



“ A Study To Assess The Effect Of Health Teaching On Knowledge Regarding Minor Ailments And Its Management During Pregnancy Among Primigravida Mothers In Selected Hospital”.

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Abstract

Background of study:-A study to assess the effect of health teaching on knowledge regarding minor ailments and its management during pregnancy among primigravida mothers in selected hospital was conducted in partial fulfilment of requirement of award GNM Nursing at Dr.D.Y.Patil institute of nursing education,Pimpri Pune, and Maharashtra affiliated to Dr.D.Y.Patil unitech society's Vidyapeeth Pimpri Pune-18.**Purpose:-**A study to assess the effect of health teaching on knowledge regarding minor ailments and its management during pregnancy among primigravida mothers in selected hospital.**Methodology:-**Pre experimental one group pretest and posttest design was used in this study.**Target Population-**The target population in this study was primi mothers. **Accessible Population-**Primi mothers who attended hospital in Dr.D.Y. Patil Hospital, Pimpri,Pune.The sample size for this study was 100.Sampling technique used in the study was Non Probability – Consecutive sampling technique.Quantitative approach was adopted in this study.The setting for the study is Dr.D.Y.Patil Medical College and Research Center, Pimpri-18.**Principle Result:--**Reliability was done by Test-retest method and calculated by Pearson's correlation coefficient formula.The reliability of tool is checked by test retest method and obtained 'r value is $r = 0.83$.Chi-square and T-test will be used to associate the coping strategies of the patient selected in demographical variable.**Description of samples (primigravida mothers)based on their personal characteristics in terms of frequency and percentage,**9% primigravida mothers had age below 20 years,73% had age 21-30 years,17% had age 31-40 years and 1% had age above 40 years.20% had primary education,50% had secondary education,27% had higher secondary education and 3% had graduation.27% had joint family,51% had nuclear family and 22% of them had extended family.24% had monthly income Rs.1500-2000,15% had monthly income Rs.2000-3000,13% had monthly income Rs.3000-4000 and 48% of them had monthly income above Rs.4000 72% were housewives,27% had daily labor and 1% were company worker.60% were Hindu and 40% were Muslim.53% of them were from urban area and 47% were from rural area.27% had weight below 40 kg and 73% had weight 41-50 kg.37% were Vegetarian and

63% were non-vegetarian. 27% had information from media, 32% had information from family member and 41% had information from health care personnel. **Knowledge of primigravida mother regarding minor ailment and its management**, 40% of the primigravida mothers had poor knowledge (score 0-6) and 60% of them had average knowledge score (7-13) regarding minor ailment and its management. **Effectiveness of health teaching on minor ailment in pregnancy and its management of primigravida mother**, In pretest, 40% primigravida mothers had poor knowledge (score 0-6) and 60% had average knowledge (score 7-13) regarding minor ailment and its management. In posttest, 6% primigravida mothers had poor knowledge (score 0-6), 93% had average knowledge (score 7-13) 1% had good knowledge (score 14-20) regarding minor ailment and its management. This indicates that the knowledge among primigravida mothers regarding minor ailment in pregnancy and its management improved remarkably after health teaching. **Paired t-test for the effectiveness of health teaching on minor ailment in pregnancy and its management of primigravida mother**, Average knowledge score in pretest was 7 which increased to 8 in posttest. T-value for this test was 4.08 with 99 degrees of freedom. Corresponding p-value was small (less than 0.05), the null hypothesis is rejected. It is evident that the knowledge among primigravida mothers regarding minor ailment in pregnancy and its management improved significantly after health teaching. **Fisher's exact test for the association of the knowledge of primigravida mother regarding minor ailment and its management with selected demographic variable**, Since all the p-values are large (greater than 0.05), none of the demographic variables was found to have significant association with knowledge among primigravida mothers regarding minor ailment in pregnancy and its management. **Major Conclusion:- Fisher's exact test for the association of the knowledge of primigravida mother regarding minor ailment and its management with selected demographic variable**, The study findings show that health teaching was effective in terms of improving knowledge regarding management of minor ailments during pregnancy. Most pregnancy related problems can be effectively prevented or managed.

