



ISSN: 2230-9926

Available online at <http://www.journalijdr.com>

IJDR

International Journal of Development Research
Vol. 10, Issue, 02, pp. 33956-33958, February, 2020



RESEARCH ARTICLE

OPEN ACCESS

A PRE-EXPERIMENTAL STUDY ON EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE OF MINOR DISORDERS DURING PREGNANCY AMONG PRIMI GRAVIDA MOTHERS IN SELECTED HOSPITAL AT JALANDHAR CITY, PUNJAB

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ARTICLE INFO

Article History:

Received 18th November, 2019
Received in revised form
19th December, 2019
Accepted 02nd January, 2020
Published online 27th February, 2020

Key Words:

Structured teaching programme, knowledge, Primi gravida, Pregnancy, and minor disorders.

ABSTRACT

Pregnancy is a wonderful mile stone in the life of a woman. It is the origin of human life. The news of pregnancy excites a woman; she plans everything for the arrival of the new baby with a lot of care and happiness. The pregnancy often result in a number of minor disorder such as Nausea and vomiting are set to affect over 50 percent of pregnancy. The common minor disorders during pregnancy are nausea vomiting, heart burn, constipation, back pain, leg cramps, frequency of micturition, Leukorrhoea etc. Every system of the body is affected by pregnancy the mother needs knowledge to cope with the experience of pregnancy. She also needs knowledge when she presents with discomforting or worrying symptoms. The objective of study was to assess the pretest knowledge of minor disorders during pregnancy among primi gravida mothers to compare pretest and posttest knowledge of minor disorders during pregnancy among primigravida mothers. To determine the relationship of pretest and posttest knowledge of minor disorders during pregnancy among primigravida mothers with selected variables. The study sample consist of 60 primi gravid mothers. The data was analyzed by inferential statistics and presented through tables and figures.

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Citation: MEIRELES, Gláucia Oliveira Abreu Batista; VANDENBERGHE, Luc; REIS, Meillyne Alves dos et al. 2020. "The experience of stress in the last year of nursing school", *International Journal of Development Research*, 10, (01), 33956-33958.

INTRODUCTION

The prenatal period is a time of physical and psychological preparation of birth and parenthood. Prenatal health supervision permit the diagnosis and treatment of pre-existing maternal disorder or disorder that may develop during pregnancy in India most of the mothers have poor knowledge about antenatal and intranatal care available to them. Illiteracy, poverty and lack of communication and transportation facility make them vulnerable to serious consequences, even though they are prominent care providers with the family the fundamental right health is denied to them in most part of the world. Nausea is the sensation of being about to vomit. Vomiting, or emesis, is the expelling of undigested food through the mouth. As many as 9 out of 10 mums-to-be experience nausea, with or without vomiting. Nausea in pregnancy is actually a good sign because it shows that pregnancy hormone levels are high enough to allow your pregnancy to "take hold", and for your baby to develop and grow normally. Some women who suffer no nausea at all may not have high enough levels of hormones for their pregnancy

to continue, although others are lucky and enjoy a nausea-free pregnancy. Heartburn is most troublesome at about 30th-40th week of gestation because at this stage the stomach is under pressure from the growing uterus. The advice varies according to the severity of the condition if the heartburn is occasional the reflux can be prevented by avoiding bending and kneeling while doing household chores. Constipation is due to muscle relaxant effect of progesterone causing decrease peristalsis of the gut. It sometime due to taking the iron tablets. The woman may be advised to increase the intake of water and add green leafy vegetables, fruits and bran cereals to her diet. Exercise every day. Simple activities, such as daily walks, can be effective. Eat high-fiber foods. Frequency of micturition occurs in the first trimester when there is pressure of the gravid uterus on the urinary bladder. Urinary tract infection should always be ruled out before attributing the frequency to pregnancy. Reassurance is sufficient some mothers complain of generalized itching which often starts over the abdomen. This is thought to have some connection with the liver's response to the hormones in pregnancy and with raised bilirubin levels. It clears soon after the baby is born and

