



## **EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON PREGNANCY INDUCED HYPERTENSION AMONG ANTENATAL MOTHERS ATTENDING URBAN HEALTH CENTRE**

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### **Abstract:**

#### **Objectives:**

- ✓ To assess the knowledge of Pregnancy Induced Hypertension among antenatal mothers.
- ✓ To evaluate the effectiveness of Structured Teaching Programme on Pregnancy Induced Hypertension.
- ✓ To compare the knowledge of mothers between experimental and control group.
- ✓ To associate the selected demographic variables with mothers knowledge on Pregnancy Induced Hypertension.

#### **Research Methodology:**

*Research Approach:* Evaluative Approach. *Research Design:* Quasi- experimental, before and after (Pre test-post test). *Population:* All the antenatal mothers with Pregnancy Induced Hypertension, attending antenatal outpatient department. *Sampling Technique:* Non-randomized convenient sampling technique. *Sample size:* 40 subjects. Among them 20subject were selected for the experimental group and 20 subjects for the control group. *Data Analysis:* Collected data were tabulated and analysed using Descriptive statistics and inferential statistics. *Findings of the Study:* The incidence of Pregnancy Induced Hypertension was high among the subjects belonging to the age group 21-30 years.Majority of the antenatal mothers have knowledge on signs and symptoms of Pregnancy Induced Hypertension.The planned structured teaching was found to be effective in improving knowledge of antenatal mothers on Pregnancy Induced Hypertension( $<0.05$ ).There is association between post test knowledge and selected demographic variables such as age, type of family and habitation( $p<0.05$ )

#### **Conclusion:**

The conclusion drawn from the study was an inadequate knowledge among antenatal mothers regarding pregnancy Induced Hypertension. Health Teaching can improve knowledge among antenatal mothers.

**Key Words:** Effectiveness, structured teaching, knowledge

#### **Introduction:**

Pregnancy and Child birth are the two vital events in the life of a woman. During pregnancy, women require special care because; it brings double benefits, first to her as an adult member of community and second to the product of her pregnancy. More than half a million women die in childbirth annually worldwide from treatable complication associated with pregnancy and delivery. Every minute a woman dies from pregnancy and child birth related causes and at least 20 more women each minute suffer injury or disease as a result of childbirth, often with long term consequences out of which the commonest one is development of hypertension during during pregnancy. Hypertensive disorders in pregnancy are among the major causes of maternal and perinatal mortality and morbidity. The health care providers should implement the health education programs during the women's antenatal visit. They must also schedule enough time for education and actively involve community members who have influence on health seeking behaviour. Information should be provided in simple, clear and plain language and to check that women understood the information. There must be poster that provides information on PIH in the clinics and health care centers, these posters must be written in their language and also handouts must be available to accompany the antenatal care card.

#### **Problem Statement:**

Effectiveness of structured teaching programme on pregnancy induced hypertension among antenatal mothers attending urban health centre.

#### **Need for the Study:**

Hypertension is the most common medical problem encountered during pregnancy, complicating 2-3% pregnancies. The important thing to remember is that pregnancy induced hypertension is a very serious illness and must be followed closely by medical professional to help prevent prematurity and death of baby and other severe complications in most severe cases.

#### **Objectives:**

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- ✓ To compare the knowledge of mothers between experimental and control group.

- ✓ To associate the selected demographic variables with mothers knowledge on Pregnancy Induced Hypertension.

**Sampling Technique:** Non-randomized convenient sampling technique

**Sample Size:** 40 subjects, among them 20subject were selected for the experimental group and 20 subjects for the control group.

**Research Methodology:** Research Approach: Evaluative approach.

**Research Design:** Quasi- experimental, before and after (Pre test-post test) schematically

EG 01x 02 CG 01- 02  
 EG = Experimental group  
 01 = pre test  
 X = Intervention  
 02 =post test  
 CG =control group

**Description of the Tool:** The tool was developed after reviewing the related literature.section-1 includes demographic variables. Section-2 includes questionnaire on pregnancy induced Hypertension.section-3 includes structured teaching programme on pregnancy induced hypertension.Scoring was interpreted as >50% - inadequate knowledge, 50-70% - moderately adequate knowledge, >75% - adequate knowledge.Validity of the tool was obtained from experts.Reliability was tested by test-retest method and pilot study.

