



“A STUDY TO ASSESS EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE REGARDING SELECTED MINOR DISORDERS OF PREGNANCY AND THEIR REMEDIAL MEASURES AMONG PRIMI GRAVIDA WOMEN IN A SELECTED MATERNITY HOSPITAL OF KASHMIR”

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ABSTRACT: Pregnancy is the most viewed from a physiological perspectives because of the dramatic physical changes that occurs throughout the pregnancy. Due to lack of knowledge of pregnancy related minor disorders, women often tends to ignore illness that is not very serious during pregnancy. A pre-experimental study was undertaken to assess the effectiveness of “Planned teaching program” (PTP) on the Knowledge of Primigravida women regarding minor disorders and their remedial measures in maternity hospital Lalla ded, Srinagar. Total 100 Primigravida women were selected by purposive sampling technique. The pre-test was taken by using structured interview schedule designed by researcher and validated by the various experts in the specific field followed by planned teaching program. After 5 days post-test was taken. The overall mean pre-test knowledge score of antenatal mothers was (22.13) which reveals that mothers had good level of knowledge and mean post-test knowledge score of antenatal mothers was (30.47) which revealed that mothers had very good level of knowledge and “t” value for total pretest and posttest was (25.269). Area wise post-test highest mean percentage was (76.4%), in the area of heart-burn, and the lowest mean percentage was (45.25%), in the area of vomiting. No significant association was found between pretest knowledge scores with their demographic variables except *education* of participants (χ^2 24.513), *Place of residence* (χ^2 2.547), *Period of Gestation* (χ^2 1.275) & *Source of information* (χ^2 2.561). The findings of the study concluded that Planned teaching programme (PTP) was effective to increase the knowledge of Primigravida mothers regarding minor disorders and their remedial measures.

Keywords: Planned teaching programme, Knowledge, Primi women, Minor disorders, Remedial measures.

1.1 INTRODUCTION:

Woman is the master piece of the Almighty ALLAH (الله) as HE gave her a great place in the world to become a mother. ¹ In all societies, the family is the central nucleus for the people, for their lives, their dreams and their health. A woman in her role as a mother forms the backbone of the family.² Pregnancy is a unique, exciting and often joyous time in a women's life, as it highlights a women's amazing creative and nurturing powers while providing a bridge to the future. The growing fetus depends entirely on its mother's healthy body for all its needs. Consequently, pregnant women must take steps to remain healthy and well nourished.³ Pregnancy is a period of great anabolic activity when the most rapid rate of growth takes place. It is a condition in which the fetal growth is accompanied by extensive changes in maternal body composition & metabolism.⁴ A number of factors have an influence on pregnancy outcome, such as economic and educational status of the mother, parity, weight gain during pregnancy, duration of gestation, maternal Hemoglobin level, height and weight of pregnant women.⁵

A survey was conducted to determine the influence of maternal health parameters like age, parity, height, weight, nutritional status and habits on perinatal mortality and it was found that perinatal mortality can be reduced if the mothers have adequate knowledge and if they are seeking care at proper time.⁶

Reproduction though considered to be an usual process in the life of a women, is stressful and can lead to the risk and threats in reproductive age group women unless, appropriate measures are not taken on time, it may reach to its peak and endanger the life of mothers.⁷ Thus pregnancy brings worry. It's natural to fret about how to eat, drink, think, feel and do work. It's also perfectly normal to worry about whether the baby is normal, healthy and how this new person will change the life and relationships.⁸

The expectant Mother contribute further to family health, where she seeks guidance throughout the pregnancy and follows the advice of experienced personnel to overcome or treat these minor ailments of pregnancy. Most of the expectant mothers rely on home remedies or no remedies for the minor ailments of pregnancy thinking that they will be subsiding by the end of pregnancy.⁹

Minor disorders are defined as the discomforts associated with the pregnancy such as nausea, vomiting, back pain, heartburn, pica, constipation, leg cramps, varicose vein, etc.¹¹ Most of them are not dangerous, but a normal part of pregnancy. But it is good to be able to spot symptoms of anything fast.¹² The good news is that many of such symptoms can be alleviated by using some simple remedies and proper explanation. Fortunately, most of these discomforts go away as pregnancy progresses, and some women might not feel any discomfort at all!¹³ Each week of pregnancy brings with it new changes and feelings that require some explanation and support.¹⁴ The anatomical, physiological and biochemical adaptations to pregnancy are profound. These changes that the female body undergoes during pregnancy begin soon after fertilization and continue throughout gestation. These changes occur in response to physiological stimuli provided by the fetus and placenta.¹⁵ These changes may be unpleasant as well as worrying but they are rarely a cause for alarm as most of these changes are usually normal.¹⁶ Each woman is different, so is each pregnancy.¹³ Minor ailments are common during pregnancy and non-pharmacological therapies should be considered as the first-line treatment, if appropriate. However, Medication may be required to ensure the well-being of the mother and prevent Secondary adverse effects to the fetus.²⁵

Today, nurses and midwives have an important role in health promotion by bringing the health care manufacturers close to the people. The midwife is posed with a unique function of identifying and providing huge standard of antenatal care that contributes to the maintenance of good health and minimize the severity of the diseases.¹⁸

1.2 OBJECTIVES:-

1. To assess the knowledge of Primigravida women about selected minor disorders of pregnancy, and their remedial measures adopted for selected minor disorders during pregnancy.
2. To evaluate the effectiveness of planned teaching programme on knowledge regarding selected minor disorders of pregnancy and their remedial measures.
3. To associate knowledge regarding selected minor disorders of pregnancy and their remedial measures with the selected demographic variables.

