EPRA International Journal of

Multidisciplinary Research

**Monthly Peer Reviewed & Indexed
International Online Journal**

Volume: 5   Issue: 3 March   2019

AN PRE-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF 'STRUCTURED EDUCATIONAL PROGRAM' ON KNOWLEDGE OF MINOR AILMENTS DURING PREGNANCY AND ITS MANAGEMENT AMONG PRIMIGRAVIDA MOTHER IN COMMUNITY HEALTH CENTER, KALYANPUR, KANPUR, UTTAR PRADESH

Mr. Senthil Thirusangu
Assistant Professor,
Rama Nursing College (Rama University)
Kanpur,
Uttar Pradesh .

Mr. Maheshwaran.K
Psychiatric Nurse,
District Mental Health Programme Unit,
Government Hospital, Sasaram,
Rohtas-District
Bihar

Mr. Deepak Kumar Singh
Nursing Tutor,
Gnm Institute Anugrah Narayayan Magadh
Medical Collegee,
Gaya-District
Bihar-823001

Mr. P. Prakash*
Assistant Professor,
College of Nursing,
Pondicherry Institute of Medical Sciences,
Puducherry. *Corresponding Author

ABSTRACT

"An pre-experimental study to assess the effectiveness of 'structured educational program' on knowledge of minor ailments during pregnancy and its management among primi gravida mother in community health center, Kalyanpur, Kanpur, Uttar Pradesh." Objectives 1. To determine the effectiveness of structured educational program on the knowledge of primi gravida antenatal women. 2. To determine the association between demographic variable and knowledge score Methodology 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 Results 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 Conclusion 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 programme, primi gravida women.*

INTRODUCTION
Background of the study
The news of pregnancy excites a woman; she plans everything for the arrival of the new baby with a lot of care and happiness. She plans to eat healthy and also alters her lifestyle to suit her baby best.[1]

The wait to bring a new life surfacing out of our own body is the one that all of us aspire to experience at least once in our life time. This period is called pregnancy.[2] 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.[3]

Need of the study
Pregnancy is a biological function and an integral part of the social environmental, bringing joy to the mother and family. This can turns into a tragedy where a woman loses or suffers a catastrophic herself.[9]

Female literacy rate in India is 39.42% while in male is 63.86%. Women are not aware of their fundamental rights. They are married in early stage. Their goal is to fulfill their husband's desire. Being married early they have no knowledge as to how progresses, the changes occurring and their remedial measures. In developing countries, once the girl reaches the age of puberty, the greatest threat to her life is pregnancy and child birth. In India 30-50% of teenage girls are married. In Bangladesh, 90% of the girls are married before the age of 18 years and 33% are of mother of two children before the age of 19 years.[10]

Statement of problem
"**An pre-experimental study to assess the effectiveness of 'structured educational program' on knowledge of minor ailments during pregnancy and its management among primigravida mother in community health center, Kalyanpur, Kanpur, Uttar Pradesh.**"

Purpose of the study
The main purpose of study was to assess the effectiveness of a structured educational program about the management of minor ailments by assessing knowledge of pregnant women and to make them aware about the management of minor ailments.

Objectives
The objective of the present study were-
1) To determine the effectiveness of structured educational program on the knowledge of primigravida antenatal mother.
2) To determine the association between demographic variables and knowledge score.

Operational definitions
❖ **Assess**: It refers to measure the knowledge of primigravida women regarding selected minor ailments
❖ **Effectiveness**: In this study, effectiveness refers to determine the extent to which the structured education program has achieved the desired effect as expressed by gain in Post-test knowledge scores.
❖ **Knowledge:** It refers to verbal response of the prim gravida antenatal women regarding knowledge of minor ailments and its management during pregnancy as measured by knowledge questionnaire
❖ **Structured education program:** It refers to the planed information given to the primigravida antenatal mother regarding knowledge of minor ailments and its management.
❖ **Minor ailments:** It refers to minimum discomforts or illness of pregnancy that are usually the result of normal physiological changes due to pregnancy. It includes leg cramps, heartburn, urinary incontinence, pica, backache, nausea and vomiting.
❖ **Primigravida mother**: It refers those mother who are pregnant for the first time.