BACKGROUND OF THE STUDY

These minor ailments become complicated and affect the health of the mother and fetus if it is not managed properly. Providing information to pregnant woman does not require an equipment or machinery but an efficient midwife educator and the willingness to listen and follow instructions and their awareness makes pregnancy safer to have safe mother and childbirth.⁴ Pregnancy is not just a matter of waiting to give birth. Pregnancy is a long and very special journey for the woman. It is often a defining phase in woman's life, can be joyful and pleasant experience. It can also be one of misery and suffering for few. Pregnancy may be natural but it does not mean it is problem free. During pregnancy there is progressive anatomical, physiological and biochemical change not only to genital organs but also to all systems of the body. This is principally a phenomenon of maternal adaptations to the increasing demands of the growing fetus. Unless well understood, this physiological adaptations of normal pregnancy can be misinterpreted as pathological.⁶ Varicose veins in the legs, vulva or rectum may appear for the first time or aggravate during pregnancy usually in the later months. It is usually due to obstruction in the venous return by pregnant uterus. For leg varicosities, elastic crepe bandage during movements and elevation of limbs during rest can give symptomatic relief. Specific therapy is to be avoided. Varicosities usually disappear following delivery.⁸

NEED FOR THE STUDY

The proud moment in the life a woman is when she became pregnant. Every pregnancy is a unique experience for the women and each pregnancy that the women experience will be new and uniquely different. Pregnancy is a long and very special journey for the woman. Pregnancy is a time of dramatic transitions. Body systems that once sustained a single human now support two. Organs, blood vessels, body chemistry, and even the solid supporting structures of a woman's body all go through changes; in the meantime the fetus's body grows from a tiny bundle of cells to a full-sized baby.¹² The current Maternal Mortality Rate (MMR) of India is 212 per one lakh live births, whereas the country's MDG in this respect is 109 per one lakh live births by 2015.¹²

The MMR challenge for India was highlighted today at the launch of the Millennium Development Goals Report of the UN Secretary General. The 2012 report, which assesses the regional progress on eight MDGs the world promised to meet, states that although progress has been made on improvements in maternal health, actual targets remain far from sight. From 1990 to 2013, the global maternal mortality ratio declined by 45 per cent – from 380 deaths to 210 deaths per 100,000 live births, according to UN inter-agency estimates. This translates into an average annual rate of reduction of 2.6 per cent. While impressive, this is less than half the 5.5 per cent rate needed to achieve the three-quarters reduction in maternal mortality targeted for 2015 in Millennium Development Goal. The number of women and girls who died each year from complications of pregnancy and childbirth declined from 523,000 in 1990 to 289,000 in 2013. These improvements are particularly remarkable in light of rapid population growth in many of the countries where maternal deaths are highest. Almost all maternal deaths (99 per cent) occur in developing countries.¹⁴ Maternal deaths are an indicator of how effective our overall health system is. Though the district had ensured almost 100 per cent institutional deliveries, deaths are happening in both Government and private hospitals. Postpartum hemorrhage, anemia and high blood pressure were cited as threatening factors. “Most of maternal deaths are preventable provided there is good antenatal care during pregnancy period. Antenatal care is the care and help received from health professionals during the course of pregnancy. A healthy mother only can bring forth a healthy baby. Antenatal screening – tests that assess whether your unborn baby is at risk of certain conditions or abnormalities, and antenatal classes – classes and workshops that prepare mother and partner for the birth of the baby. Antenatal appointments are check-ups to assess the health of mother and baby. They give the opportunity discuss any issues and questions mother have.¹⁶

Variables of the Study

Independent variables In these study independent variables is Health teaching on management of minor ailments during pregnancy. **Dependent variable:** In these study dependent variables is Knowledge level regarding management of minor ailments during pregnancy.

