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RESEARCH ARTICLE

EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON MANAGEMENT OF SELECTED MINOR AILMENTS IN TERMS OF HOME REMEDIES AMONG PRIMI GRAVIDA MOTHERS IN SELECTED MATERNITY HOSPITAL BANGALORE

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ABSTRACT

Background: The minor discomforts of pregnancy present difficulties for the health care provider as well as for the pregnant woman herself. Management of the various symptoms requires astute observations and the ability to individualize therapy. Knowledge of a variety of treatment options, therefore, allows practitioners to collaborate with their patients in selecting the best therapeutic approach for the specific situation. **Method:** A Quantitative research approach with pre experimental research design with one group pre and posttest design was used to carry out the study. Primi gravida mothers from selected maternity centers who were fulfilling the inclusion criteria were selected by using Non - probability convenient sampling technique. Total 60 sample was included in the study. **Results:** The present study reveals that the overall knowledge scores of respondents were found to be 54.92% with standard deviation 2.774 in pretest. The overall knowledge scores of respondents were found to be 73.5% with standard deviation 1.879 in post test. The obtained t- test value was 18.105 which shows statistical significance at $p < 0.05$. There was statistically significant difference in level of knowledge of primigravida mothers after implementation of planned teaching programme. **Conclusions:** The obtained t- test value was 18.105 which shows statistical significance at $p < 0.05$. There was statistically significant difference in level of knowledge of primigravida mothers after implementation of planned teaching programme. This supports that planned teaching programme on minor ailments in terms of home remedies is effective in increasing the knowledge level of primigravida mothers.

INTRODUCTION

Pregnancy is a very exciting time, but it is often the minor discomforts associated with pregnancy that can cause discomforts. Discomforts can be overcome with a few lifestyle adjustments. This can help ensure a healthy and comfortable pregnancy. Most mild discomforts during pregnancy do not require medication. However, many medications are safe to use during pregnancy. A midwife is usually the first medical professional that a pregnant woman sees. Therefore, a basic understanding of the physiological changes induced by pregnancy is required. Minor disorders are minor in that they are not life-threatening. As soon as a woman becomes pregnant and experiences early pregnancy fatigue with nausea and vomiting, she realizes the inaccuracy of her description. The midwife's role is to always be aware of the occurrence of complications and refer accordingly. As always, she needs to be educated. The causes of trace elements can be divided into hormonal changes, regulatory changes, metabolic changes and postural changes. All systems in the body adapt and are affected by pregnancy. Mothers only need advice on specific causes.¹

During first trimester of pregnancy, nausea affects 70% to 85% of all women, and vomiting affects 50% of pregnant women. The discomfort can last for whole day it can persist beyond the 20th week of pregnancy. About one pregnant woman in three loses some time from work or home duties. In its most severe form, Hyperemesis gravidarum can cause dehydration and starvation, and even death. Before the current era of easy replacement with intravenous fluids, Hyperemesis was a major reason for pregnancy termination.¹ According to WHO, pregnancy is the state of carrying a developing embryo or fetus within the female body. It is conventionally divided into three trimesters, each roughly three months long.¹ According to WHO, more than 200 million women become pregnant, out of which 130 million bear children. The WHO estimated that 500,000 women die from the complications of pregnancy and childbirth, while more suffer from pain and disability associated with it. The out of four maternal deaths occurs in India.² The average length of human pregnancy is 280 days or 40 weeks from the time of conception. During this time, a woman undergoes many changes to accommodate the growing fetus. Women experience a variety of physiological and psychological symptoms such as nausea, vomiting, backache, heartburn, anxiety, etc.

These are termed as minor ailments or discomforts of pregnancy. Minor ailments during pregnancy do not endanger the life of a woman, but if left unattended can lead to serious complications. The PMSMY is aimed at providing antenatal care packages to around three crore pregnant women on the ninth of every month by a specialist.² Since minor ailments during pregnancy are universal, there are sets of home remedies used by people according to their customs and beliefs that can be alleviated. Fortunately, most of these discomforts will go away as pregnancy progresses. So an antenatal mother's knowledge regarding minor ailments and their management is essential to safeguard their health.² Karnati and Kumari conducted a study to assess the knowledge regarding home management of minor ailments in pregnancy among rural women. A convenient sample of 30 pregnant women was selected by purposive sampling technique. The study findings revealed that with regard to level of knowledge on home management of minor ailments among pregnant women, 8 (26.67%) had good knowledge, 10 (33.33%) had average knowledge and 12 (40%) had poor knowledge.³ Vincent conducted a study on knowledge of primi-mothers on self-management of minor discomfort of pregnancy with a view to develop information booklet. The study was carried out in Justice KS Hegde Charitable Hospital on 100 primigravida mothers by using purposive sampling technique. The findings of the study showed that 87% of the primi-mothers were in the age group of 21–30 years, 37% of the women had high school education, 70% of the subjects were Hindus, 77% belonged to joint families and 53% were in the gestational age group of 29–40 weeks. Most (59%) of the primigravida mothers had poor knowledge, 29% had average knowledge, and 12% had good knowledge regarding minor discomforts of pregnancy and its self-management. Area-wise knowledge of primigravida mothers reveals deficiency in most of the areas, but the lowest mean percentage of score is 28.25% with a standard deviation of 1.74 in the area of knowledge related to circulatory and nervous system, which indicated that the maximum knowledge deficit is in this area. There was a significant association between knowledge of primigravida mothers and age, educational qualifications. The calculated values were 3.953 and 12.603, respectively which are more than the table value 3.84 and 7.82 at 0.05% level of significance. The findings of the study showed that there was a need to educate all women on preparation towards motherhood.⁴

