



“EFFECTIVENESS OF SELF INSTRUCTIONAL MODULE ON KNOWLEDGE AND PRACTICE OF MANAGING COMMON DISCOMFORTS DURING PREGNANCY AMONG PRIMIGRAVIDA MOTHERS”

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ABSTRACT

Many women experience minor ailments during pregnancy. These ailments should be treated properly as they may escalate and become life threatening. Minor ailments may occur due to hormonal changes & accommodation changes of every system of the body. The mother needs knowledge to cope with the experience of pregnancy. An important nursing responsibility during the prenatal period is educating the client regarding the discomforts, that occur during pregnancy and the remedies to these will make them more comfortable. Another important aspect is counselling on the discomforts of pregnancy will help the pregnant women distinguish between a normal discomfort and a real problem in the pregnancy This study used one group pre-test post-test pre-experimental design and non-probability purposive sampling technique to select the samples. The results showed that the respondents gained knowledge and practice After the teaching, the pre-test mean score of knowledge was 12.81 and post test score was 16.08 and 12.768. The pre-test mean score of practice was 19.78 and post test score was 23.81 and the value is 12.579. There is no association of the post-test knowledge and practice with the demographic variables. The result concludes that the self-instructional module on the managing of common discomforts during pregnancy is useful to improve the knowledge and practice of the primi mothers.

KEYWORDS

Self-instructional module, common discomforts during pregnancy, primi mothers

INTRODUCTION

Pregnancy is a creative and productive period in the life of a woman. It is one of the vital events, which needs special care from conception to postnatal period. Every mother wants to enjoy the nine months period with the baby inside her; the joyful experience of the pregnancy is not always joyful. Sometimes it is associated with problems of varying severity. Minor disorders are one among those problems, which causes discomfort to the mothers during pregnancy. Although such disorders are often termed as minor disorders they are far from minor for women who experience it.

Many women experience minor ailments during pregnancy. These ailments should be treated properly as they may escalate and become life threatening. Minor ailments may occur due to hormonal changes & accommodation changes of every system of the body. The mother needs knowledge to cope with the experience of pregnancy.

An important nursing responsibility during the prenatal period is educating the client regarding the discomforts, that occur during pregnancy and the remedies to these will make them more comfortable. Another important aspect is counselling on the discomforts of pregnancy will help the pregnant women distinguish between a normal discomfort and a real problem in the pregnancy.

After providing anticipatory guidance, the midwife should remember to evaluate the effectiveness of interventions used to assist with the discomforts of pregnancy. If implemented measures are ineffective, the nurse may need to investigate further to ensure there is not an alternative reason for the present symptoms. These may need appropriate treatment measures.

NEED FOR THE STUDY

Pregnancy is a biological function and an integral part of the social and environmental activity, bringing joy to the mother and family. Most women are healthy during pregnancy and do not have serious health concerns. Mothers may have minor physical symptoms throughout their pregnancy that are considered normal pregnancy changes. It is important for mothers to be aware of symptoms.

Among the musculoskeletal dysfunctions reported by the pregnant women, 64.6% reported calf muscle cramps, 37.1% reported foot pain, and 33.7% experienced low back pain in their third trimester. In the second trimester, common musculoskeletal dysfunctions experienced by the women were that of calf pain (47.8%), low back pain (42%), and pelvic girdle pain (37%). Musculoskeletal dysfunctions and general discomforts very commonly affect the activities of daily living of pregnant women. Understanding the common discomforts during various trimesters of pregnancy will help to develop a comprehensive program for prevention and cure.

OBJECTIVES

- To assess the pre-test and post-test knowledge level of primigravida mothers on managing common discomforts during pregnancy
- To assess the pre-test and post-test practice of primigravida mothers on managing common discomforts during pregnancy
- To associate the level of knowledge and practice on managing common discomforts among primigravida mothers with their selected demographic characteristics.

