

A Study to Assess the Effectiveness of Structured Teaching Programme regarding Knowledge on Danger Signs of Pregnancy among Primigravida Women Attending Antenatal OPD of Era Hospital

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Abstract: *Background of the Study:* Suzanne Arms (2006) explained pregnancy is the state of carrying a developing fetus within a body. The word “pregnant” comes from Latin word ‘pre’ meaning before, ‘(g) natus’ meaning birth, so the pregnancy means before giving birth. Pregnancy is the vital event in the life of a woman. It needs special attention from the time of conception to the postnatal stage. Antenatal care services are important for ensuring the reproductive health of the mothers and for the better outcome of pregnancy. Nambala B.S, Nagoma (2013) explained pregnancy is the most beautiful phase in a women’s life. It is the period during which a woman carries a developing fetus, normally in the uterus. It brings about emotional and physiological changes as well as poses extra demands on the body. A pregnant woman may experience some signs and symptoms which signal danger. The danger signs in pregnancy include vaginal bleeding, leaking of fluid from the vagina, unusual abdominal pain, cramping, persistent backache, persistent nausea and vomiting, persistent headache or blurred vision, marked swelling of the ankles, hands and face, painful or burning urination, foul-smelling vaginal discharge, chills or fever, feeling very tired, and decreased fetal movements. Jayasudha (2010) stated that pregnancy is not just a matter of waiting to give birth. It is often a defining phase in women life and can be joyful and pleasant experience. It can also be one of misery and suffering for few. Pregnancy is natural but it does not mean it is problem free. Early and regular prenatal care is the best way to ensure the healthy outcome for mother and child. Understanding the development of changes during pregnancy helps to provide better anticipatory guidance and identifying deviation from the expected pattern of development. Kolesar, N, (2008)13 stated that if we observe, how Mother Nature proceeds, we see that before planting and cultivating anything, Nature forms an ecological environment by preparing the soil, likewise the main actor in the creation of a good family is a mother. There are many examples of mothers who have worked successfully in this way, bringing into the world healthy and well balanced children. The promise of brighter future or humanity is closely linked with prenatal education. Through appropriate prenatal education our current violence oriented society can gradually be transformed into a saner, better balanced and more creative generation of human beings. *Method:* A study was conducted using quantitative research approach at Antenatal OPD of Era, Lucknow. A pre-experimental research design was adopted to conduct the study. The conceptual framework utilized in this study was King’s Theory of Goal Attainment. Total 60 primigravida women were selected by using purposive sampling technique. Before conducting the study written consent was obtained from the primigravida women. The tool consists of two sections, 1st section is for demographic data and 2nd section is structured knowledge questionnaire was used to assess the knowledge on danger signs of pregnancy among primigravida women. *Result:* The result revealed that structured teaching programme regarding knowledge on danger signs of pregnancy was effective. Researcher observed that primigravida women were having lack knowledge on danger signs of pregnancy. In the present study the mean total of 6 enhancements was observed. In future various measures should be taken to improve primigravida women knowledge on danger signs of pregnancy. *Conclusion:* A study was conducted using quantitative research approach at Antenatal OPD of Era, Lucknow. A pre-experimental research design was adopted to conduct the study. The conceptual framework utilized in this study was King’s Theory of Goal Attainment. Total 60 primigravida women were selected by using purposive sampling technique. Before conducting the study written consent was obtained from the primigravida women. The tool consists of two sections, 1st section is for demographic data and 2nd section is structured knowledge questionnaire was used to assess the knowledge on danger signs of pregnancy among primigravida women.

Keywords: Danger signs of pregnancy, Primigravida women, Attending Antenatal OPD, Structured Teaching Programme

1. Introduction

Pregnancy is a happy time for most women. While most expectant mothers experience an average pregnancy, there are certain dangers associated with this condition which can result in health complications for both mother and baby. Knowledge of obstetric danger signs and birth preparedness are strategies aimed at enhancing the utilization of skilled care during low risk births and emergency obstetric care in complicated cases in low income countries

2. Literature

John. M. S, (2011) 25 conducted a study to assess the knowledge regarding warning signs in pregnancy among 60

antenatal mothers attending outpatient department in selected hospitals of Mangalore Taluk. Analysis revealed that majority of the women (87%) had inadequate knowledge on warning signs of pregnancy. The study concluded that most of the women had inadequate knowledge and they should be educated through video assisted teaching or through structured teaching programme in developing knowledge on warning signs of pregnancy.

