



A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING MANAGEMENT OF PREGNANCY INDUCED HYPERTENSION AMONG PREGNANT WOMEN IN MATERNITY DEPARTMENT OF SKIMS HOSPITAL SRINAGAR KASHMIR.

1DR.mehnaz majid, 2DR.Rajinder jeet kour bajwa, 3MS.zeenat farooq

1senior nursing officer, 2professor, 3Assistant professor

1Himalayan university,

2himalayan university,

3GMC srinagar

STATEMENT OF THE PROBLEM

“A study to assess the effectiveness of structured teaching programme on knowledge regarding Management of pregnancy induced hypertension among pregnant women in maternity department of skims hospital Srinagar Kashmir.”

The study was conducted to assess the knowledge regarding Management of pregnancy induced hypertension among pregnant women in maternity department of skims hospital Srinagar Kashmir.”

.The objectives were to assess the level of knowledge regarding Management of pregnancy induced hypertension among pregnant women , , to find association between level of knowledge regarding pregnancy induced hypertension and selected demographic variables,to find correlation between knowledge of pregnancy induced hypertension .The research design used in the present study is non experimental descriptive design. The study was conducted among 300 pregnant women.

Review of literature and related studies made the investigator to support the study ,to design the methodology ,to develop conceptual framework and to develop the tool.Permission was obtained from the concerned authority for conducting the study. The conceptual framework of the study is based on Ludwig Von Bartalanffy’s General System Theory (1968). According to this theory , a system depends on the quality and quantity of its input, output and feedback.

A pre-experimental study design was used to assess the effectiveness of planned teaching programme. Purposive sampling technique was used to collect 300 pregnant women as sample based upon the inclusion criteria. Data was collected by the structured questionnaire which consisted of 50 items. The tool and the planned teaching programme were validated by 9 experts. Reliability of the structured knowledge questionnaire was established by using Karl Pearson’s reliability co-efficient ($\alpha=0.88$). Pilot study was conducted on 5(10%) pregnant women of SKIMS Maternity Hospital Srinagar, Kashmir. The main study was conducted among 50

purposively selected pregnant women from 30-11-2015 to 25-12-2015. Following the pre-test , planned teaching programme was administered on the same day and post-test was conducted on the 7th day after the administration of planned teaching programme.

INTRODUCTION;-

Pregnancy is one of the wonderful and noble services by nature.

Most of the women may not have problems during pregnancy but some or not so lucky, face various problems related to pregnancy and child birth. In India mothers and children who constitute a large group are highly vulnerable for many problems which makes them a special risk group. Pregnancy is a normal physiological process and not a disease, but it is associated with certain risks to the mother and for the infant she bears. These risks are common in every society and every setting. But in developed countries these risks have been largely over come because every pregnant women has access to special care,one such risk is hypertension during pregnancy. Although many pregnant women with high blood pressure have healthy babies without serious problems, high Blood Pressure can be dangerous for both the mother and fetus. Women with pre existing disorders are more likely to have certain complications during pregnancy than those with normal Blood Pressure. However some women develop high blood pressure while there are pregnant often called gestational hypertension and the effect of high Blood Pressure can harm the mother's kidneys and other organs and it can cause low birth weight and preterm delivery. In the most of the serious cases the mother develops pre-eclampsia or toxemia of pregnancy which can threaten the life of both mother and fetus.¹

Pregnancy induced hypertension is one of the most common cause of both maternal and neonatal morbidity affecting about 5-8% of pregnant women which is associated with adverse pregnancy outcomes as well as maternal morbidity and mortality. Women with Pregnancy induced hypertension were three times more likely to deliver a low birth weight baby and 4.3 times more likely to have still birth and 4 times more likely to have a baby with low apgar score at 5 minutes compared to women without pregnancy induced hypertension.²

“It is believed that giving birth to an off-spring is the most beautiful experience for a woman”.

However, across the world today, for millions of woman, pregnancy and child-birth remain rather life-taking risk.⁵Each year an estimated 4, 00,000 women in the developing world die in child-birth. Maternal mortality has been called a “tracer condition” for the health systems, because if countries can ensure the three basic conditions of adequate access to antenatal care, medical attendance at delivery, and a health referral system that ensures prompt treatment of emergency at adequately equipped clinics, deaths during child-birth can be virtually eliminated. The maternal mortality rate is the highest in the world which is 2000 maternal deaths per 1,00,000 live births.⁷

STATEMENT OF THE PROBLEM-

A study to assess the effectiveness of planned teaching programme on knowledge regarding Management of pregnancy induced hypertension among pregnant women in maternity department of skims hospital Srinagar Kashmir.