In many countries the antipyretic and other over the counter medicines are commonly used among parents to treat their children. Suffering from minor ailments most frequent episode in childhood experiences. Fever is one of the chief complaints as many as one third of all pediatric consultation in general practice. In many countries the antipyretic medicine and over the counter medicines are commonly used among parents to treat their children. Common ailments of children including fever, diarrhoea, sore throat, bite, diaper rashes, cough, cold, indigestion etc.⁵ When baby arrives, the days will be so much happier. However, one must also be prepared for bad situations. Children are likely to face some of the common health problems in their early days. Children cannot tell what is wrong. There are some common minor conditions that most children will suffer from which could be the cause and which could be treated at home. Most maternal and under five deaths in developing countries happen at home, beyond the reach of health facilities. India contributes about 1 million under five deaths to the global burden, in India it is 53/1000 live births, in Karnataka 45/1000 live births, a high rate that has not declined much in the recent past.⁶ The present study was carried out with the objective of finding out the effectiveness of planned teaching programme on management of selected minor ailments in terms of home remedies among primi gravida mothers in selected maternity hospital Bangalore.

MATERIALS AND METHODS

A present study is based on quantitative research approach with pre experimental research design with one group pre and posttest design was adopted in order to achieve the objectives of the study at Banashankari maternity Hospital Bangalore, after approval of

institutional ethical committee for the period for three months. The Independent variable is planned teaching programme on management of selected minor ailments developed by author is independent variable and dependent variable is knowledge on minor ailments in terms of home remedies. By adopting Non - probability convenient sampling technique. Total 60 primigravida sample was included in the study with following sampling criteria:

Inclusion criteria

- Admitted in selected maternity hospital Bangalore.
- Those willing to participate and are present during data collection.

Exclusion criteria

- Not cooperative
- Associated with other chronic problems.

Data collection tool

The data collection tool consist of three sections, Structured knowledge questionnaire consist of two section i.e. Section I and Section II, Section I: Demographic variables such as age, religion, education status, occupation, family income, and family type, place of residence, previous knowledge and source of information Section 2: Structured knowledge questionnaire on General information on danger signs of pregnancy, Question on danger signs of bleeding per vagina and its management, Question on danger signs of severe vomiting and its management, Question on danger signs of unusual swelling and its management, Question on danger signs of high fever and its management, Question on danger signs of Decreased foetal movements and its management and Question on danger signs of anemia and its management.

RESULTS

The data were analyzed on the basis of the study objectives, using both descriptive and inferential statistics. Findings are organized in the following headings

Table 1. Frequency and percentage distribution of Demographic profile of ventilated clients

| Variable | Investigational Group | |
|------------------------------|-----------------------|---------|
| | Frequency | Percent |
| 1. Age in years | | |
| 18-27 years | 18 | 30.0 |
| 28-37 years | 36 | 60.0 |
| 37-45 years | 6 | 10.0 |
| 2. Mothers education | | |
| Primary education | 6 | 10.0 |
| Secondary education | 15 | 25.0 |
| Intermediate | 33 | 55.0 |
| Graduate | 6 | 10.0 |
| 3. Mothers occupation | | |
| House wife | 18 | 30.0 |
| Private employee | 27 | 45.0 |
| Government Sector | 2 | 3.3 |
| Self employed | 13 | 21.7 |
| 4. Religion | | |
| Hindu | 48 | 80.0 |
| Muslim | 6 | 10.0 |
| Christian | 6 | 10.0 |
| 5. Family income | | |
| Rs. 5001-10000 | 18 | 30.0 |
| Rs. 10001-15000 | 18 | 30.0 |
| Rs. 15001-20000 | 12 | 20.0 |
| Rs. 20001 and above | 12 | 20.0 |
| 6. Type of family | | |
| Nuclear | 28 | 46.7 |
| Joint | 4 | 6.7 |
| Extended | 28 | 46.7 |

| | | |
|---------------------------------|----|------|
| 7. Type of diet | | |
| Vegetarian | 16 | 26.7 |
| Non Vegetarian | 44 | 73.3 |
| 8. Residence | | |
| Rural | 10 | 16.7 |
| Urban | 50 | 83.3 |
| 9. Source of information | | |
| Mass media | 10 | 16.7 |
| Peers/friends | 12 | 20.0 |
| Family members | 5 | 8.3 |
| Health Personnel | 22 | 36.7 |