Hypothesis-
Hypothesis is tentative prediction or explanation of the relationship between two variables.
H_1 – The mean post-test knowledge score of pregnant women regarding management of minor ailments will be significantly higher than their mean pretest knowledge score
H_2 – There will be significant association between posttest knowledge score and selected demographic variable.

Variables-
Variables are an attributes of a person or object that varies on different values. The variables in present study includes: -
➢ **Independent variable**- Structured educational program regarding knowledge of minor ailments and its management.
➢ **Dependent Variable**- Knowledge level of primigravida antenatal mother.
➢ **Demographic variable-** Age, Religion, Occupation, Educational qualification, Monthly income, Type of family, Period of gestation.

Assumption-
The study based on following assumption: -
❖ All primigravida mother may have some knowledge on common minor disorder of pregnancy.

❖ Structured teaching program will help to improve the knowledge and practice of Primigravida mothers regarding management of minor aliments of pregnancy

☐ Sample are true representative of population

Delimitations-

The study was delimited to :- o The pregnant women visiting in CHC o Primigravida antenatal mother o Data collection method was delimited to interview schedule only.

METHODOLOGY

Research Approach

In view of the nature of problem selected for the study and objectives to the accomplished,

"Quantitative research approach" was considered to be an appropriate research for the present study.

Research Design

The research design refers to a researcher's overall plan for obtaining the answer to the research hypothesis.

Selection of research design depends on the purpose and the variable under study. The research design selected for the present study was "**one group pre-test post-test design**". One group pre-test post-test design was used to assess the effectiveness of an educational programme out the knowledge of minor ailments and its management's.

The research selected for the present study was "One group pre-test post-test design".

$$O1 \quad X \quad O2$$

- O_1- Assessment of knowledge on 1st day
- X- Intervention (educational program on prevention of minor disorder) on 1st day ☐ O_2- Assessment of knowledge after 7th day of intervention.

Variables

Variables are an attributes of a person or object that varies or takes on different values. The variables in present study included:

- **Independent variable**- Structured educational program
- **Dependent Variable**- Knowledge level of primigravida antenatal mother.
- **Demographic variable**- Age, Religion, occupation, Educational qualification, Monthly income, Type of family, period of gestation.

Hypothesis

A hypothesis is a statement of the researcher's expectation about relationship between variable under investigation. In other word, it is prediction of expected outcome. The study aim to test the

hypothesis. All hypothesis will be tested at $p<0.05$ level of significance.

H_1– The mean post-test knowledge score of pregnant women regarding management of minor ailments will be significantly higher than their mean pre-test knowledge score

H_2 – There will be significant association between post-test knowledge score and selected demographic variable.

Setting of the study

The setting selected for the main study data collection was community health centre (CHC), Kalyanpur, Kanpur in Uttar Pradesh.

Population

Population denotes the entire group of the subject who meet the sampling criteria.

In the present study the study population consists of primigravida antenatal mothers.

Sampling technique

Purposive sampling technique was used to select 40 primigravida pregnant women

Sample and sample size

Sample is a portion of population that has been selected to represent the study population. The total sample size for the study was 40 primigravida antenatal women

Sampling criteria

Sample is a portion of population that has been selected to represent the study population. The sampling framework was structured by the researcher. The criteria used for selection of study subject included

Inclusion criteria

Women who ware fulfilling the following criteria were included in the study.

- ❖ Women who were willing to participate.
- ❖ Women who could understand and speak Hindi language ☐ Women who were available during data collection period.
- ❖ Women who were primigravida.

Exclusion criteria

Women who were excluded from the study those were:

☐ Who were not willing to participate

Development of the tools

In the present study data collection tool was divided into 2 parts-

- ➤ **TOOL 1st**- socio demographic variable consist of age, occupation, religion, education status, total family income, type of family, educational status, period of gestation.
- ➤ **TOOL 2nd**- structured knowledge questionnaires consisted of 30 questions related to minor disorder to assess the knowledge of primi gravid antenatal women.

