Scientific Paper On "The Effectiveness Of Structured Teaching Programme Regarding Minor Disorders Of Pregnancy Among Primigravidas"

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Date of Submission: 04-11-2025

Date of Acceptance: 14-11-2025

I. Introduction

Pregnancy is also known as gestation. It is the time during which one or more offspring's develop inside a woman. Child birth typically occurs around 40 weeks from the last menstrual period. ¹

During pregnancy, the rapidly rising hormones such as estrogen, progesterone, and prolactin change the maternal body into a suitable environment for the fetus and may cause some symptoms in the mother called as minor disorders. Minor disorders during pregnancy are effectively managed at home².

Most of the problems can be well managed by the mother. This physiological change in the women's body during pregnancy can sometimes lead to disorders which may be so severe that they may cause problem for the women. These problems can be mostly sorted out by merely educating the women. However sometimes minor treatment may be necessary².

Nausea and vomiting is the common disorder presents between 4 and 16 weeks of gestation. It occurs due to increased level of human chorionic gonadotropin (HCG) and other contributors are estrogen and progesterone³. **Constipation** is a common problem in pregnancy. It occurs due to relaxation and decreased peristalsis of the gut; diminish physical activity and pressure of the gravid uterus on the pelvic colon. It could also result if high dose of iron therapy is prescribed for a pregnant woman in case of anemia. It tends to become worse as the pregnancy progress. Patient may develop severe discomfort and pain if not managed adequately⁴.

Frequency of urination is one of the most common early symptom of pregnancy that starts in the first trimester around 4th week when there is pressure of the gravid uterus on the urinary bladder. It could also occur during third trimester⁵.

Back pain is a common problem and occurs in more than (50%) of clients during in pregnancy. It usually occurs in the second and third trimesters, resulting from enlarged uterus⁶.

Many of these minor ailments get worse if not treated earlier. The nurse has a very important role to play in educating patients and managing minor conditions.

Need For The Study

Minor disorders in pregnancy are common to the pregnant women. So they need to have the knowledge regarding minor disorders of pregnancy.

During pregnancy an expectant mother's body will undergo hormonal changes, which often give raise to a range of relatively minor, yet troublesome ailments such as nausea, vomiting and constipation⁷. As the pregnancy progress, the increasing maternal weight can also cause physical stress on the body, producing uncomfortable symptoms⁸.

During the clinical posting in antenatal ward observed that many of the antenatal women suffer from one or other minor ailments during pregnancy and they lack knowledge regarding the management. So the investigator had interest to do the study. Through which antenatal mothers can be informed regarding minor ailments of pregnancy and its management. This will reduce discomfort during pregnancy.

Statement Of The Problem:

"A Study To Evaluate The Effectiveness Of Structured Teaching Programme Regarding Minor Disorders Of Pregnancy Among Primigravidas Attending Antenatal O.P.D At Selected Hospital, Rajahmundry."

Objectives Of Study:

- 1. To assess the pre-test knowledge regarding minor disorders of pregnancy among primigravidas.
- 2. To administer the structured teaching programme on minor disorders of pregnancy among primigravidas.
- 3. To assess the post-test knowledge regarding minor disorders of pregnancy among primigravidas.
- 4. To find out the difference between pre-test and post-test knowledge regarding minor disorders of pregnancy among primigravidas.
- 5. To find out the association between post-test knowledge of primigravidas with their selected demographic variables.

Knowledge of the primigravidas regarding minor disorders of pregnancy

Hypothesis:

H₁: There is a significant difference between pre-test and post-test knowledge of the primigravidas regarding minor disorders of pregnancy.

H₂: There is a significant association between post-test knowledge of primigravidas with their demographic variables.