Turan. J. M, et al., (2011) 26 conducted a quasi experimental study to evaluate the effectiveness of a community based intervention for the promotion of safe motherhood among 466 women in Eritrea. Volunteers from a remote rural community in north Eritrea were trained to lead educational sessions to increase the women’s

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knowledge on birth danger signs and use of antenatal care services. The findings showed that the women's knowledge increased significantly following the educational session. Thus the study concluded that participatory educational sessions led by community volunteers increase the women's knowledge in preventing and managing birth danger signs and encourage the use of essential maternity services.

Azeim. A. A, et al., (2010) 28 conducted a descriptive study to determine awareness regarding danger signs of pregnancy and nutritional education among 388 pregnant women who attended antenatal care clinics in six health centers in Kassala. The collected data includes the socio demographic data, first booking, number of visit, timing of every visit, provided care such as history, examination, investigation, health and nutrition education, counseling about screening of sexually transmitted diseases, plan of delivery and family planning. The results showed that 84% had only one visit and 16% had four antenatal visits. The study concluded that only a small portion of women who had four antenatal visits were aware of the danger signs of pregnancy.

Pembe. B. A, et al., (2010) 29 conducted a study to assess the quality of antenatal care counseling on pregnancy danger signs by 32 healthcare providers in 18 primary health centers at Rufiji district in Tanzania. The observer collected information about counseling on the danger signs and conducted interviews to 435 pregnant women following antenatal care. The results showed that 2 out of 5 antenatal mothers were not counseled on pregnancy danger signs. The study was concluded that higher trained cadre nurses were not informing about danger signs of pregnancy when compared to the lower cadre nurses.

Wiegers. T. A, et al., (2010) 30 conducted a study to assess the knowledge on danger signs of pregnancy, labour and child birth among 320 pregnant women and health care providers in rural areas of Krygyzstan and Tajikistan, Central Asia. The results showed that most of the pregnant women had limited knowledge and the health care providers in both the places did not have an adequate professional level of knowledge in perinatal health issues and lack basic skills to monitor their work.

Wafaa. A, et al., (2010) 31 conducted an exploratory descriptive study to assess women's awareness of obstetrical danger signs among 200 pregnant women in Albeheira Governorate. The schedule comprised of socio demographic data, obstetrical score and questions related to knowledge regarding obstetrical danger signs. The study revealed 16 that 74% of pregnant women were unaware of obstetrical danger signs, whereas, only 26% had good awareness about such signs. Thus the current study reflects the need for strategic plan to increase the awareness of the obstetrical danger signs.

Karaoglu. L, et al., (2010) 33 conducted a study to assess the prevalence of nutritional anemia in pregnancy among 823 pregnant women in east Anatolian province, Turkey. Blood samples were drawn and routine blood studies including the total blood count, serum iron, folate and vitamin B12 were done. The findings revealed that pregnant mothers having a low family income, grand multi parity and

mothers having habit of soil eating were observed to have nutritional anemia.

3. Method

The data was obtained from the sample of 60 primigravida women (Antenatal OPD of Era Hospital) and compiled in a master data sheet. Then it was analyzed using the latest version of SPSS and interpreted using descriptive statistics by calculating frequency and percentage, mean, standard deviation (SD) and inferential statistics i.e. chi square test and t-test. The $p < 0.05$ for significance was selected for the study. This chapter deals with the analysis and interpretation of the data collected from 60 primigravida women to assess the knowledge on danger signs of pregnancy at antenatal OPD of Era Hospital, Lucknow.