Research Hypothesis

H₁: There is a significant difference between the pretest and posttest level of knowledge regarding management of minor ailments during pregnancy among primi mothers.

H₂: There is a significant association between level of knowledge regarding management of minor ailments during pregnancy among primi mothers with selected demographic variables.

Assumptions

The study assumes that:-

- Primi mothers experience minor ailments during pregnancy.
- Minor ailments affect the daily activities of primi mothers.
- Mothers show interest to see the health teaching regarding management of minor ailments during pregnancy.

Research Methodology

Research approach

The research approach for present study is Quantitative approach.

Research design

One group pre-test, posttest, pre-experimental design.

Setting

Dr. D.Y. Patil Hospital Pimpri, Pune – 18 which functions round the clock with doctors working in 3 shifts. The total population is 1,00,000. On an average 250-300 outpatient or more than it visits here. 40-50 deliveries are conducted in a month. On an average 70 antenatal mother visit the antenatal clinic every Thursday and Saturday.

Population

In this study, the target population in this study was Primi mothers who attended hospital in Dr.D.Y.Patil Hospital,Pimpri,Pune.

Sample

The sample consists of primi mothers who attended in hospital and clinic.

Sampling technique

Non Probability –Consecutive sampling technique.

Sample size

The sample size for this study was 60.

INCLUSION CRITERIA

- Primi mothers who first trimester
- Mothers who are willing to participate in the study
- Mothers who are available during the time of the study

EXCLUSION CRITERIA

- High risk antenatal mother
- Antenatal mothers who do not know to read and write in Marathi.

DESCRIPTION OF THE TOOL

SECTION-A:DEMOGRAPHIC VARIABLES

Median,mode,standard deviation, and percentage distribution will be used to assess the coping strategies of the patient selected in demographical variable.

SECTION-B: LEVEL OF KNOWLEDGE

Health teaching on management of minor ailments during pregnancy covered definition,minor ailments of first trimester and its management, minor ailments of second trimester and its management, and minor ailments of third trimester and its management. The health teaching is 20 minutes for 4 consecutive days in the morning.

RELIABILITY OF THE TOOL

In this study the reliability for questionnaire was done using test –retest method. Pearson's correlation coefficients reliability of tool is checked by test retest method and obtained 'r' value is $r = 0.83$.Fisher's exact test for the association of the knowledge of primigravida mother regarding minor ailment and its management with selected demographic variable.

Tools and Techniques

In this study **Section A** -Demographic variables.

Section B- Structured knowledge questionnaire on management of minor ailment during Pregnancy.

Results:Description of samples(primigravida mothers) based on their personal characteristics in terms of frequency and percentage -shows 9% primigravida mothers had age below 20 years,73% had age 21-30 years,17% had age 31-40 years and 1% had age above 40 years.20% had primary education,50%had secondary education,27% had higher secondary education and 3% had graduation.27% had joint family,51% had nuclear family 22% had extended family.24% had monthly income Rs.1500-2000,15% had monthly income Rs.2000-3000,13% had monthly income Rs.3000-4000 and 48% had monthly income above Rs.4000.72%were housewives,27% had daily labor and 1% were company worker.60% were Hindu and 40% were Muslim.53% were from urban area and 47% were from rural area.27% had weight below 40 kg and 73% had weight 41-50 kg.37% were Vegetarian and 63% were non-vegetarian.27% had information from media,32% had information from family member and 41% had information from health care personnel.**SECTION II-Analysis of data related to knowledge of primigravida mother regarding minor ailment and its management-**