Data collection procedure

Data collection for the research study was done by conducting structured interview consisting of demographic variables, knowledge questionnaire regarding knowledge of minor ailments and its management.

Step I- Written permission was taken from the MOIC CHC Kalyanpur.

Step II- Setting was selected conveniently.

Step III- Purpose and need for the study was explained to the primigravida antenatal women. **Step IV-** Sample was assigned for Structured Interview Schedule for Research study data collection.

Step V- Structured interview was conducted and pre-test was done.

Step VI- Intervention was given with the help of charts, flash cards. Definition, causes, sign and symptoms, and management of minor ailments was explained to the research participants. **Step VII-** Structured interview was conducted and post-test was conducted after the 7 days of intervention.

The data was collected from CHC Kalyanpur, Kanpur from 23 March to 30 March 2017 after obtaining permission from MOIC CHC Kalyanpur. All the subjects who fulfilled the inclusion criteria were included in the study. A total 40 primi gravida antenatal women were selected for data collection in community area. The purpose of the study was explained to the subjects. A code number was given to each sample.

Through out the data collection period the investigators was present in the setting. All the data collection was collected by investigators only.

DATA ANALYSIS INTERPRETATION
Organisation of study finding: -

The data obtained were e entered into the master sheet for tabulation and data was organized and presented under the following section.

SECTION 1- Demographic profile of primigravida antenatal mother.

SECTION 2- Knowledge regarding minor ailments of pregnancy among the primigravida antenatal mother.

SECTION 3- Evaluate effectiveness of structured teaching program by comparing pre-test post-test knowledge level regarding minor ailments of pregnancy among primigravida antenatal mothers.

SECTION 4- Association of post-test knowledge scores of primigravida antenatal mother with selected demographic variable

SECTIONI: DISCRIPTION OF SOCIO DEMOGRAPHIC CHARACTERISTIC OF PRIMI ANTENATAL MOTHERS

Frequency & percentage distribution of the study subjects

Table: 1 N=40

S.No.	Demographic Characteristics	Primigravida women	
		Frequency(N)	**Percentage (%)**
1.	**Age in years**		
	18-21 years	10	25%
	22-25 years	22	55%
	26-29 years	8	20%
	30-33 years	0	0%
2.	**Religion**		
	Hind	33	82.5%
	Muslim	07	17.5%
	Christian	00	0%
	Others	00	0%
3.	**Educational qualification**		
	Illiterate	11 9	27.5%
	Primary	13	22.5%
	Secondary & above	7	32.5%
	Graduate & postgraduate		17.5%
4.	**Occupation**	27 1	
	Housewife	12	67.5%
	Government employee		2.5%
	Private employee		30%
		15	
5.	**Family income**	17	
	5000 and below	8	37.5%
	5001 to 10000	0	42.5% 20%
	10001 to 15000		0%
	15001 to Above		
		30	
6.	**Type of family**	10	75%
	Nuclear		25%
	Joint		
		29	
7.	**Duration of pregnancy**	7	72.5%
	First trimester	4	17.5%
	Second trimester		10%
	Third trimester		

SECTION II: KNOWLEDGE LEVEL REGARDING MINOR AILMENTS OF PREGNANCY AMONG THE PRIMIGRAVIDA ANTENATAL MOTHERS

Knowledge level regarding minor ailments of pregnancy among the primigravida antenatal mothers in Pre & Post Test.

Table. 2   *N=40*

Knowledge level	Pre test		Post test	
	Frequency	Percentage	Frequency	Percentage
Poor	09	22.5%	00	00%
Good	31	77.5%	28	70%
Excellent	00	00%	12	30%
Total	40	100%	40	100%

SECTION III: COMPARISONS OF PRE-TEST & POST-TEST MEAN PRACTICE SCORES OF THE STUDY SUBJECTS.

Comparisons of Pre Test and Post Test Knowledge Scores of primi antenatal others.