2. METHODOLOGY

2.1 Research Approach & Design:

An experimental approach with Pre-experimental pre-test post test design approach was used for this study.

2.2 Population and Sample: The population of main study comprised of primipara mothers of admitted in antenatal units of Lalla Ded Hospital of Kashmir. Purposive sampling technique was used to select sample size of 100 primipara mothers.

2.3 Research Tools: In this study, data collection tool contain consists of two parts:

- **SECTION – A:** Consists of 8 questions to collect demographic data. The demographic data collected with regard to.
- Age of mother, Educational status, Occupation, Income, Type of family, Residency, Gestational period, Source of information
- **SECTION – B:** Consists of 35 objective type questions, it is divided into two parts, which are
- **Part – I:** 10 general questions on pregnancy and minor disorders. **Part –II:** 25 Questions regarding selected minor disorders during pregnancy & their remedial measures.

2.4 Data Collection Method: The data was collected during the month of Dec 2013 from primipara mothers of Lala Ded Hospital Srinagar. Before collecting the data, permission was obtained from the concerned authority. Keeping in mind the ethical aspect of research, the data was collected after obtaining the informed consent from the sample. The samples were assured anonymity and confidentiality of information provided by them. The investigator conducted pre test by interview schedule. Average time spent by the subjects for completing pre test was approximately 40-50 minutes. After pre test, mothers were given planned teaching programme and post test was administered with same interview schedule to the same group after 5 days.

2.5 Data Analysis: Results were analyzed through descriptive and inferential statistics.

3. RESULTS:

The analyzed data was organized and presented in the form of graphs which was organized under the following headings.

Section I: Description of sample characteristics.

Section II: Findings related to knowledge score of Participants.

Section III: Evaluation of effectiveness of planned teaching programme on knowledge regarding selected minor disorders of pregnancy & their remedial measures.

Section IV. Association between knowledge scores & selected demographic variables (Age, education).

TABLE: 1

Frequency and percentage distribution of selected demographic variables of Primigravida women such as Age, Education, occupation, monthly income, type of family and place of residence, Period of gestation & source of information.

N= 100

Variables	Frequency	Percentage
Age of mother(in years)		
16-20	9	9%
21-25	37	37%
26-30	39	39%
31-35.	15	15%
Education		
Illiterate	23	23%
Primary- middle	29	29%
High- secondary	35	35%
Undergraduate-postgraduate.	13	13%
Occupation:		
Skilled worker	14	14%
Unskilled	3	3%
Unemployed	83	83%
Income per month(in Rs):		
Upper class	0	0%
Upper Middle	32	32%
Lower Middle	68	68%
Lower class.	0	0%
Type of family		
Nuclear	26	26%
Joint	74	74%
Place of residence:		
URBAN	26	26%
RURAL	74	74%
Period of gestation:		

1 ST TRIMESTER	10	10%
2 ND TRIMESTER	24	24%
3 RD TRIMESTER	66	66%
SOURCE OF INFORMATION:		
Mass- media	3	3%
Health personnel	5	5%
Friends & relatives	92	92%

TABLE NO. 2

Frequency & Percentage distribution of knowledge score of Primi gravidae women about knowledge regarding selected minor disorders of pregnancy & their remedial measures.

N=100

TABLE NO. 3

Area wise analysis of knowledge level of Primigravida women regarding minor disorders of pregnancy & their remedial measures

N= 100

S. No	Area	No. of items	Max. Score	Mean & Mean percentage	Standard deviation	't' value	Significance
1	General questions pregnancy and minor disorders.	10	10	6.2700 62.7%	1.53646	19.36474	S*
	Knowledge score.	Pre-test	Post-test	Pretest		Post test	
		Frequency	Percentage	Frequency	Percentage		
	Adequate knowledge (26-30)	19	19%	90	90%		
	Average knowledge (17-25)	54	54%	7	7%		
	Poor knowledge (12- 16)	27	27%	3	3%		
	Total	100	100%	100	100%		
1	General questions pregnancy and minor disorders.	10	10	8.6300 86.3%	.07997	19.36474	S*
2	Minor disorders.	4	4	1.8100 45.25%	.86100	16.958	S
		4	4	3.1900 79.75%	.66203		
3	Frequency Micturation	4	4	3.0000 75%	.87617	7.269	S
		4	4	3.4900 87.25%	.64346		
4	Constipation	4	4	3.0100 75.25%	1.04924	5.717	S

		Post –test	4	3.4800 87%	.59425		
5	Edema	4 Pre-test Post-test	4	2.1400 53.5%	.71095	14.595	S
			4	3.2700 81.75%	.63333		
6	Heart-burn	5 Pre-test Post-test	5	3.8200 76.4%	.65721	9.973	S
			5	4.5100 90.2%	.57726		
7	Backache	4 Pre-test Post-test	4	2.0500 51.25%	1.44512	13.143	S
			4	3.9300 98.26%	.25643		

* S= Significance.

