



“A Study To Evaluate The Effectiveness Of Structured Teaching Programme On Knowledge Regarding Gestational Trophoblastic Disease Among Pregnant Mothers In Selected Rural Areas Of Indore, M.P.”

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Abstract:

A study to evaluate the effectiveness of structured teaching programme On knowledge regarding Gestational trophoblastic disease among pregnant mothers in selected rural areas of Indore, M.P. In the present study a pre test was administered by means of questionnaire method depicted as O₁, and then a structured teaching programme was delivered depicted as X. A post test was conducted by using the same questionnaire depicted as O₂. the research design for the present study will be pre-experimental one group pretest and posttest design. Here, population comprises of pregnant mothers in selected rural area of Indore. In this study all the pregnant mothers in selected rural area of Indore. In this study all the population those will be present at the time of data collection are accessible population. The present study was conducted in in selected rural area of Indore. This setting was selected because of the availability of sample during the study period and also during that time the samples were constantly exposed to the clinical area for antenatal checkup. In the present study pregnant mothers in selected rural area of Indore is selected as target population or samples for the study. In this study Convenient sampling technique will be used to select the sample. The total samples of the study consist of 100 pregnant mothers from antenatal clinic of Index Hospital, who met the inclusive criteria were selected for this study. The above table depicts comparison of mean pre test and post test knowledge level on GTD. The post test mean score (26.73) was high when compared to the pre test mean (13.31). The obtained t value (58.34) was greater than table value at 0.05 level of significance, which shows that there is significant difference between pre test and post test level of knowledge regarding gestational trophoblastic disease. Hence, the formulated research hypothesis H₁ was accepted. The above table depicts the association of pregnant mother knowledge on gestational trophoblastic disease with their monthly income,

the calculated value of chi-square (10.7) was greater than the table value at 0.05 level of significance. So there is a significant association exist between the monthly income with their knowledge. Hence H_2 was accepted. The study was undertaken to assess the effectiveness of Structured Teaching Programme on knowledge on gestational trophoblastic disease among pregnant mothers in a selected rural area at Indore.

Key Words: Gestational Trophoblastic Disease, Pregnant Mothers

INTRODUCTION

There is a striking geographical variation in the frequency of gestational trophoblastic disease. The incidence of 1:2000 deliveries reported in the clinical studies by Hertig represents an average for young healthy women in the United states. In south East Asia the reported incidence is at least 4 to 5 times greater. Yet higher incidence is being reported from Mexico (1:200), Philippines (1:173), Taiwan (1:125) and Indonesia (1:82). An Indian report suggested that the incidence of GTD in our country is 1:160. In United Kingdom the incidence is 1:1000.

The incidence of molar pregnancy demonstrated marked geographic and ethnic differences ranging from the highest incidence of 1 in 120 to 400 pregnancies in Asian countries such as Taiwan, Philippines and Japan to lowest incidence of 1 in 1000 to 2000 in Europe and USA.

Incidence of molar pregnancy in India is 19.1 per 10,000 deliveries (Pai) according to hospital based studies. (2) The higher incidence is attributed to socioeconomic and nutritional factors. Maternal age influence the rate of molar pregnancy. Ova from older women may be susceptible to abnormal fertilisation leading to complete hydatidiform mole.

Genetic studies have established that partial mole are usually triploid having 2 paternal and 1 maternal set of chromosomes.⁸ Molar pregnancy is characterized histologically by abnormalities of the chorionic villi that consist of trophoblastic proliferation and oedema of villous stroma. The incidence of hydatiform moles in India is 1 in 1000. The incidence of recurrence is 1 in 60 in a subsequent pregnancy and 1 in 65 in the third pregnancy after two molar pregnancies. The occurrence of hydatiform mole is related to a few risk factors such as smoking, increased paternal or maternal age and previous history of abortions.

The risk of complete or partial mole has increased persistently in women with previous spontaneous abortion. The risk of persistent gestational trophoblastic tumour is increased by long term oral contraceptive use before conception, the epidemiological pattern of complete and partial molar pregnancy exhibit some difference.

The clinical entity hydatidiform mole was recognized Hippocrates and were carefully describe in the six century by, Aetius of Amida who was the first to use the term 'hydatid'. However it was not until 1903 that Marchand identified uterine carcinoma as a chronic malignancy rather than a uterine malignancy arising in the deciduas through gestational trophoblastic disease has been known since ancient Greek's, it remains as one of the cause of maternal mortality and morbidity.

The next major advance in the understanding of the neoplasm followed the discovery by Aschcim and Zondek in 1928 of the secretion into urine during pregnancy of gonadotropin hormone. This hormone human chorionic gonadotropin (HCG) was found to be present also in large quantities in the urine of women with gestational trophoblastic disease. A key to understanding and managing patients with GTD is human chorionic gonadotropin (hCG) is a protein hormone produced by the placenta. It can be detected in the blood and urine and is an extremely sensitive indicator for GTD. It is measured often during both therapy and follow-up to measure the response to treatment and to detect recurrent disease.

Success in the treatment of gestational trophoblastic neoplasm has been achieved in part because of the ability to qualitative serum or urinary chorionic gonadotropin this has become essential for the clinical management of gestational trophoblastic disease.

Comprehensive awareness and education regarding the disease can reduce the mortality rate due to gestational trophoblastic disease by early diagnosis and treatment to the mothers.

NEED OF THE STUDY:-

K. Lili 2020: A comparative study was conducted to assess the proliferating cell nuclear antigen expression in GTD between the normal placenta and proliferative molar placenta. The incidence of which is very high in the state of Kerala, India. 149

trophoblastic tumours and 96 normal placental tissues were evaluated. The percentage of positive cells was significantly increased in molar placentas of the 1st trimester in comparison to the normal placentas. Correlation of the staining score to the regression pattern of the tumour showed a significant increase in the chemotherapy group when compared to the spontaneously regressing group. But no correlation was found between the percentages of PCNA positive cells with histological grade of the tumour proliferation.