**Data Analysis:** Frequency and percentage distribution were used to describe the demographic variables nd the level of knowledge in the pre and post test. Mean and standard deviation were used to determine the level of knowledge in pre and post test. Paired test was to analyze the difference between pre and post knowledge. Unpaired t-test to evaluate the effectiveness of structured teaching programme. Chi-square test was used to associate the post test knowledge with the selected demographic variables.

Table 1: Distribution of Demographic Variables

DEMOGRAPHIC VARIABLES		GROUP			
		Control		Experimental	
		N	%	N	%
Age	<=20yrs	6	30	5	25
	21-30yrs	10	50	11	55
	>30yrs	4	20	4	20
Education	Illiterate	7	35	4	20
	Primary	5	25	3	15
	High School	2	10	6	30
	Higher Secondary	4	20	4	20
	Graduation	2	10	3	15
Occupation	House wife	16	80	16	80
	Employed	4	20	4	20
Type of family	Nuclear	12	60	15	75
	Joint	8	40	5	25
Family monthly income in Rupees	<Rs1000	2	10	1	5
	Rs1001-2000	6	30	4	20
	Rs2001-3000	9	45	9	45
	>Rs3000	3	15	6	30
Habitation	Rural	12	60	9	45
	Urban	3	15	2	10
	Suburban	5	25	9	45

Table 1 shows 80% are literate in experimental group, 65% are literate in control group, in relation to occupational status in experimental and control group 80% were housewives, 20% were employed. With regard to habitation in the experimental group 45% are from rural area, 10% from urban and remaining 45% from sub-urban area. In control group 60% are from rural, 15% are from urban and 25% from sub-urban area.

Table2: Comparison of Pre and Post Test Knowledge on Pregnancy Induced Hypertension

Various aspects of PIH	Number of questions	Control group		Experimental group	
		Mean score	Post test % of knowledge	Mean score	Post test % knowledge
Disease process	6	2.58	41%	4.70	78%
Signs& symptoms	3	.50	17%	2.55	85%
Investigation	3	1.55	52%	2.00	67%
Diet	4	.95	24%	2.90	73%

Rest & sleep	4	1.30	33%	3.10	78%
Treatment	5	1.00	20%	3.65	73%
complication	5	.50	10%	3.25	65%

Table2 shows, in experimental group mothers have very good knowledge on signs & Symptoms, disease process and Rest and sleep and moderately good knowledge on diet, investigation, very poor knowledge on signs and symptoms, diet, treatment and complication aspects.

Table 3: Effectiveness of Structured Teaching on PIH between Control and Experimental Group (Post)

Group	Mean	Standard Deviation	Independent t value	Level of significance
Control	9.40	3.19	8.19	P= 0.01
Experimental	21.35	5.69		P<0.05 significant

Table3 shows “t” value is calculated as 8.19. The effectiveness of structured teaching was found significant at p<0.05 level.

Table4: Association of Selected Demographic Variables

Demographic variables	Chi-square values	Level of significance
Age	11.13	P=0.03(s)
Education	8.25	P=0.14(NS)
Occupation	2.19	P=0.33(NS)
Type of family	6.67	P=0.04(s)
Family monthly income	5.84	P=0.44(NS)
Habitation	6.13	P=0.05(s)

Table 4 shows the chi-square values of age, type of family and habitation were significant at p<0.05 level.

**Findings of the Study:**

The conclusion of the study are 1) The incidence of PIH was high among the subjects belonging to the age group 21-30years.2) Most of the antenatal mothers are from rural area.3) The planned structured teaching was found to be effective in improving knowledge of antenatal mothers on PIH.4) There is association between post test knowledge and selected demographic variables such as age, type of family and habitation.

**Recommendations:**

- ✓ Similar study may be replicated with randomization in selection of sample.
- ✓ Study may be conducted on a larger population.
- ✓ A comparative study can be conducted between the effects of structured teaching programme vs self instructional module.

**Conclusion:**

Pregnancy Induced Hypertension is the most common of the serious complications of pregnancy. Health teaching can improve knowledge among antenatal mothers regarding pregnancy induced hypertension. Hence health education is expected to liberate people from the shackles of ignorance by imparting sufficient knowledge of care.

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