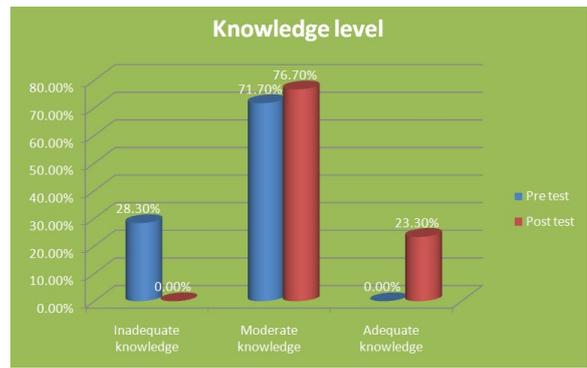


Figure 1. Pre test and post test knowledge level of primigravida mothers

Age: The distribution of the subjects by age higher % of primigravida mothers 36 (60.0%) were in 28-37 years followed by 18 (30%) were in 18-27 years and only 6 (10%) were in 37-45 years.

Table 2. Mean, Mean percentage and standard deviation for the pre test knowledge of Primigravida mothers

| Sl. No. | Knowledge aspects | No. of Items | Max Score | Mean | Mean % | SD |
|----------------|--|--------------|-----------|-------|--------|-------|
| 1 | General information | 5 | 5 | 3.42 | 68.4 | 0.645 |
| 2 | Danger signs of bleeding per vagina and its home remedies | 8 | 8 | 4.38 | 54.75 | 1.236 |
| 3 | Danger signs of severe vomiting and its home remedies | 6 | 6 | 2.8 | 46.66 | 0.777 |
| 4 | Danger signs of unusual swelling and its home remedies | 5 | 5 | 2.82 | 57.0 | 0.748 |
| 5 | Danger signs of high fever and its home remedies | 5 | 5 | 2.43 | 48.6 | 0.647 |
| 6 | Danger signs of Decreased foetal movements and its home remedies | 7 | 7 | 3.58 | 51.14 | 1.816 |
| 7 | Danger signs of anemia and its home remedies | 4 | 4 | 2.53 | 64.0 | 0.535 |
| Overall | | 40 | 40 | 21.97 | 54.92 | 2.774 |

N=60

Table 3. Comparison of pretest and post test knowledge scores of primigravida mothers regarding selected minor ailments in terms of home remedies

| Sl. No. | Knowledge aspects | Pre test | | Post test | | Mean difference | t Value | Df | Inference |
|----------------|--|----------|-------|-----------|-------|-----------------|---------|----|-----------|
| | | Mean | SD | Mean | SD | | | | |
| 1 | General information | 3.42 | 0.645 | 3.95 | 0.287 | 0.53 | 6.626 | 59 | S |
| 2 | Bleeding per vagina and its home remedies | 4.38 | 1.236 | 6.02 | 1 | 1.63 | 8.729 | 59 | S |
| 3 | Severe vomiting and its home remedies | 2.8 | 0.777 | 4.05 | 0.622 | 1.25 | 9.352 | 59 | S |
| 4 | Unusual swelling and its home remedies | 2.82 | 0.748 | 3.82 | 0.624 | 1.00 | 9.652 | 59 | S |
| 5 | High fever and its home remedies | 2.43 | 0.647 | 4.06 | 0.660 | 1.63 | 14.662 | 59 | S |
| 6 | Decreased foetal movements and its home remedies | 3.58 | 1.816 | 4.68 | 0.700 | 1.10 | 4.302 | 59 | S |
| 7 | Anemia and its home remedies | 2.53 | 0.535 | 2.81 | 0.791 | 0.28 | 2.138 | 59 | S |
| Overall | | 21.97 | 2.774 | 29.4 | 1.879 | 7.43 | 18.105 | 59 | S |

N=60

Mothers' education: Depicts that higher % of primigravida mothers' education 33 (55.0%) were Intermediate followed by 15 (25%) were Secondary education and only 6 (10%) were Primary education and Graduate respectively.

Mothers' occupation: Higher % of primigravida mothers' occupation 27 (45.0%) were Private employee followed by 18 (30%) were House wife and only 2 (3.3%) were employed in government sector.