Teaching is a crucial component for health team members; the nurse has more responsibility to provide health teaching to the people to enhance their self-care ability. Though science and technology improved in advancing life situations, still a number of families are unaware of it. The structured teaching programme is a planned programme which provides a clear information and easily understandable to mothers. It help to improve the knowledge of mothers and contributes to general health of the nation. STP has their advantages and disadvantages. Some advantages of STP are, it is easy to understand and disadvantages are expensive in term of time, energy, efforts spend for the education.

A study to assess the effectiveness of STP will help the midwives to impart education using appropriate method of teaching. The selection of appropriate method of teaching is vital to make the effective. So the researcher felt the need to take a study on GTD.

STATEMENT OF PROBLEM:-

—A study to evaluate the effectiveness of structured teaching programme On knowledge regarding Gestational trophoblastic disease among pregnant mothers in selected rural areas of Indore, M.P.

OBJECTIVES OF THE STUDY:-

1. To assess the pre test & post test knowledge regarding gestational trophoblastic disease among pregnant mothers attending antenatal clinic in selected rural area.
2. To evaluate the effectiveness of structure teaching programme on knowledge regarding gestational trophoblastic disease among pregnant mothers.
3. To find out the association between the pre- test knowledge score regarding gestational trophoblastic disease with the selected demographic variables.

OPERATIONAL DEFINITIONS:-

Evaluate: - In this study refers to finding the value of the structured teaching programme on increasing knowledge of pregnant mothers attending antenatal clinic regarding gestational trophoblastic disease.

Effectiveness: -It refers to the positive outcome of structure teaching programme on gestational trophoblastic disease in pregnant mothers attending antenatal clinic on the basis of pre- test and post- test.

Structured Teaching Programme: A well-organized teaching material prepared and used by investigator for the pregnant mothers to enhance the pregnant mother's knowledge on gestational trophoblastic disease.

Knowledge: In this study, it refers to the correct responses given by the pregnant mothers attending antenatal clinic to the given items in the demographic questionnaire and knowledge questionnaire regarding gestational trophoblastic disease.

Gestational Trophoblastic Disease: Gestational trophoblastic disease is a term used for a group of pregnancy related tumors. These tumors appear, when cells in the womb start to grow out of control. The cells that form, gestational trophoblastic tumor are called trophoblast and come from tissues that grows to form the placenta during pregnancy.

Pregnant Mothers: A women who is pregnant and who all are attending the antenatal clinic.

ASSUMPTION :

The study assumes that,

- Pregnant mothers may not have adequate knowledge regarding gestational trophoblastic disease
- Structured teaching programme may help in enhancing the knowledge regarding gestational trophoblastic disease among pregnant mothers in selected Hospitals, Indore.

HYPOTHESES:-

- **H1:** The mean post-test knowledge score of pregnant mothers on gestational trophoblastic disease is significantly higher than that of mean pre- test knowledge score after administration of structured teaching programme.
- **H2:** There is a significant association between pre- test knowledge scores of pregnant mothers with selected demographic variables.

LIMITATIONS:

- Only pregnant mothers
- Pregnant mothers living in rural area.
- Mother who can understand and speak Hindi or English.

RESEARCH METHODOLOGY

Research Design

The Research design was pre experimental one group pre test, post test, design was adopted in the study. In the present study a pre test was administered by means of questionnaire method depicted as O₁, and then a structured teaching programme was delivered depicted as X. A post test was conducted by using the same questionnaire depicted as O₂.

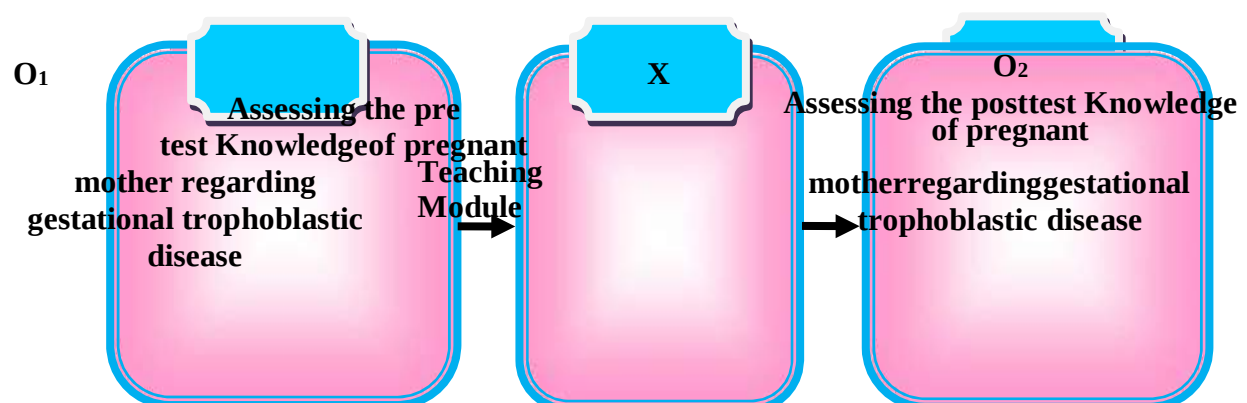


Figure. 2 The Schematic Representation of the Study Design

RESEARCH METHOD & DESIGN: the research design for the present study will be pre-experimental one group pretest and posttest design.

POPULATION : Here, population comprises of pregnant mothers in selected rural area of Indore.

TARGET POPULATION: In this study all the pregnant mothers in selected rural area of Indore.

ACCESSIBLE POPULATION: In this study all the population those will be present at the time of data collection are accessible population.

SETTING OF THE STUDY:-

The present study was conducted in in selected rural area of Indore. This setting was selected because of the availability of sample during the study period and also during that time the samples were constantly exposed to the clinical area for antenatal checkup.

SAMPLE : -

In the present study pregnant mothers in selected rural area of Indore is selected as target population or samples for the study.

SAMPLING TECHNIQUE: In this study Convenient sampling technique will be used to select the sample.

SAMPLE SIZE: -

The total samples of the study consist of 100 pregnant mothers from antenatal clinic of Index Hospital, who met the inclusive criteria were selected for this study.