The purpose of analysis is to reduce the data to an intelligible and interpretable form so that the relation of research can be studied. The section presents the analysis and interpretation of the data collected from 60 primigravida women in order to assess the knowledge. The data collected from primigravida women with the help of structured knowledge questionnaire was organized, analyzed and interpreted by using descriptive and inferential statistics. The data collected was done based on the objectives of the study

4. Result

The result revealed that structured teaching programme regarding knowledge on danger signs of pregnancy was effective. Researcher observed that primigravida women was having lack knowledge on danger signs of pregnancy. In the present study the mean total of 6 enhancement was observed. In future various measures should be taken to improve primigravida women knowledge on danger signs of pregnancy. **In pretest** 50% of primigravida women had inadequate knowledge and 37% of them had moderate knowledge and only 13% of them had adequate knowledge. **In the post test** only 2% primigravida women had inadequate knowledge and 35% of them had moderate knowledge and almost 63% of them had adequate knowledge. The comparison of pre test and posttest level of knowledge on danger signs of pregnancy among primigravida women was done by using paired 't' test. The mean score was increased from **13.3 to 19.3** which showed a marked difference of **6** respectively and the standard deviation was decreased from **3.96 to 2.99** after the administration of structured teaching programme. The **paired 't'** test value at **24.8**, was very highly significant at $p < 0.05$ level. It indicates the effectiveness of structured teaching programme on increasing the level of knowledge on danger signs of pregnancy among primigravida women. The researcher calculated the value of chi square in order to find out the association between the level of pretest knowledge score with their selected socio demographic variable among primigravida women at $p < 0.05$ level of significance.

There was significant association between level of knowledge with age ($\chi^2 = 15.17$), educational level ($\chi^2 = 21.45$), occupational status ($\chi^2 = 16.45$), religion ($\chi^2 = 11.52$) and family monthly income ($\chi^2 = 14.8$) and there

was no association between level of knowledge with trimester ($\chi^2 = 1.97$), type of family ($\chi^2 = 3.27$) and residence ($\chi^2 = 3.908$) at $p < 0.05$ at level of significance. Hence, it was concluded that all the values except trimester, type of family, residence are less than table value. So, researcher accepted the research hypothesis.

5. Conclusion

From this study the researcher found that the primigravida women have gained knowledge on danger signs of pregnancy and this study was done to assess the effectiveness of the structured teaching programme regarding knowledge on danger signs of pregnancy among primigravida women.

Thus, it is the responsibility of a health care provider to create awareness about danger signs of pregnancy among the primigravida women in clinical as well as in community settings. The result of this study shows there is an improvement of knowledge on danger signs of pregnancy after the structured teaching programme. Hence the null hypothesis was rejected.

6. Future Scope

The present study emphasized regarding knowledge on danger signs of pregnancy among primigravida women.

Nursing practice

Health education is an important aspect of nursing practice. For effective health education the nurses should gain an understanding of primigravida women knowledge about danger signs and care during pregnancy. Thus the educative role of the nurses could be implemented in the nursing practice. Care practices, various treatment options available on prevention of danger signs during pregnancy.

Nursing Education

The curriculum is responsible for preparing the future nurses with more emphasis on preventive and promotive health practices. The result of the study emphasizes the need for correlating the concepts in order to understand and advice on danger signs of pregnancy. Thus the nurses who follow these measures in a holistic manner will be able to provide comprehensive care to the primigravida women.

The Midwifery students should be given an opportunity to find out the danger signs and give proper advice. Students should take a positive step to impart health education in the community during their study period. In service education programmes, workshops and seminars have to be conducted to meet the health challenges.

Nursing administration

The nursing administrator who is the member in the planning committee must provide suggestions to have interdepartmental, intradepartmental and extra departmental communication for the development of design and layout a maternity unit. The nurse administrator should take interest in disseminating the information through instructional materials such as pamphlets, posters, modules that impart health information to the primigravida women. The health

education cell in the nursing service department can be facilitated by the data obtained from the study.

Nursing research

The survey provides base line data for conducting other research studies. Research should be done on all danger sign, identify the practices and interventions related to danger signs of pregnancy. The researcher may have to take up a role in preparing the pregnant women regarding antenatal care which includes designing management steps through scientific rational and facts from critical reasoning. The nurse researcher can narrow down the present research topic into more precise and clear as danger signs of pregnancy in a specific body system affect both the mother and fetus can be studied.