The study aimed at accomplishing the following objective:

1. To assess the pre interventional knowledge of pregnant women on pregnancy induced Hypertension
2. To assess the post interventional knowledge of pregnant women on pregnancy induced Hypertension
3. To compare pre and post interventional knowledge of pregnant women regarding pregnancy induced hypertension.
4. To determine the association between pre interventional knowledge of pregnant women regarding pregnancy induced hypertension with selected demographic variables.[age, educational qualification , occupation, residence, income]

The study involved in testing the following research hypothesis:

H 1. There is significant increase in post interventional level of knowledge regarding pregnancy induced hypertension among pregnant women at 0.05level of significance.

H 2. There is significant association between pre test knowledge with selected demographic variables in pregnant women with pregnancy induced hypertension at 0.05level of significance.

Review of literature and related studies made the investigator to support the study ,to design the methodology ,to develop conceptual framework and to develop the tool.Permission was obtained from the concerned authority for conducting the study. The conceptual framework of the study is based on Ludwig Von Bartalanffy's General System Theory (1968). According to this theory , a system depends on the quality and quantity of its input, output and feedback.

A pre-experimental study design was used to assess the effectiveness of planned teaching programme. Purposive sampling technique was used to collect 300 pregnant women as sample based upon the inclusion criteria. Data was collected by the structured questionnaire which consisted of 50 items. The tool and the planned teaching programme were validated by 9 experts. Reliability of the structured knowledge questionnaire was established by using Karl Pearson's reliability co-efficient ($\alpha=0.88$). Pilot study was conducted on 5(10%) pregnant women of SKIMS Maternity Hospital Srinagar, Kashmir. The main study was conducted among 50 purposively selected pregnant women from 30-11-2015 to 25-12-2015. Following the pre-test , planned teaching programme was administered on the same day and post-test was conducted on the 7th day after the administration of planned teaching programme.

Major Findings of the Study

Findings related to demographic variables:

- Maximum number of subjects belonged to the age group 20-30 years (65.3%).
- Maximum number 46.3% belongs to primary educational level
- Majority of the subjects are housewives (81%).
- Maximum number of subjects had income of Rs5000-15000(52%).
- Maximum number of subjects was from rural area (65.3%).

Findings related to level of Knowledge:

The investigator found that among the total sample (N= 300) , in pre-test, maximum number of subjects (78.7%) had good knowledge , 7.3% had excellent knowledge and 14% had average knowledge while none (0%) of the subjects had below average knowledge regarding management of pregnancy induced hypertension. The Findings of the present study showed a significant difference was found between pre-test and post test knowledge score. The post test mean (35.65) was found to be higher than the pre-test mean (27.22) regarding management of pregnancy induced hypertension.

This indicated that planned teaching programme was effective in enhancing the knowledge regarding management of pregnancy induced hypertension.

Regarding different sections of pregnancy induced hypertension, the mean post-test knowledge score was higher than the mean pre-test knowledge score. The mean percentage of knowledge score of pregnant mothers regarding:Section A (Meaning &Risk Factors Of Pregnancy Induced Hypertension) was 9.95 in the pre-test and 15.06 in the post test .Section B (Diagnosis &management for Pregnancy Induced Hypertension) was 17.71 in the pre-test and 20.79 in the post-test.

Related to comparison of pre-test and post-test knowledge scores :

In the pre-test, maximum number (77.7%) of subjects had good knowledge , (14%) had average knowledge , (7.3%) had excellent knowledge , and none (0%) of the subjects had below average knowledge whereas in the post-test, maximum number (74.3%) of subjects had excellent knowledge , (25.7%) had good knowledge , none had average knowledge and none (0%) of the subjects had below average knowledge regarding management of Pregnancy Induced Hypertension.

Also the mean post test knowledge score 35.65 of the subjects is significantly higher than that of the mean pre-test knowledge score 27 with mean difference 8.43 and the p value <0.001 which indicates that there is significant difference between pre-test and post-test mean knowledge score which shows that planned teaching programme was effective in improving the knowledge of study subjects regarding management of Pregnancy Induced Hypertension. The effectiveness of planned teaching programme was 18.09% .

Related to association of pretest knowledge score with the selected demographic variables

Age, Qualification ,occupation,income& residence of selected subjects were found to have no association with the pre-test knowledge scores (p= 0.48,0.55,0.52,0.45,0.32)

CONCLUSION

The following conclusions were drawn on the basis of the findings of the study:

- Pre-test findings showed that the pregnant women did not possessing adequate knowledge regarding management of Pregnancy Induced Hypertension thus this vulnerable group needs to be educated.
- Since the planned teaching programme was effective in improving the knowledge regarding management of Pregnancy Induced Hypertension , hence there is need to conduct education programmes to abreast knowledge of pregnant women.
- No significant association between the demographic variables like Age, Qualification ,occupation,income and residence was found with the pre-test knowledge which indicates that probably these variables have no effect on pregnant women with pregnancy induced hypertension.