Anusha Mary et al. (2019): A quantitative pre experimental approach one group pre-test post-test design was used to assess the effectiveness of structured teaching programme on knowledge regarding management of minor ailments in pregnancy among antenatal mothers in selected hospital at Kollam District Kerala. Using a purposive sampling method 30 samples was selected and participants were given a knowledge questionnaire and data was analyzed and interpreted using inferential and descriptive statistics. The study results show that there is a significant association between knowledge and demographic variables like age, family income, education, occupation. The study shows that in pre-test 6% of antenatal mothers having poor level of knowledge and majority 40% of antenatal mothers having average level of knowledge. In post-test 70% antenatal mothers have average level of knowledge and 30% antenatal mothers having good level of knowledge. The findings of the study concluded that structured teaching programme was effective to increase the knowledge of antenatal mothers regarding minor ailments and their remedial measures⁹.

II. Research Methodology

Research Approach:

Quantitative approach.

Research Design:

Pre – experimental one group pre- test post- test research design was in the present study.

Setting Of The Study:

The setting is on basis of availability of adequate sample and the research feasibility to conduct the study.

Sample:

Primigravidas who are attending antenatal O.P.D. at selected hospital, Rajahmundry.

Sample Size:

The sample size for the present study consists of 60 primigravidas

Sampling Technique: Probability Simple Random Sampling Technique Was Adopted For The Pr

Data Collection Method: Self Administered Multiple choice Questionnaire used for data collection.

III. Data Analysis And Interpretation
Frequency And Percentage Distribution Of Sample According To Demographic Variables
(N=60)

| Sl.No | Demographic Variables | Frequency (F) | Percentage (%) |
|-------|--|------------------|-------------------------------|
| 1. | Age In Years a) 18–21 b) 22–25 c) 26–29 d) 30 And Above | 25 27 5 | 41.66% 45% 8.3% 5.1% |
| 2. | Religion a) Hindu | 39 | 65% |

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| | b) Muslim | 2 | 3.33% |
|----|-----------------------------------|----|--------|
| | c) Christian | 19 | 31.66% |
| | d) Others | 0 | 0% |
| 3. | Area Of Living | | |
| | a. Rural | 39 | 65% |
| | b. Urban | 21 | 35% |
| | | | |
| 4. | Educational Status Of The Mother | | |
| | a. Non Literate | 11 | 18.33% |
| | b. Primary Education | 23 | 38.33% |
| | c. Secondary Education | 8 | 13.33% |
| | d. Graduate And Above | 18 | 30% |
| 5. | Occupational Status Of The Mother | | |
| 3. | a. House Wife | | |
| | b. Labourer | 37 | 61.66% |
| | c. Business | 7 | 11.66% |
| | d. Employee | 2 | 3.33% |
| | d. Employee | 14 | 23.33% |
| 6. | Family Income Per Month In Rupees | | |
| | a. Rs <5000/- | 22 | 36.66% |
| | b. Rs 5001/Rs 10000/- | 24 | 40% |
| | c. Rs 10001/Rs 15000/- | 9 | 15% |
| | d. Rs 15001/- And Above | 5 | 8.33% |
| 7. | Type Of Family | | |
| | a. Nuclear | 39 | 65% |
| | b. Joint | 20 | 33.35% |
| | c. Extended | 1 | 1.66% |
| 8. | Dietary Pattern | | |
| | a. Vegetarian | 15 | 25% |
| | b. Vegetarian With Egg | 13 | 21.66% |
| | c. Non Vegetarian | 32 | 53.33% |
| 9. | Sources Of Information | | |
| | a) Mass Media | 8 | 13.33% |
| | b) Family Members | 32 | 53.33% |
| | c) Health Team Members | 20 | 33.33% |

Frequency Percentage Distribution Of Pretest And Post Test Knowledge Of Sample On Minor Disorders Of Pegnancy (N=60)

| S.No | Knowledge | Level Of Knowledge | | | | | | |
|------|-----------|----------------------|--------|----------------------|--------|--------------------|-----|--|
| | | Inadequate (<33%) | | Moderate (34-66%) | | Adequate (>66%) | | |
| | | F | % | F | % | F | % | |
| 1. | Pre-Test | 31 | 51.67% | 29 | 48.33% | 0 | 0% | |
| 2. | Post-Test | 2 | 3.33% | 10 | 16.67% | 48 | 80% | |

