

A Study To Assess The Effectiveness of Structured Teaching Programme on Knowledge Regarding Warning Signs of Pregnancy and Its Management Among Primigravida Mother's Attending Antenatal OPD and Obs Ward at SRM MCH and RC

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ABSTRACT

A study was conducted to investigate the effectiveness of a systematic education curriculum on understanding of pregnancy warning signals and their management among primigravida mothers attending the antenatal OPD and OBS unit at SRM MCH & RC. Assess primigravida moms' pre- and post-test awareness of pregnancy warning indicators. To assess the efficacy of a self-teaching course on pregnancy warning symptoms in primigravida moms. To examine the relationship between pre-test and post-test knowledge scores on warning indicators of pregnancy among primigravida mothers and demographic characteristics.

METHODOLOGY

The research technique is a methodical process in which the investigator starts with the initial identification of the problem and finishes with its solution. This section discusses the analysis' scientific methodology. The purpose of this historic inquiry was to evaluate the efficiency of a systematic education course on understanding of pregnancy warning signals and their management among primigravida mothers attending the antenatal OPD and OBS unit.

MAJOR FINDINGS OF THE STUDY

The study findings showed that most of the primi gravida mothers i.e. 32(53.3%) were aged between 21 – 25 years, 30(50%) belonged to joint and nuclear family respectively, 31(51.7%) were Hindus, 50(83.3%) were graduates, 49(81.7%) were housewives, 58(96.7%) were married for 0 – 5 years and 56(93.3%) had no family history of pregnancy complication. The study findings showed that in the pretest, among primi gravida mothers, 44(73.33%) had moderate knowledge, 10(16.67%) had adequate knowledge and 6(10%) had inadequate knowledge and in the post test, after the intervention, 56(93.33%) had adequate knowledge and 4(6.67%) had adequate level of knowledge regarding warning signs of pregnancy and its management among the primi gravida mothers.

CONCLUSION

The study concluded that a structured teaching program on pregnancy warning signs and care among primigravida moms enhances their knowledge, and frequent training assists the mother in early detection of warning signals, hence reducing mortality and morbidity.

Keywords: Primigravida, Warning signs of pregnancy, Structured teaching programme, Antenatal care, Pregnancy management, Knowledge assessment.

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INTRODUCTION

Pregnancy is one of the world's most beautiful, conflicted, unforgettable, and formative experiences. Although all women experience the fetal development

process in similar ways, each mother's journey is unique. In addition, every time a woman becomes pregnant, she has a unique experience with parenting. In addition to their physical changes, pregnant women frequently experience mental, religious, emotive, relational, and cultural upheavals. A woman is highly conscious of an entirely new

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existence is developing inside her and will continue over another 264 - 280 days when she gets to becoming a mother. Healthy infants are born daily to hundreds of thousands of women. However, some lady may experience termination of pregnancy, deceased, nor newborns suffering from abnormalities during pregnancy. These serves just like another ongoing cautionary note regarding one's delicate yet delicate aspect throughout everything that happens between fertilization until delivery room. The journey appears lengthy and full through obstacles.[1] There is an urgent need to increase the provision of appropriate and high-quality interventions in certain countries with high maternal mortality rates. There are a number of challenges that must be overcome in order for women to obtain access to a variety of scientific tools and information that can frequently prevent maternal mortality and disease. These barriers include income disparities as well as other types of inequality, a lack of information, insufficient healthcare facilities, a lack of government commitment, and prejudices. Furthermore, other indications and manifestations that require to be carefully discovered include excessive throwing up, profuse haemorrhage in genitals, uncommon inflammation in facial regions, limbs, and extremities, an elevated temperature, discoloration, a migraine, escaping of clear liquid via the genital tract, decreased movements of the baby, and the absence of any hint of birth immediately following a couple weeks have passed since the anticipated. Because of the aforementioned problems, additional supplementary activities, such as medical care, were required.[2]

