the antenatal mothers to enhance their knowledge.[9]

A study was done "to evaluate the effectiveness of STP me on knowledge regarding ANC among primigravida mothers in selected villages of Mehsana district." In this study, the post-test mean score (11.33) was higher than the mean pre-test knowledge score (5.71). Chi-square test to associate with the level of knowledge and selected demographic variable. The calculated "t" value (15.23) was greater than the table value (2.00) at 0.05 level of significance. The findings of the study indicate that STP is effective in increase knowledge regarding ANC among Primigravida Mothers.[10]

CONCLUSION

The research project undertaken to assess the knowledge regarding ANC revealed that the knowledge of antenatal mothers is poor; the STP helps to increase their knowledge. The results of the present study proved that the STP is effective in improving the knowledge of ANC among antenatal mothers to achieve a healthy pregnancy and delivering a healthy baby.

RECOMMENDATIONS

The following recommendations could be made for further study based on the findings of this study. A similar study may be conducted on a larger population for the generalization of findings.

- To assess the effectiveness of planned teaching program on knowledge regarding ANC among antenatal mothers
- A study to assess the knowledge regarding ANC among antenatal mothers
- To assess knowledge and attitude regarding ANC among antenatal mothers.

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CONFLICT OF INTEREST

There is no conflict of interest to disclose.

REFERENCES

1. Rao K. Textbook of Midwifery and Obstetrics for Nurses. Kolkata: Elsevier Publication; 2011. p. 179.
2. International Institute for Population Sciences and Macro International. National Family Health Survey 2005-06, India. Vol. 1; 2007. Available from: http://www.measuredhs.com/pubs/pdf [Last accessed on 2020 Jan].
3. Centre for Maternal and Child Enquire (CMACE). Saving mother's lives: Reviewing maternal deaths to make motherhood safer: 2006-08. Br J Gynecol 2011;118:1-203.
4. Mbuagbaw L, Medley N, Darzi AJ, Richardson M, Habiba Garga K, Ongolo-Zogo P. Health system and community level interventions for improving antenatal care coverage and health outcomes. Cochrane Database Syst Rev 2015;2015:CD010994.
5. Yadav L. Assessment of the knowledge regarding antenatal care among pregnant women with a view to develop information booklet at selected clinics of district of Punjab. Int J Sci Res 2017;6:1375-81.
6. Swati N, Priyanka D, Seeta M, Sonika R, Versha T, Renu R, *et al*. Knowledge of primigravida mothers on antenatal nutrition. Asian Pac J Health Sci 2017;4:12-4.
7. George A, Johnson M, Duff M, Ajwani S, Bhole S, Blinkhorn A, *et al*. Midwives and oral health care during pregnancy: perceptions of pregnant women in south-western Sydney, Australia. Journal of clinical nursing, 2012;21:1087-96.
8. Mam AH. Does an Antenatal Educational Programme Decrease Adverse Pregnancy Outcomes Among Obese Pregnant Women?: A Feasibility Study in Kurdistan Region of Iraq (Doctoral dissertation, De Montfort University). 2018;21:112-22.
9. Kavitha R. A study to assess the effectiveness of structured teaching program regarding selected prenatal hygiene among antenatal mothers working in selectedgarment factories at Anekal Taluk, Bangalore. RGUHS J Nurs Sci 2022;12:130-7.
10. Dayna AJ, Chaudhary V. A study to evaluate the effectiveness of structured teaching programme on knowledge regarding antenatal care among primigravida mothers in a selected villages of Mehsana district. Int J Adv Nurs Manage 2020;8:93-5.