HYPOTHESIS

H₁: There is a significant difference between pre-test and post-test knowledge and practice of primigravida mothers on managing common discomforts of pregnancy.

ASSUMPTIONS

- Education will help to enhance the knowledge and practice of primigravidamothers regarding managing common discomforts of pregnancy.
- Primi mothers have lack of knowledge on managing common discomforts of pregnancy.

METHODOLOGY

RESEARCH DESIGN

The research design applied for this study was One Group Pre-test Post-test design

VARIABLES OF THE STUDY

Independent Variable:

Self-instructional module regarding managing common discomforts during pregnancy

Dependent Variable:

Knowledge and practice regarding managing common discomforts during pregnancy

SETTING OF THE STUDY

The setting was Index Medical College Hospital & Research Centre, Indore

POPULATION

The population included in this study were all primigravida mothers who attended the antenatal ward

SAMPLE SIZE

Sample size of the study was 60 primigravida mothers who attending outpatient department.

SAMPLING TECHNIQUE

Non probability purposive sampling technique was adopted to select the samples for this study.

SAMPLING CRITERIA INCLUSION CRITERIA

1. Women who are from 26 weeks to 32 weeks of gestation.
2. Women who are all available at the time of data collection.

EXCLUSION CRITERIA

1. Primigravida women diagnosed as medical, surgical or obstetrical condition like gestational diabetes mellitus, pregnancy induced hypertension, etc.
2. Primigravida mothers who are aged below 15 years or above 35 years.

ORGANIZATION OF FINDINGS

The collected data regarding knowledge and practice of primi mothers regarding managing common discomforts during pregnancy were organized, analysed & interpreted as follows:

SECTION A: Distribution of mothers according to demographic variables.

SECTION B: Distribution of mothers according to their pre-test and post-test level of knowledge and practice

SECTION C: Comparison of mean pre and post-test knowledge and practice scores of mothers regarding managing common discomforts during pregnancy.

SECTION D: Association of demographic characteristics with pre and post-test knowledge regarding the managing common discomforts during pregnancy.

SECTION E: Association of demographic characteristics with pre and post-test knowledge regarding the managing common discomforts during pregnancy.

SECTION ±A

DESCRIPTION OF DEMOGRAPHIC CHARACTERISTICS OF MOTHERS

Table-1: Distribution of demographic characteristics of mothers

(N=60)

| S.N | Characteristics | Frequency(f) | Percentage (%) |
|-----|---|--------------|----------------|
| 1. | AGE 18 ± 22 | | |
| | 23 ± 27 | 8 | 13 |
| | 28 ± 32 | 37 | 62 |
| | 33 and above | 10 | 17 |
| 2. | MONTH OF CURRENT PREGNANCY | | |
| | 4 ± 6 month | 39 | 65 |
| | 7 ± 9 month | 21 | 35 |
| | | 5 | 8 |
| 3. | RELIGION | | |
| | Hindu ChristianMuslim | 47 | 78 |
| | | 10 | 17 |
| 4. | EDUCATIONAL STATUS | | |
| | Primary education Higher secondary Graduate and above | 3 | 5 |
| | | 0 | 0 |
| 5. | OCCUPATION | | |
| | Private employee Government employee | 8 | 13 |
| | Housewife | 52 | 87 |
| 6. | TYPE OF FAMILY | | |
| | Joint family Nuclear family | 16 | 27 |
| | | 5 | 8 |
| 7. | PREVIOUS KNOWLEDGE | | |
| | YesNo | 39 | 65 |
| 8. | SOURCE OF INFORMATION | | |
| | Mass media Health personnel | 52 | 87 |
| | Others | 8 | 13 |
| 7. | PREVIOUS KNOWLEDGE | | |
| | Yes | 13 | 22 |
| | No | 47 | 78 |
| 8. | SOURCE OF INFORMATION | | |
| | Mass media | 2 | 3 |
| | Health personnel | 16 | 27 |
| | Others | 42 | 70 |