In antenatal care. Integrated management of pregnancy and childbirth [Internet]. 2010 [updated 2010; cited 2014

References

- [1] Jayasudha A. Knowledge of pregnant woman on warning signs during pregnancy. *Nightingale Nursing Times*. 2010 Mar; 5 (12):51-2.
- [2] Hailu M, Gebremariam A, Alemseged F, Deribe K. Birth Preparedness and complication readiness among pregnant women in Southern Ethiopia *Journal of PLOS One*. 2011; 6 (6): 5-12.
- [3] Thaddeus S and D Maine. Maternal and Neonatal Health (MNH) Program. Birth Preparedness and Complication Readiness: A Matrix of Shared Responsibilities .2001; 38:33-9.
- [4] Kaur V, Saini S K, Walia I. Development of Birth Preparedness Tool (BPT). *Nursing and Midwifery Research Journal*, 2009;5 (2):45-58.
- [5] Birth and emergency preparedness in antenatal care. Integrated management of pregnancy and childbirth [Internet]. 2010 [updated 2010; cited 2014 Mar 20].
- [6] Hiluf M, Fanthun M. Birth Preparedness and Complication Readiness among women: *Ethiopia J Health dev*. 2008; 22(1):14-20.
- [7] Ratnam SS, Rao KB, Arulkumaran S. *Obstetric and gynaecology for postgraduate*. Orient long man publication; 1993.
- [8] Native remedies. Child birth preparation [Internet]. 2000 [updated 2000; cited 2014 Mar 23].
- [9] Birth and emergency preparedness in antenatal care. Integrated management of pregnancy and childbirth [Internet]. 2010 [updated 2010; cited 2014 Mar 20].
- [10] Mutiso SM, Qureshi Z. Birth preparedness among antenatal clients. *East African Medical Journal* 2008 Jun; 85(6):275-83.
- [11] Wieggers TA, Boerma GW, de Haan O. Maternity care and birth preparedness in rural Kyrgyzstan and Tajikistan. *Sexual and Reproductive Healthcare* 2010;1(4):189-94
- [12] Jayasudha A. Knowledge of pregnant woman on warning signs during pregnancy. *Nightingale Nursing Times*. 2010 Mar; 5 (12):51-2.
- [13] Ekabua J E, Ekabua K J et al. Awareness Of Birth Preparedness And Complication Readiness. *ISRN Obstetric and Gynaecology*. 2011:1-6.

- [14] David P, Urassa, Andrea B, Pembe, Fatuma M. Birth preparedness and complication readiness among women in Mpwapwa district, Tanzania. *Tanzania Journal of Health*, 2012;1(14):1.
- [15] Kajali, Samuel. The perceptions and practices of birth preparedness among antenatal mothers in Naguru and Kawempe health centers .Makerere university. 2009; [Internet].
- [16] Khadka N, Moore J M, Sharma M. Birthpreparedness package to promote active preparation and decision-making forbirths. *Journal of Health Population and Nutrition*. 2006; 24(4): 479–488.

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- [17] Turan. J. M, et al., (2010). Awareness of danger signs and nutritional education among pregnant women. *Sudanese journal of public health*, 179 –181.
- [18] Kabakyenga. J. K, et al., (2010). Quality of antenatal care, *BMC pregnancy and child birth*,1-7.
- [19] Anya. S. E, (2009). Information, education, and communication services in MCH care provided at an urban health center. *Indian J Community Med*2009;34,298-300.
- [20] Naariyong. S, et al., (2002). Increasing awareness of danger signs in pregnancy, *Maternal and Child Health Journal*, 6(1), 19-28.
- [21] John . Y, et al., (2011). Familial aggregation of hyperemesisgravidarum, *American Journal of Obstetrics and Gynecology*,204(3), 230.
- [22] Azeim. A. A, et al., (2010). Role of Helicobacter pylori in the pathogenesis of hyperemesis gravidarum. *Journal of obstetrics and gynaecology the journal of the Institute of Obstetrics and Gynaecology*.284(1), 1-10.
- [23] Matsuyama. A, et al., (2008). Perception of Bleeding as a Danger Sign During Pregnancy, *SAGE health and nursing journals*, 18 (2), 196-208.

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