Table. 3   *N=40*

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

Paired sample's test, df-39, table value2.02, p<0.05

SECTION IV: ASSOCIATION OF POST TEST KNOWLEDGE SCORES OF PRIMI ANTENATAL MOTHERS WITH SELECTED DEMOGRAPHIC VARIABLES

Association of post-test knowledge scores and selected demographic variables

Table. 4   **N=40**

Demographic variables of the primi antenatal mothers		Total	Chi square	Inference
Age in year	19-21 years	12	0.327 DF=6	NS
	22-25 years	27		
	26-29 years	1		
	30 & Above	0		
Religion	Hindu	33	1.22 DF=6	NS
	Muslim	7		
	Christian	0		
	Other	0		
Educational	Illiterate	10	3.61 DF=4	NS

qualification	Primary	11		
	Secondary & above	11		
	Graduate & postgraduate	8		
Occupation	Housewife	30	1.02 DF=4	NS
	Govt. Employee	1		
	Private Employee	9		
Monthly Family Income	Less than 5000	13	0.79 DF=6	NS
	5001 to 10000	20		
	10001 to 15000	7		
	15001 & above	0		
Type Of Family	Nuclear	28	0.04 DF=2	NS
	Joint	12		
Duration Of pregnancy	First Trimester	29	2.51 DF=4	NS
	Second Trimester	4		
	Third Trimester	2		

Table. 4: Shows that, there were no significant association of post-test knowledge score with demographic variables such as-age, religion, education status, occupation, family income, period of gestation, type of family

Major finding of the study

The major finding of the study were-

Sociodemographic variable of study participants

Finding of the present study showed that-

- Most of (55 %) primigravida mother of between the (22-25) age group
  - Majority of (72.5 %) primigravida mother of between the first trimester
  - Most of them (72.5%) were educated and (27.5%) was uneducated.
- Majority of women (67.5%) were homemakers.
- Most of the participants (75%) were from nuclear family.

- Most of the participants (42.5%) were 5001 to 10000 family income. Effectiveness of structured educational program on knowledge level of primigravida antenatal mother

Paired sample 't' test was computed to examine the mean difference in pre-test and post-test knowledge scores. Finding of the study showed there was increase in the post test mean (15.87 ±4.67) as compared to pre-test (8.12±2.96). The calculated 't' value was 8.10. The obtained p value was <0.005 which was statistically significant at p<0.05 level. The knowledge scores were increased in post-test. So it was inferred that gain in knowledge was not by chance but because of intervention.

Association of the pre-test knowledge score with selected demographic variables

X^2 (chi-square) was performed to find the association between knowledge score and demographic variables. There was no association between knowledge and demographic variables like age, religion, occupation, educational qualification, monthly income, type of family, period of gestation.

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 aliments among 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 urban women regarding knowledge related to management of minor ailments.

Conclusion
The awareness programme was effective in increasing the knowledge of minor aliments during pregnancy and its management among primigravida women. The mean post-test knowledge score (15.87±4.67) of primigravida antenatal women on knowledge of minor ailments and its management was significantly higher than their pre-test knowledge (8.12±2.96) scores. Thus indicating gain in knowledge was because of intervention.

Summary
This chapter dealt with the summary of the study, discussion, major findings, conclusion, and implication of the study on the various nursing areas, limitation and recommendation.