SECTION ±B

DESCRIPTION OF KNOWLEDGE AND PRACTICE OF MOTHERS REGARDING MANAGING COMMON DISCOMFORTS

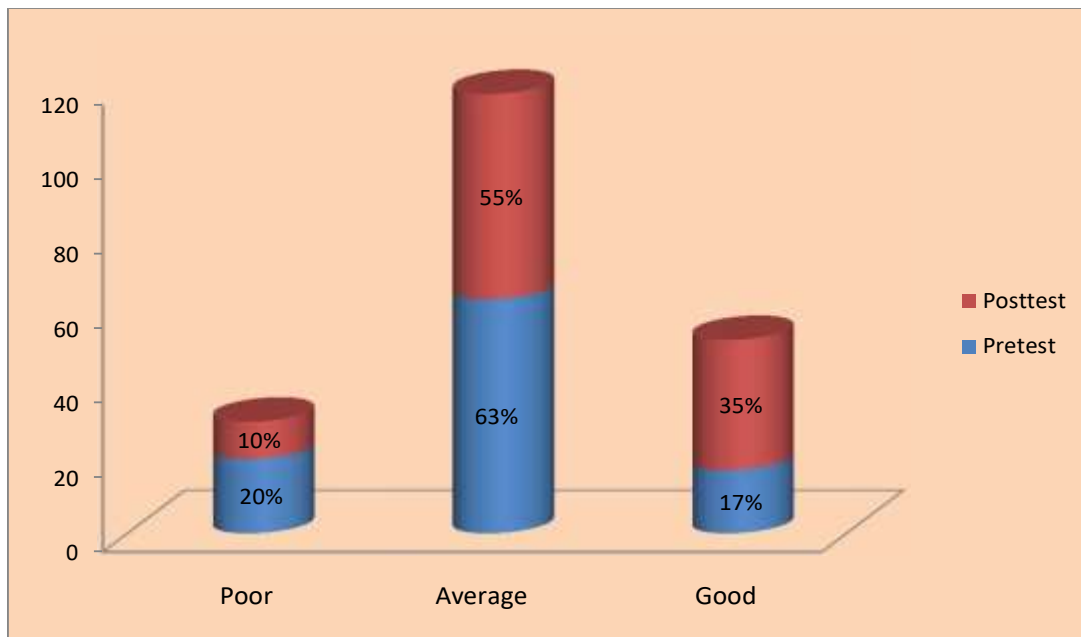
Table-2: Distribution of Pretest Knowledge Scores of mothers regarding managing common discomforts during pregnancy

(N=60)

| S.N | Knowledge | Pretest | |
|-----|-----------|---------------|----------------|
| | | Frequency (f) | Percentage (%) |
| 1 | Poor | 12 | 20 |
| 2 | Average | 38 | 63 |
| 3 | Good | 10 | 17 |

Table-3: Distribution of Posttest Knowledge Scores of mothers regarding managing common discomforts during pregnancy
(N=60)

| S.N | Knowledge | Posttest | |
|-----|-----------|---------------|----------------|
| | | Frequency (f) | Percentage (%) |
| 1 | Poor | 6 | 10 |
| 2 | Average | 33 | 55 |
| 3 | Good | 21 | 35 |