TABLE 4

Mean , median, mode , standard deviation & range of knowledge score of Primi gravidae regarding minor disorders of pregnancy & their remedial measures

N= 100

Area of analysis	Mean	Median	Mode	S.D	Range
Pre-test(x)	22.13	22.00	22.00	3.8786	18
Post-test(y)	30.47	31.00	30.00	1.6234	7.00
Difference (x-y)	-8.34	-9	-8	2.2552	11

TABLE NO. 5

Mean difference, standard error of difference & paired “t” value of knowledge score of Primi Gravidae

N= 100

Paired sample test

Pair -1	Paired difference						
	Mean	standard deviation	std. error mean	‘t’ value	df	p- value.	Significance.
Pre-test – post –test	8.340	3.301	.330	25.269	99	.001	S

TABLE NO.6

Association between knowledge level & Education of Participants

N= 100

Education	Participants knowledge level			Chi- square	df	Level significance.
	Average	Good	Total			
Illiterate	18	5	23	24.513	3	S
Primary-middle	26	3	29			
High – secondary	16	19	35			
Ug-Pg	3	10	13			
Total	63	37	100			

$$\chi^2 (3, 0.05) = 0.8054$$

TABLE NO.7

Association between knowledge level & Residence of participants

N= 100

Residence	Participants knowledge level			Chi- square	df	Level significance.
	Average	Good	Total			
Urban	13	13	26	2.547	1	S
Rural	50	24	74			
Total	63	37	100			

TABLE NO.8

Association between Knowledge Level & Period of gestation of participants.

N= 100

Period of gestatio	Participants knowledge level			Chi- square	Df	Level significance.
	Average	Good	total			
1st trimester	7	3	10	1.275	2	S
2nd trimester	17	7	24			
3rd trimester	39	27	66			
Total	63	37	100			

$$\chi^2 (2, 0.05) = 0.90000$$

TABLE NO.9

Association between Knowledge level & Source of information of participants.

N = 100

Source information	Participants knowledge level			Chi- square	df	Level significance.
	Average	Good	Total			
Mass media	3	0	3	2.561	2	S
Health profession	4	1	5			
Friends & relative	56	36	92			
Total	63	37	100			

$$\chi^2 (2, 0.05) = 0.90000$$

The findings of present study revealed that overall mean pre-test knowledge score of antenatal mothers was (22.13) which reveals that mothers had good level of knowledge and mean post-test knowledge score of antenatal mothers was (30.47) which revealed that mothers had very good level of knowledge and “t” value for total pretest and posttest was (25.269). Area wise post-test highest mean percentage was (76.4%), in the area of heart-burn, and the lowest mean percentage was (45.25%), in the area of vomiting. No significant association was found between pretest knowledge scores with their demographic variables except *education* of participants (χ^2 24.513), *Place of residence* (χ^2 2.547), *Period of Gestation* (χ^2 1.275) & *Source of information* (χ^2 2.561).

4. CONCLUSION: The study concluded that teaching programmes should be provided to increase the knowledge of Primigravida mothers regarding minor disorders of pregnancy and their remedial measures.

5. IMPLICATIONS OF THE STUDY:

The findings of the study can be used in the following areas of nursing profession.

NURSING PRACTICE:-

The planned teaching programme is a useful strategy for creating the awareness regarding the minor disorders of pregnancy & their remedial measures among the Primigravida women.

NURSING EDUCATION: -

The Planned teaching programme on the minor disorders of pregnancy & their remedial measures through A/V aids, used to educate the antenatal mothers routinely in ANC, on daily basis is an effective method to be implemented for all OBG students.

NURSING ADMINISTRATION: -

The findings of the study are informative guidelines for nursing administrators. Nursing administrators in the community health setting can plan & conduct Planned teaching programme on regular basis.

NURSING RESEARCH:-

The present study can be a source review of literature for others who are intending to conduct studies on minor disorders of pregnancy & their remedial measures.

6. RECOMMENDATIONS:

- ✓ On the basis of the finding of the study following recommendations have been made:
- ✓ Randomized control trial can be carried out to evaluate the effectiveness of the planned teaching programme & to assess the knowledge level about the minor disorders of the study & their remedial measures.

- ✓ A comparative study can be done on knowledge level of minor disorders of pregnancy & their remedial measures, residing in urban & rural areas.
- ✓ Follow-up study can be conducted to evaluate the effectiveness of the planned teaching programme.
- ✓ The study can be replicated on a larger sample using random sampling so that the findings can be generalised.

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