SAMPLING CRITERIA : -

Inclusion Criteria:-

- Pregnant mothers who are willing to participate in the study.
- Pregnant mothers who are available during the period of data collection
- Pregnant mothers who are in selected rural area of Indore.
- Pregnant mothers who can speak and write Hindi and English

Exclusion Criteria:- Pregnant mothers those who are -

- Not willing to participate in this study.
- Not able to understand the Hindi and English.

VARIABLES

Independent Variable :- In this study structured teaching programme regarding gestational trophoblastic disease will be independence variable.

Dependent Variamothersble :- In this study Knowledge of pregnant mothers regarding gestational trophoblastic disease will be dependent variables.

Reliability of the Instrument

The main objective of the pilot study was to ensure the reliability of the interview Schedule, was found out by Spearman brown split-half technique.

Table. 1 Showing Reliability for gestational trophoblastic disease Interview Schedule

Item	Split half reliability
gestational trophoblastic disease interview Schedule	0.9

The reliability of the tool was satisfactory.

ANALYSIS AND INTERPRETATION OF DATA

This chapter deals with the analysis and interpretation of data collected from the adolescent boys who have received structured teaching programme on knowledge regarding gestational trophoblastic disease. The collected data were analysed, tabulated and presented under the following sections;

Section I : Distribution of samples according to their demographic variables.

Section II : Description of samples according to their pre-test and post-test level of Knowledge

Section III : Comparison of pre test and post test knowledge level of pregnant mother regarding gestational trophoblastic disease

Section IV : Association of pre test knowledge level of pregnant mother with their selected demographic variables

SECTION – I

Distribution of sample according to their demographic variables

Table 2: Distribution of samples according to their demographic variables

(N =100)

S.no	Demographic variables	Frequency (f)	Percentage (%)
1	Age (in years)		
	17 – 18 years	40	40
	18 – 19 years	60	60

2	Religion		
	Hindu	62	62
	Christian	29	29
	Muslim	09	09
3	Types of family		
	Joint family	23	23
	Nuclear family	69	69
	Extended family	08	08
4	Area of Residence		
	Rural	45	45
	Urban	32	32
	Semi Urban	23	23
5	educational status		
	a) Illiterate	10	10
	b) Primary	15	15
	Secondary	25	25
	Higher secondary	23	23
	Diploma/Graduate	27	27
	Husband educational status		
6	Illiterate	15	15
	Primary	24	24
	Secondary	22	22
	Higher secondary	23	23
	Diploma/Graduate	16	16
	Occupation		
7	Unemployed	04	04
	Daily wage earner	28	28
	Self employed	40	40
	Government employee	28	28
	Husband occupation		
8	Unemployed	54	54
	Daily wage earner	13	13
	Self employed	21	21
	Government employee	12	12

9	Monthly income		
	a) 5000 – 10000	35	35
	b) 10001 – 15000	20	20
	c) 15001 – 20000	28	28
	d) Above 20001	17	17
10	Family history of GTD		
	Yes	46	46
	No	54	54
11	Source of information		
	Health personnel	11	11
	Parents/Friends	33	33
	Mass media	42	42
	No information	14	14

Table summarizes that demographic characteristics of adolescents among 100, with regards to age (40%) were 17-18years, (60%) were 18-19years, with regards to religion, majority of the samples (62%) belongs to Hindu (29%) were Christians and (9%) were Muslims.

Based on the type of family majority of the samples (69%) belongs to joint family (23%) were nuclear family and (8%) were extended family. Regarding father's educational status (27%) was diploma/graduate, (25%) were secondary learners and (10%) were illiterate.

Regarding educational status (24%) were primary learners (23%) had higher secondary, and (15%) were illiterate. Regarding occupation majority of the samples (40%) were self employed, (28%) were daily wage earner and Govt employee respectively.

Regarding Husband occupation (54%) were unemployed and (12%) were Govt employed. Distribution of subjects with reference to monthly income (35%) were Rs-5000 -10000 per month, (28%) were Rs.15001- 20000 per month.

Regarding family history (54%) were no history of smoking and (46%) had history of smoking. With regards to source of information (33%) were information from parents and friends, (42%) were from mass media and (14%) had no information.