BACK GROUND AND SIGNIFICANCE OF THE STUDY

Based on the information provided by Mathai M, the average rate of death among mothers within India is 420 every ten thousand deliveries. A number of problems, including bleeding (29%), decreased RBCs (19%), infections (16%), hindered birth (10%), risky termination (9%), and elevated blood pressure during gestation (8%), are responsible for the majority of mother's deaths that occur in India.[3] According to Raghuvanshi.R. (2010), maternity constitutes as extremely sensitive time for the advancement by the fetus. A woman's physique evolves in an array of ways throughout this stage. Therefore, this is critical to monitor gestation alert signs to prevent problems from occurring. The wellbeing of women throughout gestation, delivery, including the following delivery phase is referred to as mother's wellness.[4] Smitha Kochukuttan (2013), In accordance with several research conducted in the nation of India; prenatal women' awareness of the gestation period indicators extends to 26% to 39%. Results of an experiment conducted in the countryside of India showed that 13% of women knew very little about maternity hazard symptoms. [5] In 2019, study results suggest that in India, at least one woman dies per minute due to pregnancy problems, which equates to 1400 women dying every day and more than half a million

women dying annually. [6] According to the 2020 Fragile States Index, 9 countries had extremely high maternal mortality rates (MMRS), with South Sudan having the highest rate of 1,223 deaths per 100,000 live births. [7] Previous study shows that prevalence of warning signs in pregnancy during pregnancy among primipara mothers was about 21% had good knowledge and 67.5% had average knowledge and 11.5% had poor knowledge, this shows the importance of awareness and education regarding warning signs through various modes and methods. (WHO, 2020) [8] It is common for women across India not to comprehend much about prenatal, intranatal, and postpartum treatments. The high death rate among mothers in this nation has become a major problem. Indian women die 103 times for each one hundred thousand live births. [9] In Tamil Nadu, 54 out of every 100 thousand alive babies are lost to motherhood. Most women currently carrying don't know about early indications or how they will affect these individuals over the process. [10]

NEED FOR THE STUDY

Many women are anticipating trouble-free, typical deliveries. Most women are delighted when they are pregnant. Even though most pregnant women have an ordinary childbearing, it has risks involved that may cause illnesses involving the expecting mom along with the unborn infant. The normal lifespan in this nation grows dramatically over these last few centuries, going around forty-one years in 1961 to sixty-five years now. Nevertheless, annually, more than 100,000 women across the nation lose their lives as a result of complications during maternity. In India, routinely 212 out of each hundred thousand live births are lost to death during pregnancy (SRS, RGI 2011). Blood clots before and after giving birth, as well as toxemia from high blood pressure caused by childbearing, anaemia, labor problems, puerperal Sepsis, and risky abortions, are being named for the main reasons as a result fatality. The Sustainable Development Goal (SDG) target aims to achieve a worldwide the death rate of mothers (MMR) of fewer instead of 70 fatalities among mothers per 100,000 live births by the year 2030. Death rate among mothers in Tamil Nadu is 97 for every 100,000 live births (2007 - 2009). The significant contributory factors included anaemia, lack of education, nutritional deficiencies, concurrent diseases, and bleeding disorders. A cross-sectional research investigation was carried out in 2020 involving 298 women who delivered at Yirgalem General Hospital, located in Ethiopia. The analysis identified a strong correlation among postpartum haemorrhage and variables such as extended labour (≥ 24 hours), caesarean section, instrumental vaginal birth, and previous experiences of the atony of the uterus. The results highlight the necessity for efficient labour management, prompt interventions, and improved safety measures during delivery procedures to mitigate the risks of PPH. Over the practical experience in the maternal center, the investigator discovered that the majority of

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pregnant women were uninformed about warning signs and their implications during pregnancy. In light of this, the researcher recognized the necessity of implementing a structured teaching program to evaluate the knowledge level concerning warning signs of pregnancy among primigravid mothers. The investigator decided to conduct an experiment to assess the effectiveness of the interventional educational curriculum on the awareness of gestation indicators among primigravid moms.

AIM

A study was conducted to investigate the effectiveness of a structured education curriculum on knowledge of pregnancy warning symptoms and management among primigravida moms attending the antenatal OPD and OBS unit at SRM MCH & RC.

OBJECTIVES

Assess primigravida moms' pre- and post-test awareness of pregnancy warning indicators. The purpose of this study was to assess the effectiveness of a structured education program on pregnancy warning symptoms among primigravida women. To examine the relationship between pre-test and post-test knowledge scores on warning indicators of pregnancy among primigravida mothers and demographic characteristics.

HYPOTHESES

There will be a considerable difference in primigravida moms' knowledge of pregnancy warning signs before and after the test. There will be a strong relationship between primigravida moms' understanding of chosen pregnancy warning signs and their demographic characteristics.