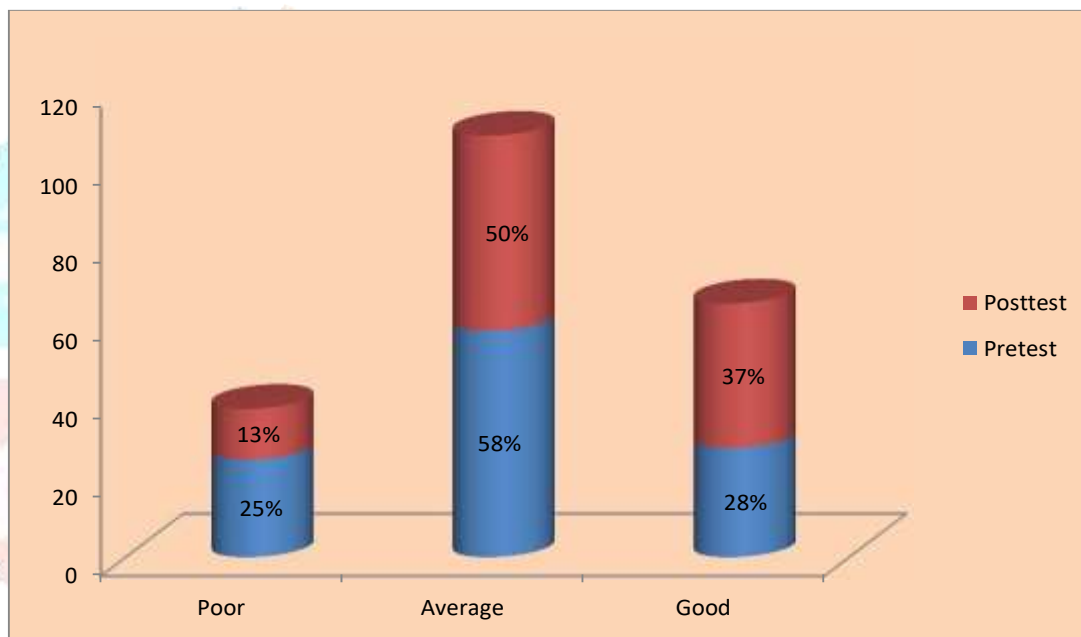
Distribution of mothers according to Pretest and Posttest Knowledge Scores regarding managing common discomforts during pregnancy

Table-4: Distribution of Pretest Practice Scores of mothers regarding managing common discomforts during pregnancy (N=60)

| S.N | Practice | Pretest | |
|-----|----------|---------------|----------------|
| | | Frequency (f) | Percentage (%) |
| 1 | Poor | 15 | 25 |
| 2 | Average | 35 | 58 |
| 3 | Good | 17 | 28 |

Table-5: Distribution of Posttest Practice Scores of mothers regarding managing common discomforts during pregnancy
(N= 60)

| S.N | Practice | Posttest | |
|-----|----------|---------------|----------------|
| | | Frequency (f) | Percentage (%) |
| 1 | Poor | 8 | 13 |
| 2 | Average | 30 | 50 |
| 3 | Good | 22 | 37 |



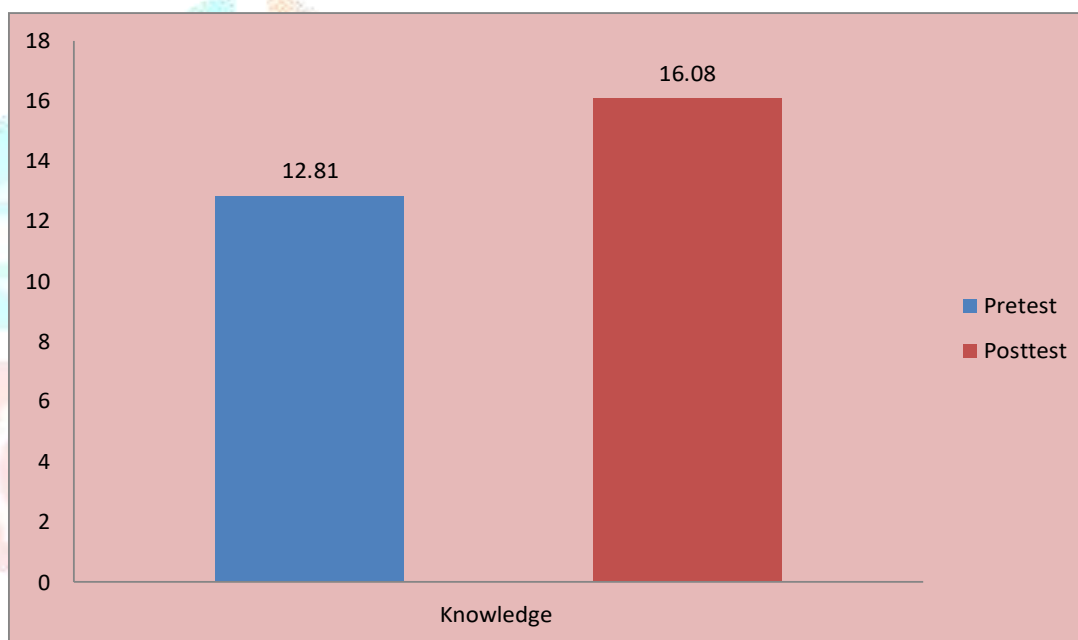
Distribution of mothers according to Pretest and Posttest Practice Scores regarding managing common discomforts during pregnancy