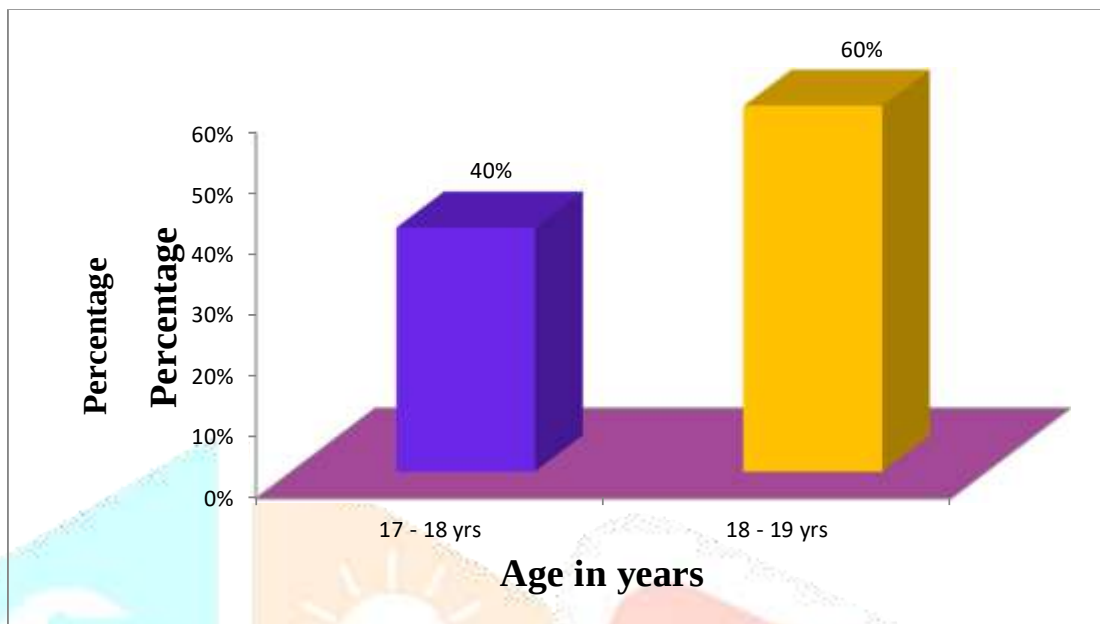


Figure 1: Distribution of samples according to their age

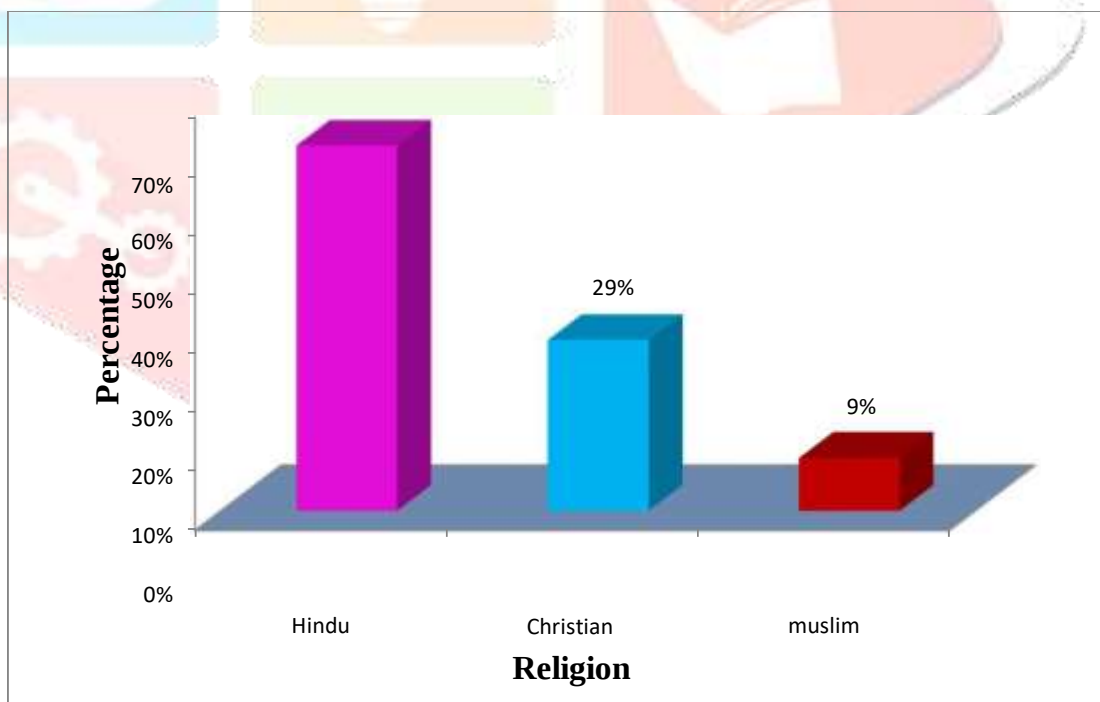


Figure 2: Distribution of samples according to their religion

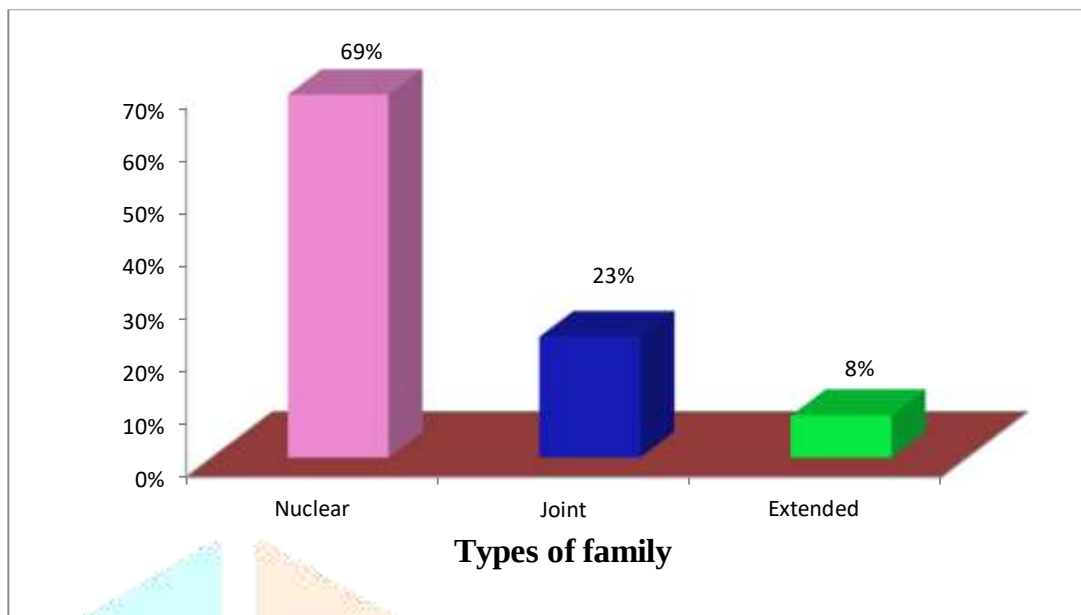


Figure 3: Distribution of samples according to their types of family

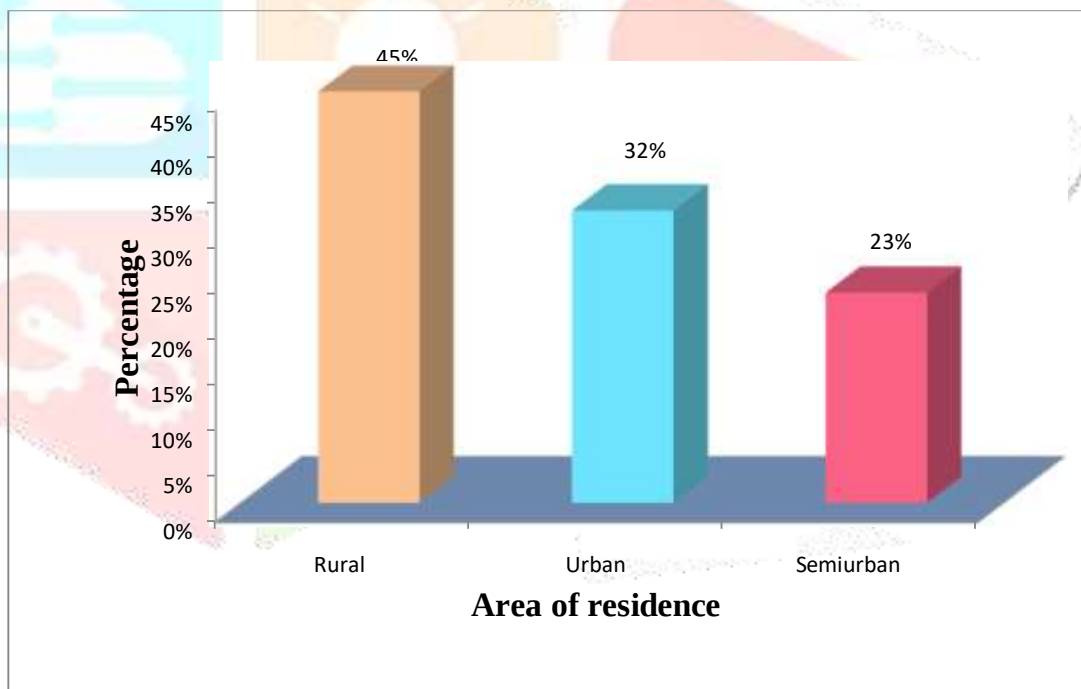


Figure 4: Distribution of samples according to their area of residence

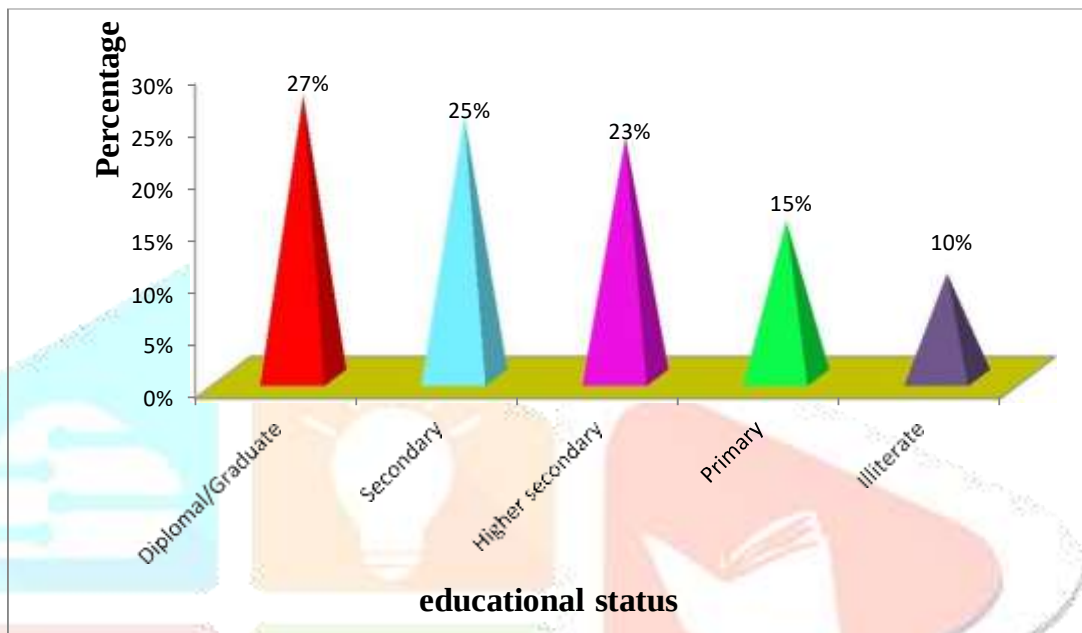


Figure 5: Distribution of samples according to their educational status

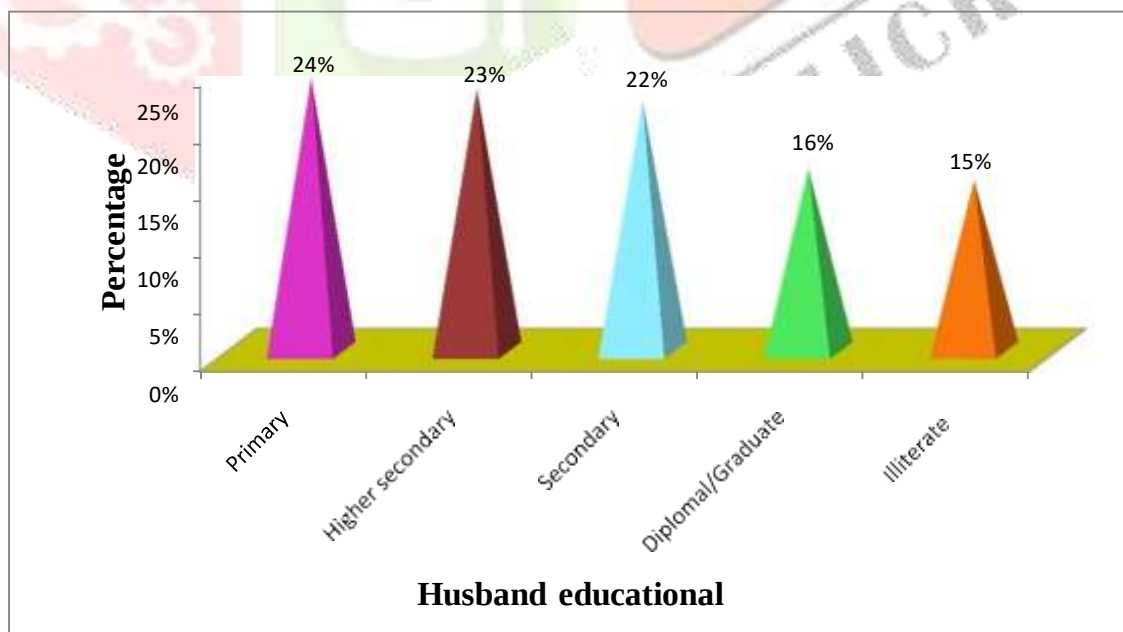


Figure 6: Distribution of samples according to their Husband educational status

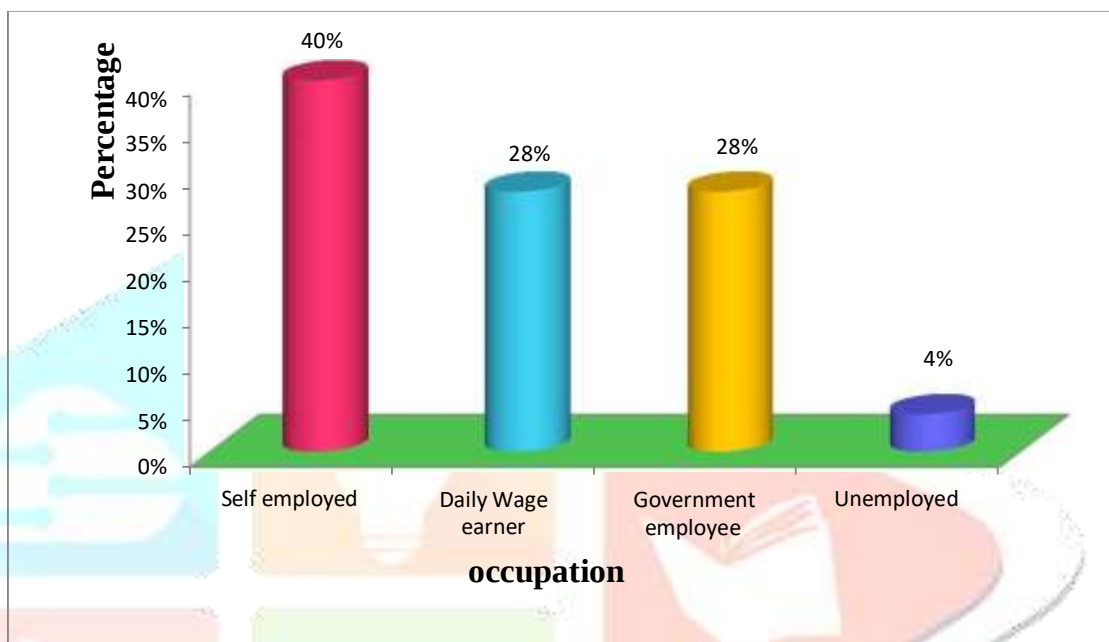