Religion: Depicts that higher % of primigravida mothers' religion 48 (80.0%) were Hindu followed by 6 (10%) were Muslim and Christian respectively.

Family income: Depicts that higher % of primigravida mothers' family income 18 (30.0%) were had Rs. 5001-10000, Rs. 10001-15000 respectively followed by 12 (20%) were had 15001-20000 and Rs. 20001 and above respectively.

Type of family: Depicts that higher % of primigravida mothers' type of family 28 (46.7%) were belongs to nuclear family and extended respectively and only 4 (6.7%) were belongs to nuclear family.

Type of diet: Depicts that higher % of primigravida mothers' type of diet 44 (73.3%) were non-Vegetarian and only 16 (26.7%) were Vegetarian.

Residence: Depicts that higher % of primigravida mothers' residence 50 (83.3%) were residing at urban and only 10 (16.7%) were belongs to rural area.

Source of information: Higher % of primigravida mothers' occupation 22 (36.7%) were had information from Health Personnel followed by 12 (20%) were had information from Peers/friends and only 5 (8.3%) were had information from Family members. The overall pre and posttest knowledge score of primigravida mothers regarding danger signs of pregnancy and its management majority 43 (71.7%) were had moderate knowledge and only 17 (28.3%) had Inadequate knowledge none of the participant's adequate knowledge in pretest, where as in posttest majority 46 (76.7%) were had moderate knowledge and 14 (23.3%) had in adequate knowledge and none of them had inadequate knowledge.

The above table shows that the maximum mean percentage obtained by the subjects is found in the aspect of General information (68.4%) followed by Danger signs of anemia and its home remedies (64.0%), Danger signs of unusual swelling and its home remedies (57.0%), Danger signs of bleeding per vagina and its home remedies (54.75), Danger signs of Decreased foetal movements and its home remedies (51.4), Danger signs of high fever and its home remedies (48.6), and least mean score (46.6%) found in the aspect of Danger signs of severe vomiting and its home remedies. The overall knowledge scores of respondents were found to be 54.92% with standard deviation 2.774 in pretest. depicts overall means knowledge scores before and after information booklet of primigravida mothers regarding selected danger signs of pregnancy and its management. The overall before test awareness score was 21.97 and after test awareness score was 29.4 and mean difference of knowledge score was 7.43. The obtained t-test value was 18.105 which shows statistical significance at p<0.05. There was statistically significant difference in level of knowledge of

primigravida mothers after implementation of planned teaching programme.

DISCUSSION

Level of Knowledge of primigravida mothers regarding selected danger signs of pregnancy and its management in pre test and posttest, reveals that majority 43 (71.7%) were had moderate knowledge and only 17 (28.3%) had inadequate knowledge none of the participant's adequate knowledge in pretest, where as in posttest majority 46 (76.7%) were had moderate knowledge and 14 (23.3%) had in adequate knowledge and none of them had inadequate knowledge. The findings of the study was in consistent with Mesele *et al* (2023)⁷ Who conducted study on Knowledge of danger signs in pregnancy and their associated factors among pregnant women in Hosanna Town, Hadiya Zone, southern Ethiopia.

The findings of the study showed The prevalence of good knowledge of danger signs in pregnancy was 259/410 (63.2%, 95% confidence interval (CI) 58.3–67.8). The most common known danger signs during pregnancy were severe vaginal bleeding ($n=227$, 55.4%), followed by blurred vision ($n=224$, 54.6%). In the multivariable analysis, the age of the respondent (AOR = 3.29, 95% CI 1.15–9.38), the tertiary education of the mother (AOR = 5.40, 95% CI 2.56–11.34), and the number of live births (AOR = 3.95, 95% CI 2.08–7.48) were statistically significant factors. The obtained t- test value was 18.105 which shows statistical significance at $p<0.05$.

There was statistically significant difference in level of knowledge of primigravida mothers after implementation of planned teaching programme. The findings of the study was in consistent with Bharat *et al* (2021)⁸ Who conducted study on the effectiveness of ptp (planned teaching programme) on knowledge regarding warning sign of pregnancy among primi gravida mother, and found he Mean post-test knowledge score of 24.44 on warning sign of pregnancy was significantly higher than the Mean pre-test knowledge score of 8.4 among primigravida mothers. Calculated 't' value for knowledge score was 23.62 and found to be statistically significant at 0.05 level of significance. This indicates that planned teaching programme had improved the knowledge regarding warning sign of pregnancy among primi gravida mothers.

CONCLUSION

The delivered planned teaching on minor ailments in terms of home remedies among primigravida mothers proved its beneficial effects in terms of knowledge in managing minor ailments and its home remedies. This study confirmed that planned teaching on minor ailments for primigravida mothers can manage minor ailments at home itself and cut short long stay in maternity hospitals.

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