DELIMITATION & ASSUMPTIONS

The study is limited to Primigravida women visit the prenatal outpatient department during the data collection period. The number of observations is sixty. The time frame for gathering information is only one week. A structured educational course will be evaluated utilizing an individually designed survey. This study suggests that intuition underpins activity. Primigravida mothers may have a limited comprehension of pregnancy warning symptoms. This study will provide primigravida mothers with information on warning indicators and how to manage them.

REVIEW OF LITERATURE

The scientific literature analysis is a detailed, structured, and critical evaluation of noteworthy published and unpublished academic articles. It is critical for building a foundational understanding for any study project. A literature survey is required at all stages of the research process, as it provides an overview of current

knowledge on a certain issue. The primary goal is to educate the audience on prior efforts and proved hypotheses relevant to a certain study area. An academic review is a thorough and rigorous evaluation of key published scholarly works as well as unpublished research findings. Investigators can create a thorough research by critically analyzing previous work that improves comprehension of topics, studies, reviews, and applications.

METHODOLOGY

The research technique refers to a general plan for addressing the challenge of this thesis. The word "research methodology" refers to how data is acquired, organized, and analyzed. Methodological research focuses on the development, validation, and assessment of research instruments. It includes information on the dependent and independent variables, the research design, a description of the tool, sample design, sampling criteria, a pilot study, the desired data collection format, and a data analysis strategy. The research technique is a methodical process in which the investigator starts with the initial identification of the problem and finishes with its solution. This section discusses the analysis' scientific methodology. The purpose of this historic study was to evaluate the efficacy of a structured education program on understanding of pregnancy warning signs and management among primigravida mothers attending antenatal OPD and OBS wards.

The study had to be carried out on 60 primigravida moms who visited the prenatal OPD and OBS ward. The environment was chosen based on the study's practicality, subject availability, and authority clearance. The sample consists of primigravida mothers in antenatal OPD and OBS wards who are satisfied with the conditions. The sample size for this study is 60, according to Leslie Fischer's formula. The purposeful sampling strategy was adopted in this study. The primigravida mothers who agree to participate in the study. Primigravida mothers who occurred to be present and unavailable when the data was collected.

RESEARCH APPROACH, DESIGN, SETTING, VARIABLE AND POPULATION.

The quantitative study approach was utilized to analyze the impact of organized education program on knowledge regarding warning signs of pregnancy and its management among primigravida mothers attending antenatal OPD and Obstetrical ward at SRM Medical College Hospital and study Centre. The analysis methodology used in this inquiry was True experimental. One group pretest-posttest design. The study had to be conducted out on 60 primigravida moms who visited the prenatal OPD and OBS wards at SRM MCH and RC. The environment was chosen based on the study's practicality, subject availability, and authority clearance. It included primigravida mothers who were available

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during the data collecting period in the prenatal OPD and OBS ward at SRM MCH&RC.Independent variable - Structured teaching programme,dependent variable - Knowledge about prevention and management of warning signs of pregnancy among primigravida mothers, Demographic variable- Demographic variables include Age, Family Type, Religion, Education, Occupation, Duration of marriage life, Family history of pregnancy complication.Extraneous variable - Mass media, friends, and relatives.

SAMPLE,SAMPLE SIZE ,TECHNIQUE & CALCULATION

Purposive sampling method was used in this investigation.The sample consists of primigravida mothers in the prenatal OPD and OBS wards at SRM MCH&RC who meet the requirements.The sample size for this study is 60 by Leslie Fischer’s formula, Z value 90% and p value to be 0.05 and the error would be 0.05.

Z2pq

n=

d^2 n= sample size

Z2 = Normal distribution (1.65)

p= Prior study finding = 89.7% = 0.897

q= Remaining % of people = 100 – 89.7 = 10.3% = 0.103

d= 0.05 (5% marginal error) (90% CI)

A 5% dropout rate was anticipated in this investigation, consisting of a predicted 61 items according to the population sample calculations. Therefore, it is possible to round up the experiment's amount to 60.

DATA COLLECTION PROCEDURE

Before Primigravida, mothers provided informed consent in their original tongue, and institutional ethical permission was obtained for data collection. Prior to interventions, 100 primigravida moms filled out self-structured multiple-choice questionnaires. Following the pre-test, questionnaires were provided to assess the efficacy of a structured training program on pregnancy signs and how to manage them among primigravida moms. Flash cards for health education were used as visual aids during the structured instruction program. The intervention lasted 15-20 minutes, followed by a post-test performed using the same questionnaire. The acquired data was analyzed using descriptive and inferential statistical methods.