comfort can be gained from local applications. An antihistamine is often prescribed. Leukorrhoea is the term used for the increased white non-irritant vaginal discharge in pregnancy the mother finds the discharge disturbing it is helpful to offer simple advice of personal hygiene. Frequent washing of the vulva (3-4 times a day) with plain water would be sufficient. Back pain is the most frequently reported muscular-skeletal problem during pregnancy. High muscle fatigability has been associated with back pain in the general population. Specific causes remain unknown. However, treatment involves analgesics, exercise and physiotherapy. Cramps are unpleasant, often painful sensations caused by muscle contraction or over shortening. Common causes of skeletal muscle cramps include muscle fatigue, low sodium, and low potassium. Smooth muscle cramps may be due to menstruation or gastroenteritis. Nocturnal leg cramps may sometimes be relieved by stretching the affected leg and pointing the toes upward. Quickly standing up and walking a few steps may also shorten the duration of a cramp. Minor disorders are only minor as much as they are not life threatening. A minor disorder may escalate and become serious complication of pregnancy, where sickness develops into hyperemesis gravidarum, a condition which began, as a minor disorder has life threatening abnormality. Today nurses and midwives have an important role in health promotion, being the health care manufactures, the mid wife is passed to a unique function of identifying and providing high standard of antenatal care that contribute to the maintenance of good health and minimize the severity of disease one of the factor that contribute maternal mortality and morbidity is lack of recognition of danger signals by women.

MATERIALS AND METHODS

Research Approach: A Pre-Experimental research approach for the present study was used, as it aimed to study on effectiveness of structured teaching programme on knowledge of minor disorders during pregnancy among primi gravida mothers.

Research design: A pre- experimental one group pre-test and post-test design is used to evaluate the effectiveness of structured teaching programme on knowledge of minor disorders during pregnancy among primi gravida mothers.

Independent variables Structured teaching programme

Dependent variables: Dependent variable of study is knowledge of minor disorders during pregnancy among Primi gravida mothers.

Research Setting: The study was conducted at Punjab Institute of Medical Sciences hospital. Jalandhar City.

Target Population: The present study population consisted of primi gravida mothers.

Sample & Sampling Technique: The sample size used in this study was 60 subjects. Convenience sampling technique was employed.

Development of tool & Description of the tool: The tool was constructed to assess the effectiveness of structured teaching on the knowledge of minor disorders among primi gravida mothers in selected hospital. Extensive review of literature i.e.

books, journals, internet, investigators, professional experience, expert opinion, provided basis for the construction of the Part I- Socio demographic variables, part II- structured questionnaire.

Part-I: Socio Demographic Variables: This part of tool consist of items pertaining to socio demographic profile of subjects such as age in years, type of family, education, occupation, income per month, religion, gestational age and mass media exposure.

Part-II: Structured Questionnaire: This part consists of 30 questionnaire each questionnaire has four options. Out of four option one option is right which has been given one mark where else rest three were wrong and marked "zero". The total score obtained by adding up the score of each 30 questionnaires. The highest score of each questionnaire was one and highest possible total score of whole questionnaire is 30 and the lowest is zero. The questionnaire was categorized into different minor disorders such as introduction, definition, signs and symptoms, management.

Criterion measures for knowledge:

Level of Knowledge	Score
GOOD	21-30
AVERAGE	11-20
POOR	0-10

Content Validity of Tool: The preliminary drafting of tools was done after extensive review of literature. It was determined by the expert's opinion on relevance of the items. The tool was given for the validity to experts of Obstetrical and Gynecological Nursing, Community Health Nursing, Child Health (Pediatric) Nursing. There were 10 total external experts. As per the guidance and suggestions of experts, necessary amendments and corrections were made. Modifications and corrections were made in statement of questions and their opinions. The tool was then translated in Punjabi. The lesson plan was also prepared for giving teaching to the primi gravida mothers on minor disorders during pregnancy and was translated in Punjabi.

Ethical Considerations: Written permission was taken from Principal of SGL Nursing College, village Semi, Jalandhar. Written Permission was taken from ethical clearance committee SGL nursing college, village semi Jalandhar. Prior information and explanation was given to concerned higher authority and samples.

Reability of the Tool: Reability of structured multiple choice questionnaire was computed by applying split-half method and was calculated by Karl Pearson's coefficient of correlation. The Reability of the structured multiple choice questionnaire was found 0.92. Hence, the tool was reliable.