Table 2: Difference Between Pre-Test And Post-Test Levels Of Knowledge

| Sl. No | Category | Mean | Standard Deviation | Mean Difference | 'T' Calculated Value | 'T' Table Value | 'P' Value | Inference |
|-----------|-----------|-------|-----------------------|--------------------|----------------------------|-----------------------|--------------|-------------|
| 1. | Pre Test | 12.13 | 4.39 | | | | | |
| 2. | Post Test | 23.06 | 4.86 | 10.93 | 15.14 | 2 | 0.05 | Significant |

Data in table:2 shows that mean score of pre- test and post -test is 12.13 and 23.06 respectively. Standard deviation was 4.39 and 4.86 respectively. The mean difference was 10.93. The calculated t value 15.14 is greater than the table value i.e. 2 showing that there is a significant difference between pre - test knowledge and post - test knowledge regarding minor disorders of pregnancy. This indicating STP was highly effective. Hence H_1 is accepted.

Association Of Post Test Knowledge With Their Selected Demographic Variables. (N=60)

| | Association Of Post Test Knowledge With Their Selected Demographic Variables. (N | | | | | | | | |
|------|--|-----------|--------------|------------|------------|----------|----|-----------|--|
| Sl.n | Demographic variables | Knowledge | | | Chi-square | | Df | Inference | |
| 0 | | Adequate | Moder ate | Inadequate | C.V | T.V | | | |
| 1. | Age of in years | | | | | | | | |
| | a)18-21 | | | | | | | | |
| | b)22-25 | 20 | 4 | 1 | 6.764 | 12.59 | 6 | NS | |
| | c)26-29 | 22 | 4 | 1 | | | | | |
| | d)30 and above | 5 | 0 | 0 | | | | | |
| | , | 1 | 2 | 0 | | | | | |
| 2. | Religion | | | | | | | | |
| | a)Hindu | 31 | 8 | 0 | | | | | |
| | b)Muslim | 0 | 0 | 2 | 67.5 | 12.59 | 6 | S | |
| | c)Christian | 17 | 2 | 0 | | | | | |
| | d)Others | 0 | 0 | 0 | | | | | |
| 3. | Area of living | | | | | | | | |
| | a)Rural | 34 | 5 | 0 | | | | | |
| | b)Urban | 14 | 5 | 2 | 5.4 | 5.99 | 2 | NS | |
| 4. | EDUCATION | | | | | | | | |
| | a)Non literate | 5 | 4 | 2 | | | | | |
| | b)Primary | 19 | 14 | 0 | 15.237 | 12.59 | 6 | S | |
| | c)Secondary | 7 | 1 | 0 | | | | | |
| | d)Graduate and above | 17 | 1 | 0 | | | | | |
| | occupation | | | | | | | | |
| 5. | a)House wife | | | | | | | | |
| | b)Labourer | 29 | 6 | 2 | | | | | |
| | c)Business | 4 | 3 | 0 | 6.061 | 12.59 | 6 | NS | |
| | d)Employee | 2 | 0 | 0 | | | | | |
| | , 1 2 | 13 | 1 | 0 | | | | | |
| 6. | Family income per month | | | | | | | | |
| | a)Rs.<5000/- | | | | | | | | |
| | b)Rs.50001 to Rs10000/- | 15 | 6 | 1 | | | | | |
| | c)Rs.100001 to Rs15000/- | 19 | 4 | 1 | | | | | |
| | d)Rs.150001/- and above | | | | 4.34 | 12.59 | 6 | NS | |
| | , | 9 | 0 | 0 | | | | | |
| | | 5 | 0 | 0 | | | | | |
| | | | | | | | | | |
| 7. | Type of family | | | | | | | | |
| | a)Nuclear | 31 | 7 | 1 | | | | | |
| | b)Joint | 16 | 3 | 1 | 0.53 | 9.49 | 4 | NS | |
| | c)Extended | 1 | 0 | 0 | | <u> </u> | | | |
| 8. | Dietary pattern | | | | | | | | |
| | a)Vegetarian | 11 | 4 | 0 | | | | | |
| | b)Vegetarian with egg | 9 | 4 | 0 | 6.84 | 9.49 | 4 | NS | |
| | c)Non vegetarian | 28 | 2 | 2 | | | | | |
| | | | | | | | | | |
| 9. | Source of information | | | | | | | | |
| | a)Mass media | 6 | 2 | 0 | | | | | |
| | b)Family income | 25 | 5 | 2 | 2.09 | 9.49 | 4 | NS | |
| | c)Health team members | 17 | 3 | 0 | | 1 | 1 | | |