Section C

Table 6: Comparison of the mean pre test and post test knowledge scores of the mothers on managing common discomforts during pregnancy

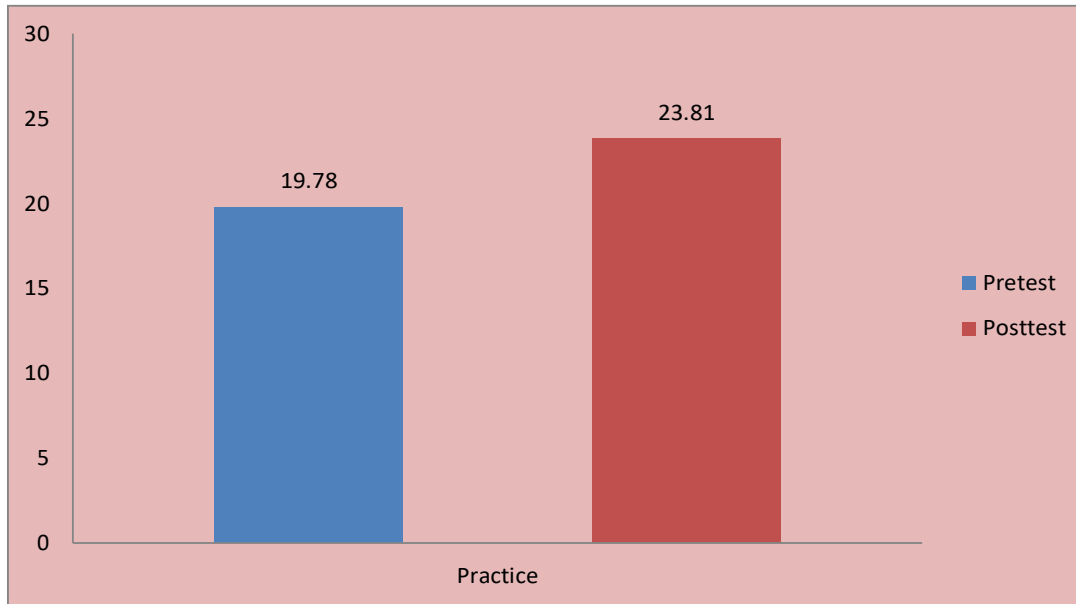
| Sl. No. | Knowledge test | Mean | SD | μ W η YDOXH |
|---------|----------------|-------|------|----------------------|
| 1. | Pre test | 12.81 | 3.49 | 12.768* |
| 2. | Post test | 16.08 | 3.75 | |

*P<0.05 level

**Comparison of the mean pre-test and post-test knowledge scores of mothers regarding the managing common discomforts****Table 7: Comparison of the mean pretest and posttest practice scores of the mothers on managing common discomforts during pregnancy**

| Sl. No. | Practice test | Mean | SD | μ W η YDOXH |
|---------|---------------|-------|------|----------------------|
| 1. | Pretest | 19.78 | 6.07 | 12.579* |
| 2. | Posttest | 23.81 | 6.11 | |