PLAN FOR DATA ANALYSIS

Descriptive Statistics - The proportional and prevalence distributions had been employed for examining the demographic variables.Inferential statistics - The efficacy of a structured education program on gestation

alarm signs along with how to treat them within primigravida moms visiting the antenatal OPD and OBS unit at SRM MCH & RC has been assessed using the test for significance.

DATA ANALYSIS AND INTERPRETATION

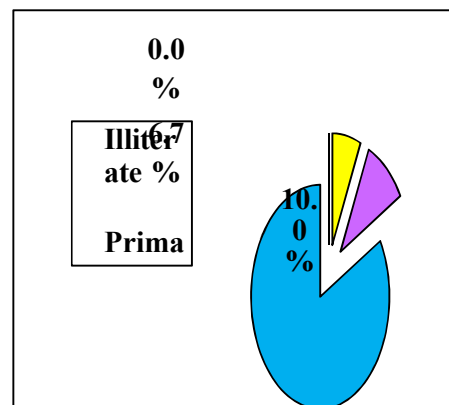
This chapter describes and explains the study's information acquired from primigravida mothers at SRM MCH & RC to determine their understanding of pregnancy warning indicators. Data review gives statistics for both explanation and interpretation. Data were collected, and the scoring was done. It codes and evaluates demographic variables. This has been analyzed, organized, tabulated, reviewed, and interpreted in accordance with the objectives.

SECTION I:Distribution of socio demographic variables of the samples.

Table-4.1: Frequency and percentage distribution of demographic variables of primigravida mothers

N = 60

The table 4.1 shows that most of the primi gravida mothers i.e. 32(53.3%) were aged between 21 – 25 years, 30(50%) belonged to joint and nuclear family respectively, 31(51.7%) were Hindus, 50(83.3%) were graduates, 49(81.7%) were housewives, 58(96.7%) were married for 0 – 5 years and 56(93.3%) had no family history of pregnancy complication.



4.1.1. Percentage distribution of education of the primi gravida mothers

SECTION II: Data on distribution of pretest and posttest level of knowledge regarding warning signs of pregnancy and its management among primigravida mothers.

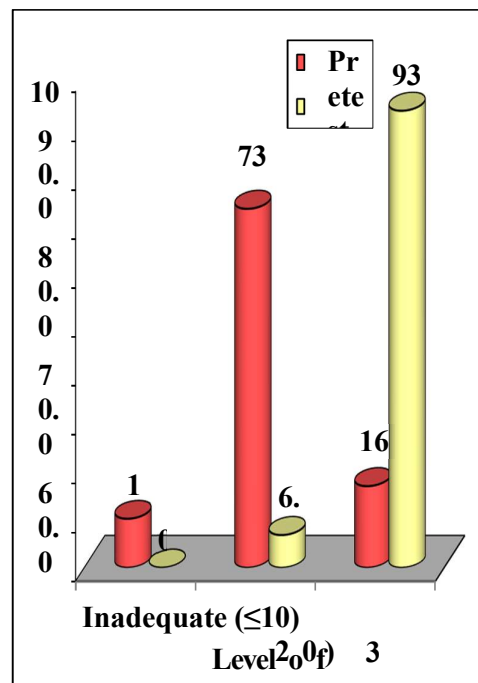
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Demographic Variables	Frequency	Percentage
Age in years		
21 – 25 years	32	53.3
26 – 30 years	27	45.0
31 – 35 years	-	-
More than 35 years	1	1.7
Family type		
Joint family	30	50.0
Nuclear family	30	50.0
Religion		
Hindu	31	51.7
Muslim	2	3.3
Christian	27	45.0
Others	-	-
Education		
Illiterate	-	-
Primary education	4	6.7
Secondary education	6	10.0
Graduate	50	83.3
Occupation		
Housewife	49	81.7
Working in private sector	6	10.0
Working in government sector	1	1.7
Others	4	6.7
Duration of married life		
0 -5 years	58	96.7
6 – 10 years	-	-
11 – 15 years	1	1.7
More than 15 years	1	1.7
Family history of pregnancy complication		
Yes	4	6.7
No	56	93.3

Table 4.2: Frequency and percentage distribution of pretest and posttest level of knowledge regarding warning signs of pregnancy and its management among the primigravida mothers. N = 60

Level of Knowledge	Pretest		Post Test	
	Frequency	Percentage	Frequency	Percentage
Inadequate (≤ 10)	6	10.0	-	-
Moderate (11 – 20)	44	73.33	4	6.67
Adequate (21 – 30)	10	16.67	56	93.33

Table 2 indicates that during the pretest, among primigravida mothers, 44 (73.33%) exhibited moderate knowledge, 10 (16.67%) demonstrated adequate knowledge, and 6 (10%) showed inadequate knowledge. In the post-test, following the intervention, 56 (93.33%) displayed adequate knowledge, while 4 (6.67%) maintained an adequate level of understanding regarding the potential indicators of pregnancy and their management among primigravida mothers.