REFERENCE
1) Bhattacharya R., a study to assess behavioral problems of primary school children in selected army schools with a view to develop a guideline for the teachers on management of these problems, Unpublished Master of Nursing Thesis, University of Delhi, 1997.
2) http://living.oneindia.in/pregnancy-parenting/basics/2011/self-medicationpregnant
3) John N.K.mbilu. Essentials of obstructs and Gynecology for clinical officers and midwifes;
4) WHO expert committee on the comprehensive management of cancer pain. Pain in children with cancer: new world health organization Guidelines. Cancer pain release, 1996; 97(9): 1-4.
5) Carr D.B &Coudas L.C, Acute pain, the Lancet, 1999; 35(3): 2051-58.
6) John N.K.mbilu. Essentials of obstructs and Gynecology for clinical officers and midwifes;
7) Mersky H &Bogduk N. Classification of chronic pain: Description of chronic pain syndrome and definition of pain term, task force on taxonomy, 2nd edition, seattle: IASP Press, 1994
8) Pasero Chris., pain assessment in infants and young children: neonates. American journal of nursing 2002; 102 (8): 61-4.
9) Macwan Brann. Common disorders of pregnancy.http://www.sos disorders .com/index/htm/review0
10) Kozier Barbara, ErbGlenora, Berman Audrey. SynderShirlee. "Fundamentals of nursing." Conceptual Process and Practice, 7th edition, Pearson education Delhi: 2004 P.NO 39- 40
11) Sao Paulo, medical journal (2004), vol-122(1), pg-12-7.
12) Kevin J.et Dainewhitaker, Standarized patient experience (2004), vol-25(1), pg- 12-15
13) Al,Journal of Nurses and staff development,(2007), vol-23(5), pg-223-228
14) Sao, Paulo, Medical Journal (2004), vol-122(1), pg-12-17
15) Guillaume Alinier, Journal of effective education (2003), vol- 23(6), pg- 419-42
16) http://living.oneindia.in/pregnancy-parenting/basics/2011/self-medicationpregnant
17) K.mbilu. Essentials of obstructs and Gynecology for clinical officers and midwifes;
18) ErbGlenora, Berman Audrey. SynderShirlee. "Fundamentals of nursing." Conceptual Process and Practice, 7th edition, Pearson education Delhi: 2004
19) Carr D.B &Coudas L.C, Acute pain, the Lancet, 1999; 35(3): 2051-58
20) Sao, Paulo, Medical Journal (2004), vol-122(1), pg-12-17
21) http://living.oneindia.in/pregnancy-parenting/basics/2011/self-medicationpregnant
22) Mehdi Mohammadi and Zinat Mortazavi Prevalence of pica in pregnant women referred to health care centers in Zahedan, Iran (2002-2003) African Journal of Food Science Vol. 4(10), pp. 642-645, October 2010 Available online http://www.academicjournals.org
23) Chikanne Joannes Ezeigbo ,Richard Chinedu Ononiwu, Henry Chigozie Duru, Ogochukwu Ekwenchi PICA DISORDER: A STUDY OF AWARENESS AND PRACTICE AMONG CHILDBEARING POPULATION IN ANAMBRA STATE COMMUNICATION PANORAMA African and Global Perspectives Volume 1 Number 1 Sept-Oct 2015 Maiden Issue
24) Mark L. Laudenslager Edith D. Gurewitsch Priscilla Nelson Kathleen A. Costigan Janet A. DiPietro Fetal responses to induced maternal relaxation during pregnancy Biological Psychology 77 (2008) 11—19

25) By KEITH L. WILLIAMS Examination of the Chromosomes of Polysphondylium pallidum Following Metaphase Arrest by Benzimidazole Derivatives and Colchicine
Journal of General Microbiology (1980), 11.6, 409-415. Printed in Great Britain

26) ARUN DOHLE1 Children from Preet Mandir were placed in Australia, Germany, Spain, and Italy. Adoption India, Facts and Figures of Adoption, http://www.adoptionindia.nic.in/actualcases.asp (last visited Nov. 13, 2008). 11 See
SHALINI BHARAT, CHILD ADOPTION: TRENDS AND EMERGING ISSUES (A
STUDY OF ADOPTION AGENCIES) vii (Bombay: Tata Institute of Social Science 1993). 12 See id. at 138.

27) Karnatisarada, B.kumarivanaja, A.Indra, assess the knowledge regarding home managementbof minor aliments in pregnancy among urban women, Journal of clinical science and medical research Volume 3 issue no 6 june page no 6341-6346.

28) Kumar Laxmi effectiveness of self-instructional module on the level of knowledge regarding selected minor ailments and their remedial measures among pregnant women IOSR Journal of nursing and health science, Volume 3,Issue 1 (Jan 2014) page-32-38