40% primigravida mothers had poor knowledge(score0-6) and 60% had average knowledge (score 7-13) regarding minor ailment and its management.**SECTION III-Effectiveness of health teaching on minor ailment in pregnancy and its management of primigravida mother-** In pretest,40% primigravida mothers had poor knowledge (score 0-6) and 60% had average knowledge (score 7-13) regarding minor ailment and its management.In posttest, 6% primigravida mothers had poor knowledge(score0-6),93% had average knowledge (score7-13)1% had good knowledge (score 14-20) regarding minor ailment and its management.This indicates that the knowledge among primigravida mothers regarding minor ailment in pregnancy and its management improved remarkably after health teaching.**Paired t-test for the effectiveness of health teaching on minor ailment in pregnancy and its management of primigravida mother,** In pretest,40% primigravida mothers had poor knowledge(score 0-6) and 60% had average knowledge (score 7-13)regarding minor ailment and its

management. In posttest, 6% primigravida mothers had poor knowledge (score 0-6), 93% had average knowledge (score 7-13) and 1% had good knowledge (score 14-20) regarding minor ailment and its management. This indicates that the knowledge among primigravida mothers regarding minor ailment in pregnancy and its management improved remarkably after health teaching.

SECTION IV- Fisher's exact test for the association of the knowledge of primigravida mother regarding minor ailment and its management with selected demographic variable- Since all the p-values are large (greater than 0.05), none of the demographic variables was found to have significant association with knowledge among primigravida mothers regarding minor ailment in pregnancy and its management.

PLAN FOR DATA ANALYSIS:

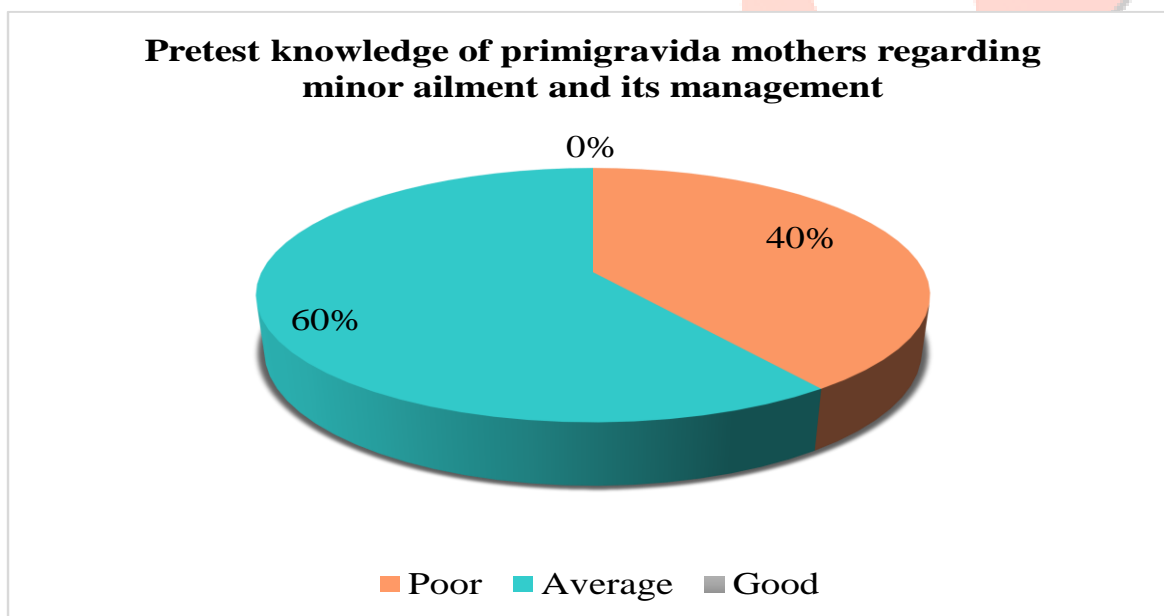
SECTION I-table:-Description of samples (primigravida mothers) based on their personal characteristics.

n=100

Demographic variable	(F)	(%)
Age		
Below 20 years	9	9
21-30 years	73	73
31-40 years	17	17
Above 40 years	1	1
Educational status		
Primary	20	20
Secondary	50	50
Higher secondary	27	27
Graduate	3	3
Types of family		
Joint	27	27
Nuclear	51	51
Extended	22	22
Income / Month		
Rs.1500-2000	24	24
Rs.2000-3000	15	15
Rs. 3000-4000	13	13
Rs. above 4000	48	48
Occupational status		
Housewife	72	72
Daily labour	27	27
Company	1	1
Religion		