Figure 7: Distribution of samples according to their occupation



Figure 8: Distribution of samples according to their Husband occupation

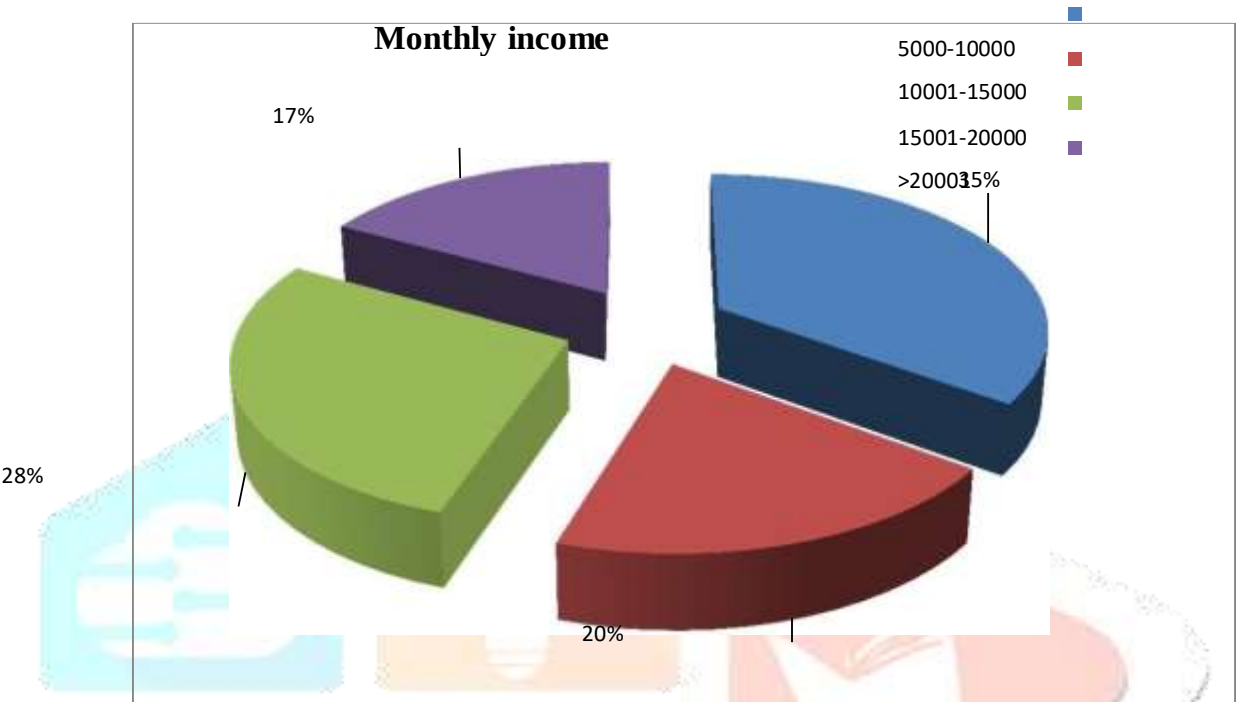


Figure 9: Distribution of samples according to their monthly income



Figure 10: Distribution of samples according to family history of GTD

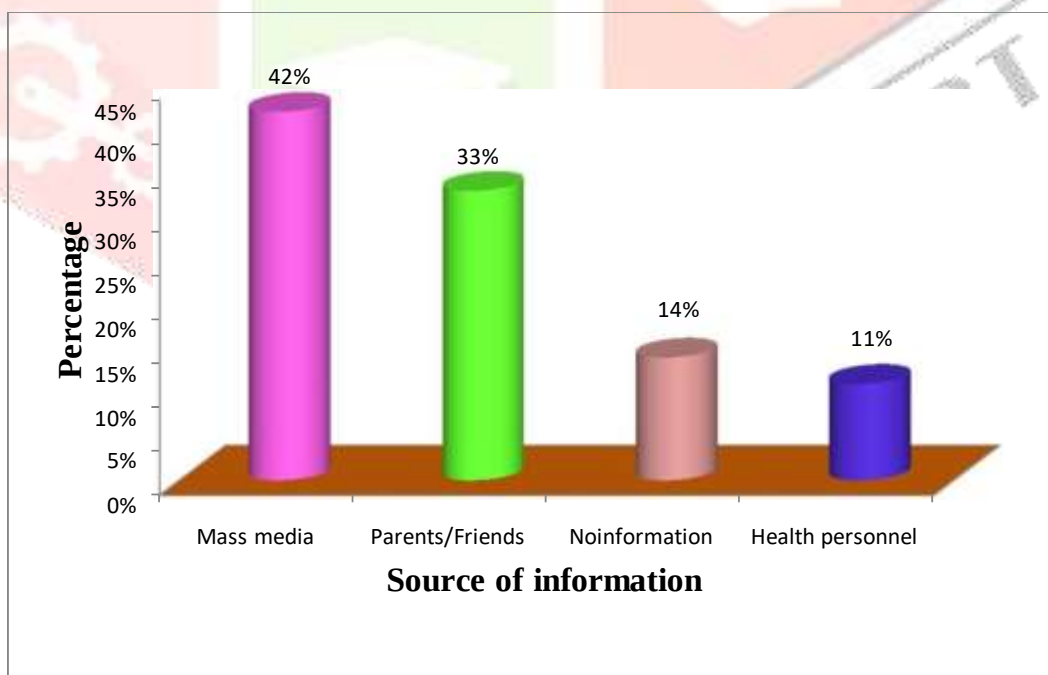


Figure 11: Distribution of samples according to source of information

SECTION II

Description of samples according to their pre-test and post-test level of knowledge.

Table 3: Distribution of samples according to their pre-test and post-test level of knowledge.

(N=100)

Level of knowledge	Pre test		Post test	
	Frequency(f)	Percentage(%)	Frequency (f)	Percentage(%)