4.2.1 Percentage distribution of pretest and posttest level of knowledge regarding warning signs of pregnancy and its management among the primigravida mothers

SECTION III: Data on effectiveness of structured teaching programme on warning signs of pregnancy and its management among primigravida mothers.

Table 4.3: Effectiveness of structured teaching programme on warning signs of pregnancy and its management among primigravida mothers. N=60

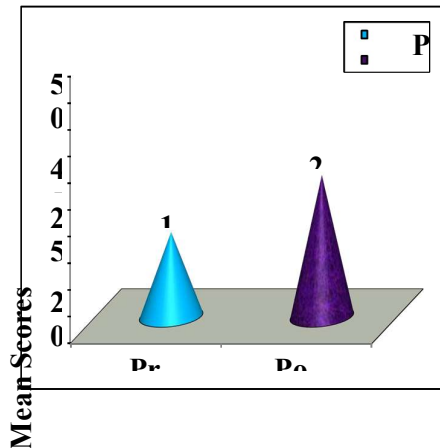
Knowledge	Mean	S.D	Mean Difference & %	Paired "t" & p-Value
Pretest	15.78	4.87	10.65	t= 15.611

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Post Test	26.43	3.65	(35.5%)	p=0.0001, S***
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***p<0.001, S - Significant

The pretest mean and SD of knowledge level (15.78±4.87) and posttest mean (26.43±3.65) are displayed in table 4.3. The average difference calculated was 10.65, while the percentage of the mean difference stood at 35.5%. Statistical significance was established at p<0.001 for the computed paired "t" test result of t=15.611. This suggests that self-structured instruction on pregnancy warning symptoms and how to manage them was successful in raising primigravida women' awareness.



4.3.1 Comparison of pretest and post test scores of knowledges regarding warning signs of pregnancy and its management among primigravida mother

SECTION IV: Data on association of pretest level of knowledge regarding warning signs of pregnancy and its management among primigravida mothers with their selected demographic variables.

Table 4.4: Association of pretest level of knowledge regarding warning signs of pregnancy and its management among primigravida mothers with their selected demographic variables.N 60

Demographic Variable	Frequency	Knowledge
		Chi-Square & p-value
Age in years		$\chi^2=2.812$ d . f = 4
21 – 25 years	32	
26 – 30 years	27	
31 – 35 years	-	
More than 35	1	

Family type		$\chi^2=2.484$ d . f =
Joint family	30	
Nuclear family	30	
Religion		$\chi^2=9.153$ d . f = 4
Hindu	31	
Muslim	2	
Christian	27	
Others	-	
Education		$\chi^2=14.844$ d . f = 4
Illiterate	-	
Primary education	4	
Secondary education	6	
Graduate	50	
Occupation		$\chi^2=11.990$ d . f = 6
Housewife	49	
Working in government	6	
Working in private	1	
Others	4	
Duration of married life		$\chi^2=9.402$ d . f =
0 -5 years	58	
6 – 10 years	-	
11 – 15 years	1	
More than 15	1	$\chi^2=1.088$ d.f=2
Family complication		
Yes	4	
No	56	p=0.581 N.S

***p<0.001, *p<0.05, S - Significant

N.S – Not Significant, p>0.05

Table 4.4 indicates that education ($\chi^2=14.844$, p=0.005) demonstrates a substantial correlation with the pretest level of knowledge concerning indicators of gestation among primigravida mothers at the p<0.005 level. The other demographic variables did not demonstrate a statistically significant association with the pretest level of knowledge concerning warning signs of pregnancy and their management among primigravida mothers, with p values exceeding 0.05.

SECTION V: Data on association of posttest level of knowledge regarding warning signs of pregnancy and its management among primigravida mothers with their selected demographic variables.

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management among primigravida mothers with their selected demographic variables.