*P< 0.05 level



Comparison of the mean pre-test and post-test practice scores of mothers regarding the managing common discomforts

SECTION D

ASSOCIATION OF DEMOGRAPHIC CHARACTERISTICS OF MOTHERS WITH THEIR POST TEST KNOWLEDGE REGARDING MANAGING COMMON DISCOMFORTS

| S.N | Characteristics | F | df | χ^2 |
|--------------|----------------------------|----|----|-----------|
| 1. | AGE | | | 0.353(NS) |
| | 18 ± 22 | 8 | 3 | |
| | 23 ± 27 | 37 | | |
| | 28 ± 32 | 10 | | |
| 33 and above | 5 | | | |
| 2. | MONTH OF CURRENT PREGNANCY | | | 0.316(NS) |
| | 4 ± 6 month | 39 | 1 | |
| | 7 ± 9 month | 21 | | |
| 3. | RELIGION | | | 0.144(NS) |
| | Hindu Christian | 47 | 2 | |
| | Muslim | 10 | | |
| | | 3 | | |
| 4. | EDUCATIONAL STATUS | | | 1.741(NS) |
| | Primary education | 0 | 1 | |
| | Higher secondary | 8 | | |
| | Graduate and above | 52 | | |
| 5. | OCCUPATION | | | 0.988(NS) |
| | Private employee | 16 | 2 | |
| | Government employee | 5 | | |
| | Housewife | 39 | | |

| | | | | |
|----|--|---------------|---|-----------|
| 6. | TYPE OF FAMILY Joint family Nuclear family | 52 8 | 1 | 0.304(NS) |
| 7. | PREVIOUS KNOWLEDGE YesNo | 13 47 | 1 | 0,152(NS) |
| 8. | SOURCE OF INFORMATION Mass media Health personnel Others | 2 16 42 | 2 | 0.451(NS) |

P<0.05

S = significant NS = not significant

SECTION E

ASSOCIATION OF DEMOGRAPHIC CHARACTERISTICS OF MOTHERS WITH THEIR POST TEST PRACTICE REGARDING MANAGING COMMON DISCOMFORTS

| S.N | Characteristics | F | Df | γ^2 |
|-----|--|--------------------|----|----------------|
| 1. | AGE 18 ± 22 23 ± 27 28 ± 32 33 and above | 8 37 10 5 | | 30.411 (NS) |
| 2. | MONTH OF CURRENT PREGNANCY 4 ± 6 month 7 ± 9 month | 39 21 | | 10.623 (NS) |
| 3. | RELIGION Hindu Christian Muslim | 47 10 3 | | 20.686 (NS) |
| 4. | EDUCATIONAL STATUS Primary education Higher secondary Graduate and above | 0 8 52 | | 10.839 (NS) |
| 5. | OCCUPATION Private employee Government employee Housewife | 16 5 39 | | 20.893 (NS) |
| 6. | TYPE OF FAMILY Joint family Nuclear family | 52 8 | | 10.240 (NS) |
| 7. | PREVIOUS KNOWLEDGE Yes No | 13 47 | | 10.653 (NS) |

| | | | |
|----|-----------------------|----|--------|
| 8. | SOURCE OF INFORMATION | | |
| | Mass media | 2 | 20.477 |
| | Health personnel | 16 | (NS) |
| | Others | 42 | |

P<0.05

S = significant NS = not significant

Figure 8: clearly shows that the post-test practice of the mothers do not have an association with the demographic characteristics

CONCLUSION

- ✓ The study revealed that there is inadequate knowledge and practice regarding managing minor disorders during pregnancy among primi mothers.
- ✓ The study proved that there is a significant improvement in the knowledge and practice level of primi mothers after the self-instructional module.
- ✓ The study proved that there is no significant association between the knowledge and practice level and selected demographic characteristics.

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