Poor (<44%)	43	43%	0	0%
Average (45-74%)	57	57%	5	5%
Good (>75%)	0	0%	95	95%

Table depicts that, the pre test and post test level of knowledge. Majority (57%) of adolescent had average knowledge, (43%) had poor knowledge .No one scored (above 75%) marks in pre test but in the post test majority(95%) had good knowledge (above 75%) and(5%) of them scored average level of knowledge (50- 75%). No one was having poor level of knowledge.

The above findings summarizes that, the structured teaching programme had significant beneficial effect in the level of knowledge among pregnant mother.

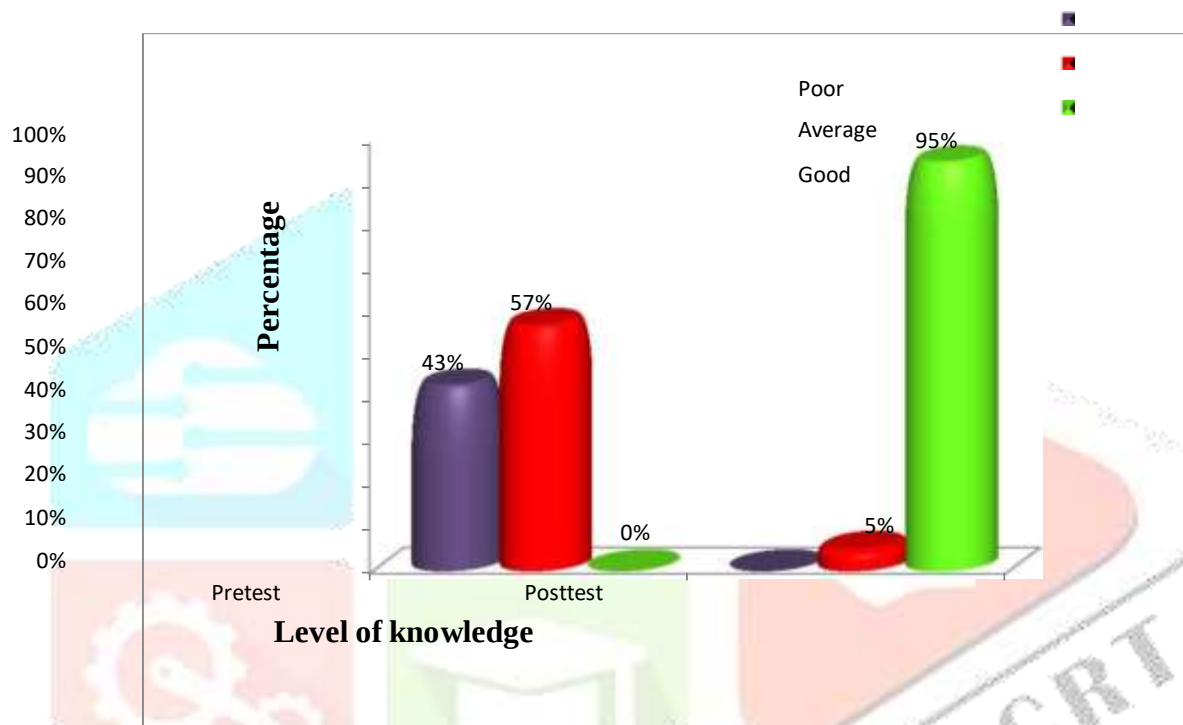


Figure 12: Distribution of samples according to their pre test and post test level of knowledge

SECTION III

Table 4: Comparison of pre test and post test knowledge level

(N=100)

S. no	Knowledge score	Mean	Mean difference	Standard deviation	t' value
1	Pre test	13.31	13.42	1.89	58.34
2	Post test	26.73		1.40	

(Significant at 0.05 levels)(Table value = 2.00)

The above table depicts comparison of mean pre test and post test knowledge level on GTD. The post test mean score (26.73) was high when compared to the pre test mean (13.31). The obtained t value (58.34) was greater than table value at 0.05 level of significance, which shows that there is significant difference between pre test and post test level of knowledge regarding gestational trophoblastic disease. Hence, the formulated research hypothesis H_1 was accepted.