Plan of Data analysis: Data analysis and interpretation was the most important phase of the research process. It involves compilation, editing, coding, classification and presentation of data. Data was analyzed by Descriptive statistics (mean, standard deviation frequency, percentage, correlation coefficient, split half method) and Inferential statistics was done by using t-test, and ANOVA. Table 2 depicts distribution of subjects as their Pre test knowledge score 27 (45 percentage) primi gravida mothers had good knowledge followed by 33 (55 percentage) primi gravida mothers with

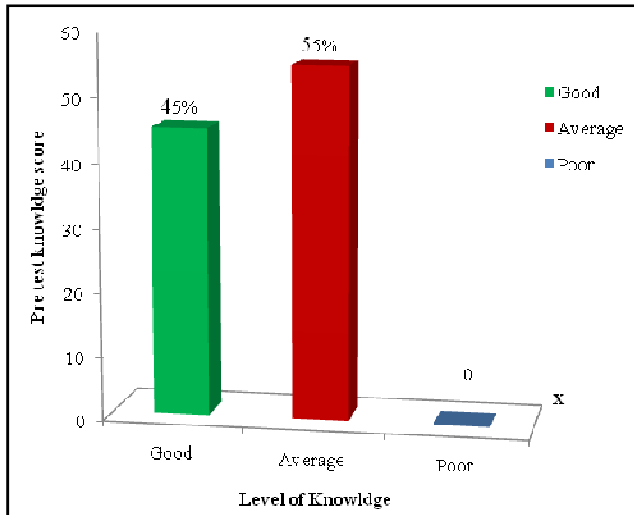
average knowledge and no primi gravida mothers was with poor knowledge.

Table 2. Frequency and percentage of pre test knowledge score in terms of level of knowledge were shown in table 2

N=60

Level of knowledge	Pre test knowledge score N	(%)
Good	27	45%
Average	33	55%
Poor	0	0%

Maximum score=30
Minimum score=0



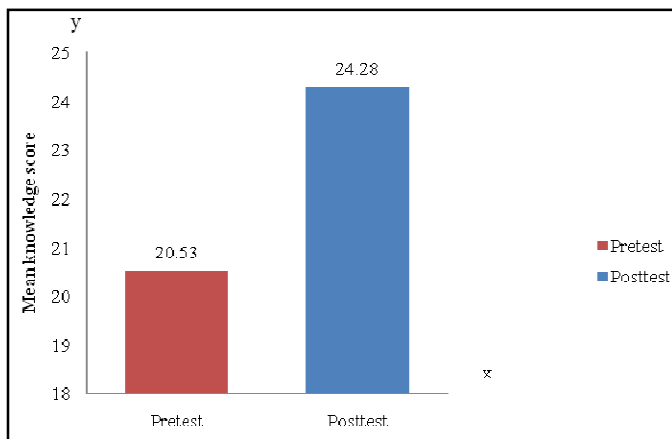
Objective: To compare pre and post test knowledge of minor disorders during pregnancy among Primi gravida mothers.

Table 4.

N=60

Test	n	Mean	SD	Value T
PRE-TEST	60	20.53	2.91	7.9331*
POST-TEST	60	24.28	2.22	

Maximum score=30
*S-significant at p <0.005
Minimum score=0



The data presented in the table 4 shows that the mean percentage of the knowledge score of post test (20.53) was higher than pre test (24.28). It means the knowledge score increased after structured teaching programme.

DISCUSSION

Based on the findings from the analysis of the data and review of literature discussion is done according to the objectives written below

The first objective of the study is to assess the pre test knowledge of minor disorders during pregnancy among Primi gravida mothers. The findings of present study reveals that in the pre test, majority of 55% of primi gravida mothers had adequate knowledge and 45% of primi gravida mothers had average knowledge and none of them had inadequate knowledge during the pre test. The second objective of the study is to assess the post test knowledge of minor disorders during pregnancy among Primi gravida mothers .During the 3rd Trimester among 60 primi gravida mothers' had 19.16% knowledge and after post test it was increased up to 24.37%. The third objective of the study is to compare pre test and post test knowledge of minor disorders during pregnancy among primi gravida mothers. The major finding of the study was that primi gravida mothers had no poor knowledge. The mean score post test was (24.53%) were significantly highly (P<0.005) than the mean pre test score (20.53%). The fourth objective of the study is the Relationship the level of knowledge of primi gravida mothers with selected socio-demographic variables. The findings of the present study reveal that the pre test and post test mean knowledge score was highest in 28-32 year of primi gravida mothers (21.52, 24.94).

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