Hindu	60	60
Muslim	40	40
Christian		0
Place of residence		
Urban	53	53
Rural	47	47
Weight of mother		
Below 40 kg	27	27
41-50 kg	73	73
51-60 kg		0
Food habits		
Vegetarian	37	37
Non vegetarian	63	63
Source of information		
Media	27	27
Family member	32	32
Health care personnel	41	41

SECTION II:-Analysis of data related to knowledge of primigravida mother regarding minor ailment and its management. Knowledge of primigravida mother regarding minor ailment and its management. n=100



Pie Diagram Showing Knowledge of primigravida mother regarding minor ailment and its management

SECTION III:-Analysis of data related to the effectiveness of health teaching on minor ailment in pregnancy and its management of primigravida mothers

Table 2: Effectiveness of health teaching on minor ailment in pregnancy and its management of primigravida mother.

Knowledge	Pretest		Posttest	
	(f)	(%)	(f)	(%)
Poor (score 0-6)	40	40%	6	6%
Average (score 7-13)	60	60%	93	93%
Good (score 14-20)	0	0%	1	1%

Paired t-test for the effectiveness of health teaching on minor ailment in pregnancy and its management of primigravida mother.

	Mean	SD	T	Df	p-value
Pretest	7.0	2.2	4.08	99	0.000
Posttest	8.0	1.0			

SECTION IV:-Analysis of data related to the association of the knowledge of primigravida mother regarding minor ailment and its management with selected demographic variable.

Table 5: Fisher's exact test for the association of the knowledge of primigravida mother regarding minor ailment and its management with selected demographic variable

Since all the p-values are large (greater than 0.05), none of the demographic variables was found to have significant association with knowledge among primigravida mothers regarding minor ailment in pregnancy and its management.

Discussion

This chapter discuss in detail the findings of analysis in relation to the objectives of the study. The problem stated was to evaluate the effectiveness of video assisted teaching regarding management of minor ailments during pregnancy among primi mothers attending Dr.D.Y. Patil Hospital. The investigator adopted Pre experimental design. 60 primi mothers in first trimester were selected and their knowledge regarding management of minor ailments during pregnancy were assessed using Structured knowledge questionnaire. The results are discussed according to the objectives and supporting studies.

Conclusion

The conclusion drawn from the findings of the study are as follows: While A study to assess knowledge and factors affecting hypertension among hypertensive patients in selected hospital was done, tools / questionnaire were given. The demographic data of various aspects of hypertensive patients were evaluated based on pre-test or post-test. The responses were categorized in two different sections. It was based on variables like Age, Gender, Educational Status, religion, occupation, marital status, monthly income determined the range and the domain of the study. Conclusive evidence was inferred upon after reviewing the responses of patients regarding to the content of study delivered, checklist. At the end of the study, we conclude our Non-Experimental study, A study to assess knowledge and factors affecting hypertension among hypertensive patients in selected hospital.

Assumptions

- Primi mothers experience minor ailments during pregnancy.
- Minor ailments affect the daily activities of primi mothers.
- Mothers show interest to see the health teaching regarding management of minor ailments during pregnancy.

Limitations

1. Primi mothers in first trimester.
2. Primi mothers attending Dr. D. Y. Patil hospital.
3. Hundred Primi mothers only.

Recommendations

- ❖ The study can be replicated with a large sample size.
- ❖ A similar study can be replicated with a control group.
- ❖ A comparative study can be done between a rural and urban community.
- ❖ A comparative study can be done between self-structured teaching programme and Video assisted instruction to evaluate effectiveness in terms of improving knowledge and attitude regarding minor ailments of pregnancy and its management.

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