Table 1: Frequency and percentage distribution of study subjects according to age;-

Age (Years)	Frequency	Percentage (%)
Below 20	0	0.0
20-30	196	65.3
Above 30	104	34.7
Total	300	100

Table 2

Frequency and percentage distribution of study subjects according to educational qualification

Educational qualification	Frequency	Percentage (%)
Illiterate	53	17.7
Primary	139	46.3
High School	77	25.7
Pre university and above	31	10.3
Total	300	100

Table 3

Frequency and percentage distribution of study subjects according to occupation;

Occupation	Frequency	Percentage (%)
House wife	243	81.0
Daily wage earner	44	14.7
Employed	13	4.3
Total	300	100

Table 4:
Frequency and percentage distribution of study subjects according to income

Income (Rs.)	Frequency	Percentage (%)
< 5000	25	8.3
5000-15000	156	52.0
Above 15000	119	39.7
Total	300	100

Table 5:
Frequency and percentage distribution of study subjects according to residence

Residence	Frequency	Percentage (%)
Rural	166	55.3
Urban	134	44.7
Total	300	100

Table 6:
Frequency and percentage distribution of study subjects according to their pre-test knowledge score

Pre-test Score	Knowledge Level	Pre-test Level	Knowledge	Frequency	Percentage (%)
0-11		Below Average		0	0.0
12-22		Average		42	14.0
23-33		Good		236	78.7
34-46		Excellent		22	7.3

Table 7

Frequency and percentage distribution of study subjects according to their post-test knowledge score

Post-test Score	Knowledge Level	Post-test Level	Knowledge	Frequency	Percentage (%)
0-11		Below Average		0	0.0
12-22		Average		0	0.0
23-33		Good		77	25.7
34-46		Excellent		223	74.3

Table 8: Comparison of study subjects according to pre-test and post-test knowledge score

Level of Knowledge	Pre-test		Post-test	
	Frequency	Percentage	Frequency	Percentage
Below Average	0	0.0	0	0.0
Average	42	14.0	0	0.0
Good	236	78.7	77	25.7
Excellent	22	7.3	223	74.3

Table 9: Comparison between Pre-test and Post-test knowledge score and significance of difference between the Mean Pre-test and Post-test knowledge score

Knowledge assessment	Mean	Median	SD	Min	Max	Mean difference	Paired 't' test	P-value
Pre-test	27.22	27.0	4.258	18	38	8.43	31.03	<0.001*
Post-test	35.65	36.0	3.492	26	44			

CONCLUSION;--

The following conclusions were drawn on the basis of the findings of the study:

- Pre-test findings showed that the pregnant women did not possessing adequate knowledge regarding management of Pregnancy Induced Hypertension thus this vulnerable group needs to be educated.
- Since the planned teaching programme was effective in improving the knowledge regarding management of Pregnancy Induced Hypertension , hence there is need to conduct education programmes to abreast knowledge of pregnant women.
- No significant association between the demographic variables like Age, Qualification ,occupation,income and residence was found with the pre-test knowledge which indicates that probably these variables have no effect on pregnant women with pregnancy induced hypertension.

IMPLICATIONS

The finding of the present study has implications for nursing practice , nursing administration , nursing education and nursing research.

NURSING PRACTICE :-

1. Knowledge regarding management of Pregnancy Induced Hypertension is absolutely essential for safe nursing practice. This knowledge will help the pregnant women to provide adequate antenatal , intranatal and postnatal care to women for management of Pregnancy Induced Hypertension and thereby decreasing maternal mortality and morbidity.
2. In-service training programs regarding management of Pregnancy Induced Hypertension need to be introduced in hospitals on regular basis.
3. Updates and new evidences are constantly emerging and the staff need to be educated about the updated protocols.
4. Planned teaching programme developed need to be used to help the staff nurses to update their knowledge at their own pace and place.

NURSING ADMINISTRATION:-

1. Nurse administrators need to be a source of inspiration and must motivate nurses to update their knowledge and skills regarding management of Pregnancy Induced Hypertension by providing in-service education programs on regular intervals.
2. Nurse administrators need to facilitate the research in the related field.

NURSING EDUCATION:-

1. The curriculum developers need to give more emphasis on Pregnancy Induced Hypertension and its management in the curriculum of basic nursing education.
2. Orientation programs regarding management of Pregnancy Induced Hypertension need to be introduced and the student nurses need to be encouraged to participate in such programs.
3. Helping the student nurses to raise their interest in research so as to keep themselves abreast with updated knowledge.

