EFFECTIVENESS OF 'STRUCTURED EDUCATIONAL PROGRAM' ON KNOWLEDGE OF MINOR AILMENTS DURING PREGNANCY AND ITS MANAGEMENT AMONG PRIMI GRAVIDA MOTHER

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Abstract

Minor disorders are defined as the discomforts associated with the pregnancy such as nausea, Vomiting, back pain, heartburn, pica, constipation, leg cramps, and varicose vein etc. A minor ailment is very common and is reported by 50%-80% of pregnant women. The healthy mother bring forth the healthy child. So many of minor disorders can be controlled and prevented using existing knowledge and affordable tools to the primi gravida mothers. A Quantitative research approach with "one group pretest and posttest design" was used in the study. 40 primi gravida antenatal women were selected by convenient sampling technique from CHC Kalyanpur. Structured Knowledge Questionnaire, were used for data collection. Data was collected by interview method. The post test was conducted after 7 days of intervention. It indicates that 22.5% of the primi antenatal mothers had poor knowledge and 77.5% has good knowledge before structured teaching program. After structured teaching program majority (70%) of primi antenatal mother had reported good knowledge and remaining 30% primi antenatal mother were reported excellent knowledge in post test. The mean posttest knowledge score (15.87±4.67) was significantly higher than mean pretest knowledge score (08.12±2.96). t=8.10, $p<0.05$.There were no significant association found between knowledge and demographic variables like are, religion, educational qualification, monthly income, type of family, period of gestation. It was concluded that structured educational programme was effective in improving the knowledge of primi gravida antenatal women. Further studies can be done on the knowledge and practice of women in rural and urban areas.

Key words: Assess Effectiveness, Knowledge, Minor ailments, structured educational program, primi gravida mother.

Introduction

Pregnancy is 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 nine month period with the baby inside her; the joyful experience of pregnancy is not always joyful.[1]

Pregnancy is not a disease but it is true to say that a pregnant woman does not feel as normal as when not pregnant: there are some pregnancy related complaints which, when excessive need to be treated most of the common minor ailments can be treated[2]. Nothing can compare to wonder of feeling a new life growing inside her yet with the wonder comes number of minor but distressing health complaints also accompany, such a morning sickness, heart burn, constipation, ankle edema, backache and so on. What can the expectant mother use that is safe for her unborn child as well as for herself[3].

The investigator hypothesized that after giving the intervention there will be improvement in the knowledge on minor ailments during pregnancy and its management among primi gravid mothers.

Objective of the study

1. To determine the effectiveness of structured educational program on the knowledge of primi gravida mother.
2. To determine the association between demographic variable and knowledge score.

Hypothesis:

H₁: The mean post test knowledge score of primi gravida mothers regarding management of minor ailments will be significantly higher than their mean pretest knowledge score

H₂: There is a significant association between the knowledge score and selected demographic variables.

Material and methods used:

Research design: Pre experimental Quantitative design was used for the study.

Research approach: One group pre teat post test approach was adopted for the present study.

Setting of the study: The study was conducted in community health centre (CHC), Kalyanpur, Kanpur, Uttar Pradesh

*Population***:** Population for the present study was all primi mothers.

Sampling and sample size: Non-probability convenient sampling technique was used to select 40 primi mothers who fulfilled the sampling criteria for the present study.

Variables:

*Research variable***:** In this present study knowledge of primi-mother was the independent variables.

*Demographic variable***:** Age, religion, education, occupation, monthly income, type of family. Duration of pregnancy

Sampling criteria

Inclusion criteria

* Primi-mother who were willing to participate in the study.
* The mother who knows Hindi.
* Participant who were available during the period of data collection.

Exclusion criteria

1. Women who diagnosed with medical problems and taking treatment

Development and description of tools used in the study

Structured knowledge questionnaire used for data collection. The tool consists of two sections:

Section-A: Consist of socio-demographic data including age, education, occupation, religion, type of family, per capita income, duration of pregnancy

*Section-B***:** Consist of 30 closed ended questionnaires for assessing the knowledge level regarding management of minor ailments.

Data collection procedure

Data was collected from 23-03-2017 to 30-03-2017. Prior to the data collection, permission was obtained from the MOIC CHC Kalyanpur and Principal of Saaii Collage of Nursing, to conduct the study. Prior to interview each mother was explained about the purpose of the study. Written consent taken from each mothers. Each day an average of 10-12 mothers were interviewed. Average time spend for each interview was approximately 15-20minutes.

40 primi mothers were selected by using non-probability convenient sampling technique.

Plan for data analysis

The data was analyzed on the basis of objectives of the study. The obtained data was analyzed by using descriptive and inferential statistics. The demographic data would be analyzed in term of descriptive statistics. The data analysis was follows.[3]

* Organized data in a master sheet or computer.
* Personal data analyzed in term of frequencies and percentage.
* Relationship between the variables and association was analyzed by using inferential statistics.