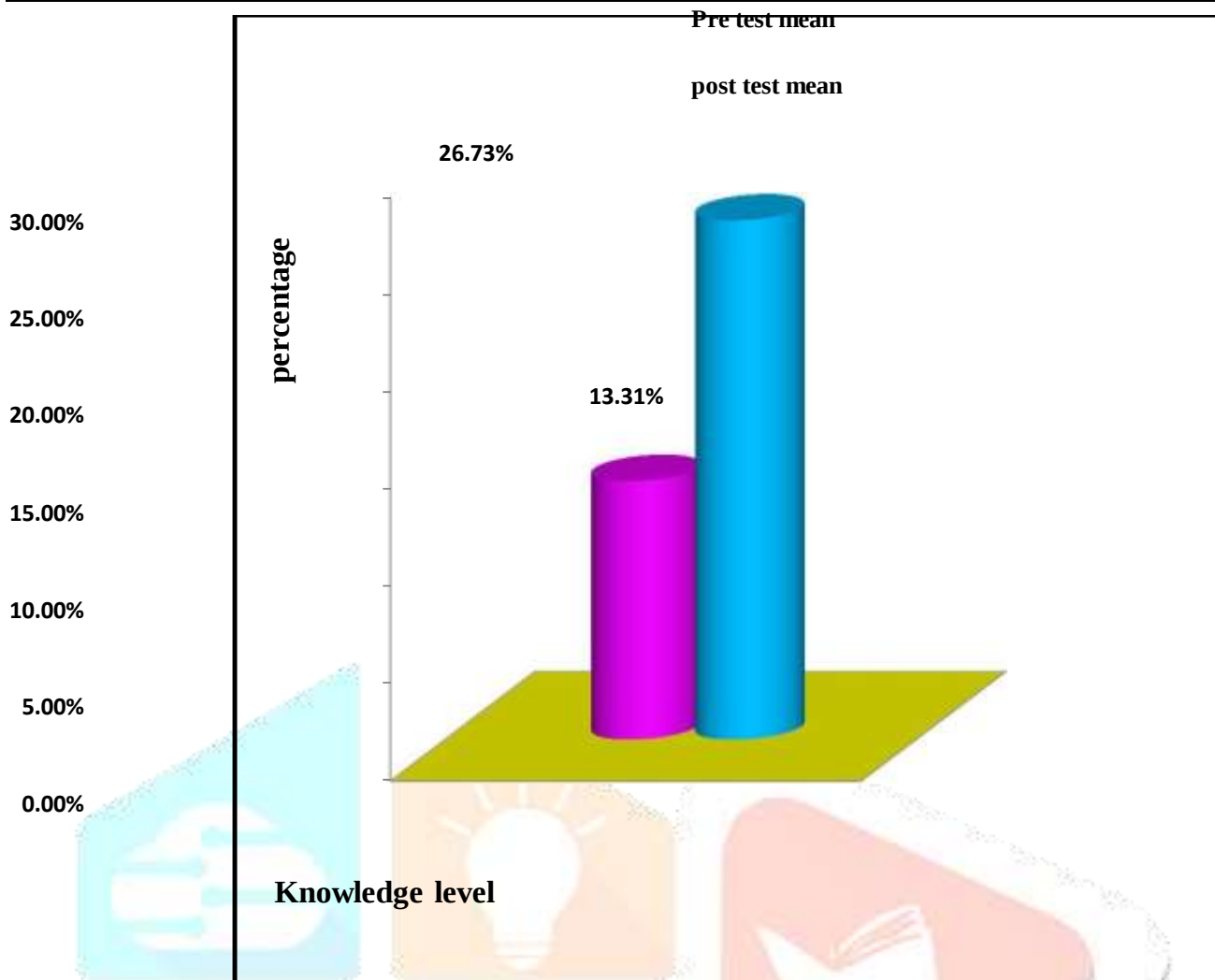


Figure 13: Comparison of samples according to their pre test and post test level of knowledge

SECTION –IV

Table 5: Association of pre test knowledge level of adolescent boys with their selected demographic variables.

(N=100)

S. no	Demographic variables	Level of knowledge		Z2	Table value	Level of significance
		Above mean(13)	Below Mean (13)			
1	Age (in years)					
	17 – 18 years	05	35			
	18 – 19 years	34	26	19.66	3.84	* S

2	Religion					
	Hindu	23	39			
	Christian	13	16	0.53	5.99	# NS
	Muslim	04	05			
3	Types of family					
	Joint family	06	17			
	Nuclear family	30	39	2.51	5.99	# NS
	Extended family	04	04			
4	Area of Residence					
	Rural	21	24			
	Urban	11	21	2.08	5.99	# NS
	Semi Urban	07	16			
5	educational status					
	Illiterate	03	07			
	Primary	08	07	2.42	9.49	# NS
	Secondary	10	15			
	Higher secondary	07	16			
	Diploma/Graduate	09	18			

6	Husband educational status	05	10			
	Illiterate	14	10			
	Primary	06	16	8.59	9.49	#NS
	Secondary	06	17			
	Higher secondary	09	07			
	Diploma/Graduate					
7	occupation					
	Unemployed	02	02			
	Daily wage earner	14	14			
	Self employed	14	26	2.33	7.82	# NS
	Government employee	09	19			
8	Husband occupation					
	a) Unemployed	17	37			
	Daily wage earner	08	05	5.34	7.82	# NS
	Self employed	06	15			
	Government employee	06	06			
9	Monthly income					
	a) 5000 – 10000	18	17			
	b) 10001 – 15000	10	10			
	c) 15001 – 20000	04	24	10.7	7.82	* S
		08	09			

	d) Above 20001					
10	Family history ofGTD					
	Yes	18	28	0.02	3.84	# NS
	No	22	32			
11	Source of information					
	a) Health person	05	06			
	Parents/Friends	13	20	0.42	7.82	# NS
	Mass media	15	27			
	No information	06	08			

{NS-Non-significant, S-Significant; P-0.05* level}

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