

# “A study to assess the effectiveness of planned teaching programme on minor disorders and its management in terms of knowledge among primigravida women in selected community health centre in Kheda district”

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## ABSTRACT

A quasi experimental non randomized pretest posttest design was used to “Assess the Effectiveness of Planned Teaching Programme on Minor Disorder and its Management in terms of Knowledge among Primigravida Women.” 40 samples of primigravida women were selected by nonprobability convenient sampling technique. The structured knowledge questionnaires were used to assess the level of knowledge on minor disorder and its management. Validity was assessed by 7 experts. Planned teaching programme was conducted on the day of pretest. Posttest was conducted on after 7 days of pretest by using same tool. The data will be analyzed by descriptive statistics such as Mean, SD, Frequency and Percentage. The mean posttest level of knowledge regarding minor disorder and its management was significant higher than the mean pretest of knowledge regarding minor disorder and its management. The calculated T test value was (5.25) higher than the tabulated value so H1 was accepted. It was suggested that there was significant association between pretest knowledge score and posttest knowledge score on minor disorder and its management.

## KEY WORDS

Planned teaching programme, Knowledge, Effectiveness, Minor disorders and its management, Primigravida women, Community Health Centre.

## INTRODUCTION

**Pregnancy**, also known as gestation, is the time during which one or more offspring develops inside a woman. Childbirth typically occurs around 40 weeks from the last menstrual period (LMP). This is just over nine months, where each month averages 31 days. When measured from fertilization it is about 38 weeks. Symptoms of early pregnancy may include missed periods, tender breasts, nausea and vomiting, hunger, and frequent urination. Pregnancy may be confirmed with a pregnancy test. Pregnancy is accompanied

by numerous customs that are often subject to ethnological research, often rooted in traditional medicine or religion. The baby shower is an example of a modern custom. In most cultures, pregnant women have a special status in society and receive particularly gentle care. During pregnancy; the woman undergoes many physiological changes, which are entirely normal, including behavioral, cardiovascular, hematologic, metabolic, renal, and respiratory changes. Pregnancy is typically broken into three periods, or trimesters, each of about three months. Each trimester is defined as 14 weeks, for a total

duration of 42 weeks, although the average duration of pregnancy is 40 weeks.

The well-being of pregnant women has continued to be threatened, despite global initiatives aimed towards reduction of maternal mortality. Global estimates on maternal deaths shows around 287,000 maternal deaths in 2010, a 47% reduction compared to 1990 figure of 540,000 deaths. In addition to maternal mortality, severe maternal morbidities impact up to 9% of pregnant women. The central focus of the global maternal health agenda is on maternal mortality, whereas the impact of less severe morbidities accounting for an estimated 58–80% of acute ill conditions. Affecting pregnant women in developing countries are often overlooked.

## OBJECTIVE

1. To assess the knowledge before administration of planned teaching programme on minor disorders & management among Primigravida Women.
2. To assess the knowledge after administration of planned teaching programme on minor disorder & management among Primigravida Women.
3. To assess the effectiveness of plan teaching programme on minor disorder & management among Primigravida Women.
4. To find out the association between pretest level of knowledge score on minor disorder and its management with selected demographic variable.

## HYPOTHESIS

**H1:** The mean posttest knowledge score of primigravida women will be significantly higher than the mean pretest score on minor disorder and its management at 0.05 level of significant after administration of plan teaching programme.

**H2:** There will be significant association between the pretest knowledge score and selected demographic variable at 0.05 level of significany.

## METHODOLOGY

**Research approach:** A quantitative research approach was used for this study.

**Research design:** A quasi experimental non randomized one group pre test post test design was used.

### Variable:

- **Independent variable:** plan teaching programme.

- **Dependent variable:** knowledge of primigravida mother on minor disorder and its management.
- **Setting of study:** The study was conducted in selected community health center at Kheda district.

**Population:** The population includes selected primigravida women in community health center in Kheda district.

**Sample:** primigravida women

**Sample size:** 40 subjects who fulfilled inclusion criteria.

**Sampling technique:**

Convenient sampling technique

**Description of tool:**

### 1) SECTION- I

It deals with the personal data of sample. It includes sample Number, Age, Education, Occupation, Gestational age, Religion, Food habit of primigravida women in selected Community Health Centre.

### 2) SECTION – II

It deals with the structure questionnaire about minor disorder and its management in terms of knowledge among primigravida women in selected community health centre of Kheda district. In this section 25 multiple choice question were present. The multiple choice questions were included in different area of minor disorder and its management.

**Table 1** scoring procedure

Level of knowledge	score
Poor	1-8
Average	9-15
Good	16-25

**Reliability:** reliability was established through test re-test method by split half. In that  $r = 0.9$  and hence the tool was reliable.

**Validity:** content validity of the tool was evaluated by 7 experts. In that 2 gynecologist, 5 M.Sc. in obstetrics and gynecological Nursing

**Pilot study:** 4 samples were collected primigravida women who comes at community health center ,Alindra.

**Data collection procedure:**

Pretest for assessing knowledge of samples about minor disorders and its management through a structured knowledge questionnaire which took 20 minutes. Administration of plan teaching programme 45 minutes. Posttest assessing knowledge of sample about minor disorders through a structured knowledge questionnaire, which took 30 minutes thus activities were carried out sequentially in the morning comprising pretest and planned teaching programme, posttest respectively.

**Plan for data analysis:** The data obtained was analyzed in term of the objectives of study using description and informal statistics. The plan for data analysis is as follows. Organization for data in master sheet. Frequencies and percentage to be used for analysis of demographic data. Calculation of mean, standard deviation of pretest and posttest score and 't' test.

**Results:**

**Table 2:** Mean, mean difference, standard deviation and 't' test of pre- test and post- test knowledge score of samples on minor disorders and its management.

Knowledge Test	Mean	SD	T test	TV
Pre-test	12.2	4.121	5.25	2.23
Post-test	17.25	4.54		

Table 2 shows that distribution of knowledge score of 40 sample before and after administration of planned teaching programme on minor disorder and its management. It indicate the mean 12.2 that is score obtained before exposure of planned teaching programme and mean score 17.25 that is obtained after administration of planned teaching programme. The mean difference in knowledge score suggesting the knowledge gained by sample. It is evident from above table that the mean post-test knowledge score is higher than mean pre-test score of sample exposed to planned teaching programme.

It indicates that administration of planned teaching programme was effective in increasing the knowledge of the samples regarding minor disorders and its management. Mean difference between pre-test and post-test knowledge score is 5.05 which indicates gain in knowledge after administration of planned teaching programme on

minor disorders and its management. The calculated "t" value (5.25) is significantly higher than the tabulated 't' test value (2.23). There for the null hypothesis is rejected at 0.05% level of significance That means planned teaching programme is effective on primigravida women.

**CONCLUSION:**

The finding indicated that a planned teaching programme was an effective strategy in bringing about changes in knowledge of minor disorder of pregnancy and its management among primigravida women in selected community health centers of kheda. Primigravida women gained significant increase in knowledge which show that planned teaching programme was effective in terms of knowledge. A planned teaching programme on minor disorder of pregnancy and its management was acceptable and useful method of teaching for primigravida women.

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