Data analysis and major findings

Section 1: Demographic data

* Majority of mothers were in the age group of 22-25 years (55%) ,(25%) were in the age group of 18-21 year and remaining (20 %) were between in the age group of 26-29.
* Majority (32.5%)of mothers were in the secondary school education, 27.5% were in the no formal education, 22.5% were in the primary school education, 17.5% were both graduate and postgraduate.
* Majority of primi mothers (82.5%) were Hindu, 17.5% were Muslims.
* Majority of occupation reveals that 67.5% of mothers were home maker.
* Majority 75% of mothers were from nuclear family, 10% from joint family
* Majority 42.5% of mothers have the income of between5001-10000, 37.5% of mothers have the income of below 5000/-, 20% have the income between 10001- 15,000-/.
* Majority (72.5%) of women were in first trimester of pregnancy. 17.5% of women in second trimester of pregnancy and 10% of women in third trimester of pregnancy.

Section 2: Level of knowledge score among primi mothers regarding management of minor ailments

* Among 40 primi mothers, Majority of the primi mothers 22.5% had medium knowledge and 77.5% had good knowledge in pre test. In post test majority of primi mothers 30% had reported excellent knowledge and remaining 70% primi antenatal mothers were reported good knowledge.

Table no:2   Knowledge level regarding minor ailments of pregnancy among the primigravida mothers in Pre & Post Test   N=40

Knowledge level	Pretest		Posttest	
	Frequency(n)	Percentage (%)	Frequency(n)	Percentage (%)
Poor	09	22.5%	0	0
Good	31	77.5%	28	70%

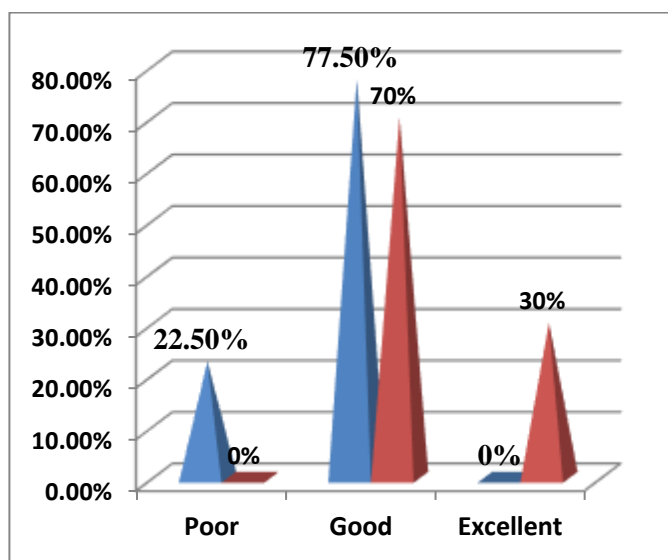|				
Excellent	0	0	12	30%
Total	40	100%	40	100%

Figure No-1 Bar diagram shows percentage distribution of primi gravida mothers in Pre & Post Test according to their Knowledge level

Table no 3: Comparisons of Pre Test and Post Test Knowledge Scores of prime gravida mothers.

N=40

Sl No.	Knowledge Aspect	Range	Mean± SD	t Value	Df	P Value
1.	Pre-test	04-17	8.12±2.96	8.10*	39	<0.05
2.	Post test	09-26	15.87±4.67			

Comparisons of Pre Test and Post Test Knowledge Scores of primi gravida mothers.

The pre-test mean was 8.12±2.96 which was increased to 15.87 ±4.67 in post-test. Pair t-test performed to find them difference between pre-test and post-test knowledge scores. Calculated 't' value 8.10 was greater than that of table value, p<0.05 and df=39.

Thus it could be inferred that gain of knowledge was not by chance but because of intervention.

Therefore the null hypothesis was rejected and research hypotheses were accepted.

Section-3: This section deals with association between the demographical variables and knowledge score of subjects on management of minor ailments.

There was no significant association between knowledge score and selected demographic variables like age in year, educational status, occupation, religion, and family income, types of family, duration of pregnancy and knowledge scores at 0.05 level of significant.

Conclusion

From the findings of present study, it can be concluded that:

1. The percentage distribution of primi mother according to their demographic variable:

55% of mothers were the age group of 22-25 year (highest). 32.5% of mothers have secondary education.67.5% of mothers were homemaker.82.5% of mothers were Hindu. 55% mothers were from nuclear family and 42.5% of mothers having family monthly income between 5000/- 10000/-

2. Percentage distribution of prim mothers according to their knowledge score:

In post test majority of primi mothers 30% had reported excellent knowledge and remaining 70% primi mothers were reported good knowledge.

3. The mean post-test knowledge score (15.87±4.67) of primi mothers on knowledge of minor ailments and its management was significantly higher than their pre-test knowledge (8.12±2.96) scores

4. Association between demographic variables with their knowledge score:

There was no significant association observed between demographic variables such as: age, in year, educational status, occupation, religion, and family income, types of family, duration of pregnancy and knowledge scores the level of p<0.05[5].

Recommendation

1. This study can be replicated by using random sampling in selection of samples on a larger population.
2. A study can be carried out in terms of knowledge, and practices on management of minor ailments.
3. A survey can be conducted to find out the prevalence of minor ailments among pregnant women.
4. Present study can be done on working women.
5. Similar study can be done with longer sample size.
6. Comparative study can be done between rural and

LIMITATION

☐Since the study was conducted among antenatal women residing in urban area therefore it will be difficult to

generalize the finding among women residing in rural area.

☐The study is limited to primigravida mother who are present at the time of data collection.

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