Table 4.5: Association of posttest level of knowledge regarding warning signs of pregnancy and its management among primigravida mothers with their selected demographic variables. N = 60

Demographic Variable	Frequency	Knowledge
		Chi-Square & p-value
Age in years		$\chi^2=0.104$
21 – 25 years	32	d
26 – 30 years	27	.
31 – 35 years	-	=
More than 35	1	3
Family type		$\chi^2=0.000$
Joint family	30	d
Nuclear family	30	f
		=
Religion		$\chi^2=0.975$
Hindu	31	d
Muslim	2	.
Christian	27	f
Others	-	=
		2
Education		$\chi^2=7.714$
Illiterate	-	d
Primary	4	.
Secondary	6	f
Graduate	50	=
		2
Occupation *		$\chi^2=0.962$
Housewife	49	d
Working in	6	.
Working in	1	f
Others	4	=
		3
Duration of		$\chi^2=14.280$
0 -5 years	58	d
6 – 10 years	-	.
		f
11 – 15 years	1	=
More than 15 years	1	$\chi^2=0.306$
		d.f=1
Family complication		p=0.580
Yes	4	N.S

No	56
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***p \leq 0.001, *p<0.05, S – Significant

N.S – Not Significant, p>0.05*

Table 5 indicates that the demographic variable of duration of marriage ($\chi^2=14.280$, p=0.001) demonstrates a strong correlation with the post-test level of knowledge regarding the dangers of gestation and its handling among primigravida mothers at the p \leq 0.001 level. Additionally, the demographic variable of education ($\chi^2=7.714$, p=0.021) also shows a computationally significant association with the post-test level of knowledge regarding caution signs of pregnancy among initially mothers at the p<0.05 level. Other demographic variables did not exhibit an empirically significant association with the post-test level of knowledge regarding alerting signs of pregnancy and its managing among primigravida mothers at the p>0.05 level.

DISCUSSION

The goal of this study was to assess how well primigravida mothers who visited the antenatal OPD and OBS unit at SRM MCH & RC understood pregnancy warning signs and how to handle them. A self-structured questionnaire was used to examine the effect of a systematic teaching program on primigravida women's comprehension of pregnancy warning symptoms and how to deal with them. There were 60 primigravida mothers in the sample. This study included a pretest and post-test for one group. In accordance with the study's objectives, a statistical analysis of the data is provided below. In addition to demographic information, the researcher employed an internationally established tool to assess primigravida women's comprehension of pregnancy warning signs and how to deal with them. Because of how the preliminary research was conducted, the entire investigation became reliable and practicable. One week is set aside to gather information.

The first objective - Ten (16.67%) primigravida moms had acceptable knowledge, six (10%) had inadequate knowledge, and forty-four (73.33%) had moderate knowledge on the pre-test. 56 (93.33%) and 4 (6.67%) respondents, respectively, demonstrated acceptable awareness of pregnancy warning signals and how to handle them in the post-intervention post-test.

The second objective -According to the study's findings, the average knowledge score was 15.78 \pm 4.87 prior to the test and 26.43 \pm 3.65 following it. There was an average difference score of 10.65 and an average difference percentage of 35.5%. The calculated paired "t" test result of t=15.611 was statistically significant at the

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p<0.001 level, suggesting that the Self-Instructional Module on how to manage pregnancy warning symptoms among primigravida moms was effective in increasing post-test knowledge scores.

The third objective -The study found that the pretest level of awareness regarding pregnancy warning signs among primigravida women was statistically significantly correlated with the demographic variable of education ($\chi^2=14.844$, $p=0.005$) at the $p<0.01$ level. Furthermore, the post-test level of knowledge among primigravida mothers regarding pregnancy warning symptoms and how to handle them did not show a statistically significant link with the other demographic characteristics at the $p<0.05$ level.

CONCLUSION

The purpose of this thesis was to evaluate the efficiency of a structured education programme on understanding of pregnancy warning signals and how to handle them among primigravida moms who visited the antenatal OPD and OBS unit at SRM MCH &RC. The study concluded that a structured teaching program on pregnancy warning signs and care among primigravida moms enhances their knowledge, and frequent training assists the mother in early detection of warning signals, hence reducing mortality and morbidity.

The thesis establishes a framework for future research. The study's findings provide a foundation for future research into educating primigravida moms and treating pregnancy warning signals. Nurse researchers are encouraged to generate new ideas for the planning and execution of such interventions that improve care and reduce problems.

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