NURSING RESEARCH:-

Research complements the growth of a profession and helps to develop a body of knowledge to test strategies to ensure that its action makes a difference. When a profession undertakes research , it takes a step towards maturity and towards the assumption of its social responsibility.

1. The findings of the research studies need to be disseminated in order to base the practice of nursing on research evidences. The nursing personnel need to be made aware about the management of Pregnancy Induced Hypertension .
2. Research studies need to be conducted on large sample and in different settings so as to update the knowledge and practice of nursing personnel regarding management of Pregnancy Induced Hypertension

LIMITATIONS

1. The study limits the generalization to the study sample only.
2. Sample size was small due to limited time frame.
3. Retention and application of knowledge of pregnant women was not measured due to limited time.
4. Tool was not standard.

RECOMMENDATIONS

1. The study can be replicated on large samples to validate the findings and for generalization.
2. A similar study can be conducted using true experimental design where control group will highlight effectiveness of planned teaching programme more rationally.
3. Other teaching strategies i.e., self-instructional module, skill development programme etc. can be used to assess the knowledge of pregnant women's regarding management of Pregnancy Induced Hypertension.

4. Other exploratory or comparative studies can also be conducted related to pregnancy induced hypertension.

Bibliography // References

1. Alan H. De, Cherney Lauren Alanthon .Text Book Of Obstetrics And Gynaecology Diagnosis And Treatment .9th Edition .Lange Medical Books Mc Grow Hill Publishers Los Angels California;2000.338-340.
2. Monica, Tshimanga, Notion, Bangure, Chonzi. Prevalence Of Pregnancy Induced Hypertension And Pregnancy Outcomes Among Women Seeking Maternity Services In Harare Zimbabwe .2015;10(1186);12872-015.
- 3.Villar J.Say L,Shanan A .Methodological And Technical Issues Related To The Diagnosis ,Screening ,Prevention And Treatment Of Pre –Eclampsia .International Journal Of Gynaecology And Obstetrics .2004;85(1);28-41.
- 4.Chabra S ,Kakani A. Maternal Mortality Due To Eclamptic And Non Eclamptic Hypertensive Disorders A Challenge .Journal Of Obstetrics And Gynae.2007;27(1);25-29.
- 5.Dutta .Text Book Of Obstetrics .6th Edition .New Central Book Agency ;Page 222.
6. Sudha Salhan.A Text Book Of Obstetrics .Jay Pee Brothers Medical Publishers ;2007pp 269.
- 7 . Jacob Anama .A Text Book Of Midwifery And Gynaecology.3dr Edition . Jay Pee Brothers Medical Publishers P Ltd New Delhi.;2010.295.
- 8 . Global Statistics Of Pregnancy Induced Hypertension.Available From Url [Www.Who.Int](http://www.who.int) >Media Center>News Releases 2012.(Accessed On 10 02 -2016)
- 9 .American Pregnancy .Org >Pregnancy Complications.Available From Url [Www.Google.Com](http://www.google.com) .(Accessed On 5 March 2016)
10. Global Monitoring Report . By World Bank ;2007.Available From Url [Http ;//Web; World Bank .Org /2007/0.Com](http://web.worldbank.org)(Cited On 2 Jan 2016)
- 11.Zareian Z. Hypertensive Disorders Of Pregnancy .Int J Gynaecol Obstet. 2004;87(2):194-8.
12. Day M C .The Effect Of Fetal Number On The Development Of Hypertensive Conditions Of Pregnancy .Obstet Gynecol. 2005;106:927-31.
- 13 . Incidence Of Pregnancy Induced Hypertion.Available On Url.[Http://Www.Jemds.Com](http://www.jemds.com)>Latest Articles .(Cited On 5th March 2016)
- 14 . Guruji A Hypertension,Pre-Eclampsia And Eclampsia-Monitoring And Outcome Of Pregnancy.Med Preg .2006 Nov –Dec;59 (11-12):556-9.
15. Vest A R Chols.Hypertension In Pregnancy .Cardiol Clin .2012 ;30:407-423.
- 16.Dutta D C .Text Book Of Obstetrics .5th Edition Calcutta.New Central Book Agency (P)Ltd .1983;234.
- 17.Diane M.Fraser And Margaret A Cooper. Textbook For Midwives. 14th Ed. Churchill: Elsevier Limited; 2003:357.
18. Maternal Hh. [Www.Ceeindia.Org/Mdgs/Goal2005-5hmt-18k](http://www.ceeindia.org/Mdgs/Goal2005-5hmt-18k). (Cited On 2 Feb 2016)