Note: NS – Not signature S – Significant Level of significant is 0.05

Data presented in table 6 shows that there is no significant association between age, area of living, occupation, family income, type of family, dietary pattern and source of information, but in religion, education shows significant. So hypothesis H_2 is partially accepted.

IV. Discussion

The present study aimed at "A study to assess the effectiveness of structured teaching programme on minor disorders of pregnancy among primigravidas attending antenatal O.P.D.at selected hospital, Rajahmundry.

The discussion of the present study is based on the findings obtained from descriptive and inferential statistical analysis of collected data.

Objectives:

- 1. To evaluate the effectiveness of structured teaching programme on minor disorders of pregnancy.
- 2. To find out the association between post test knowledge with their selected demographic variables

AT Sajitha, et. al.,(2018): A quasi experimental pre-test post -test control group study was conducted to assess the effectiveness of prenatal education regarding practice of antenatal exercise and prevalence of minor ailments during the third trimester among pregnant mothers. Study was conducted among 60 antenatal women between 28-30 weeks of gestation attending obstetrics and gynaecology O.P.D, amrita institute of medical sciences and research centre, Kochi, Kerala, India. The antenatal women were selected by using non probability convenience sampling technique and the data was collected using a self reported checklist to assess the practice of exercise and a self administered rating scale to assess the level of minor ailments experienced by antenatal mothers. Outof 60 antenatal mothers majority of the mother were within the age group of 18-25 years. The mean post-test score of practice in control group was (24.63+4.5) and the mean post test score in experimental group was (66.3+8.4) and it is significant at the level of p-value < 0.001. The mean post-test score of minor ailments in control group was (33.1+- 1.47) and in experimental group (25.27+-2.12). Noticeably the comparison between mean post-test score of minor ailments shows statistically significant difference at the level of p<0.001. Performing exercise during pregnancy helps the mother to be healthy and free from minor ailments.

V. Summary And Conclusion

Minor disorders are discomforts experienced by women following conception, which may become serious if they escalate, are termed as minor disorders of pregnancy. The knowledge of minor disorders and maintaining health can reduce the risk and improve quality of life.

The main purpose was to assess the knowledge on minor disorders of pregnancy among primigravidas and improve knowledge to the primigravidas through structured teaching programme.

Major Findings:

- The results showed that in pre-test 51.67% of primigravidas were having inadequate knowledge, 48.33% were having moderately adequate knowledge.
- The pre-test mean was 12.13, standard deviation was 4.39.
- In post- test members 80% had adequate knowledge, 16.67% had moderately adequate knowledge and 3.33% had inadequate knowledge.
- The post-test mean was 23.06, standard deviation was 4.86.
- The pre-test mean was 12.13, standard deviation was 4.39 and the post-test mean was 23.06, standard deviation was 4.86 and mean difference was -10.93.
- The calculated 't' value for knowledge is 15.14 and the table value is 2.00 which was significant at 0.05 level. Hence H_1 is accepted.
- There is no statistically significant association between post- test knowledge with the demographic variables of age, area of living, occupation, and family income, type of family, dietary pattern and sources of information.

Conclusion:

There is a significant difference between pre-test and post-test knowledge regarding minor disorders of pregnancy. Thus indicating STP was highly effective. Hence H_1 is accepted.

Recommendations:

Based on the findings of the study the following recommendations are made:

- A comparative study can be carried out to assess the knowledge of primigravidas regarding minor disorders of pregnancy
- A descriptive study can be carried out to assess the knowledge of primigravidas regarding minor disorders of pregnancy.
- A study can be carried out to assess the level of knowledge and preventive measures regarding minor disorders of pregnancy.
- A study can be carried out in antenatal wards.

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