

“A Study to Assess the Effectiveness of Planned Teaching Program on Knowledge Regarding Non Pharmacological Techniques of Managing Labour Pain in Primigravida Women Admitted In Antenatal Ward of Selected Hospitals At, Indore”.

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Abstract: A quasi-experimental Study To Assess The Effectiveness Of Planned Teaching Program On Knowledge Regarding Non Pharmacological Techniques Of Managing Labour Pain In Primigravida Women Admitted In Antenatal Ward Of Selected Hospitals At, Indore. The population was Primigravida women. The sample consists of 60 primigravida women of the selected Hospitals at Indore. The subjects are selected by Simple Random sampling technique. The tool comprised of knowledge questionnaires. The pre-test was conducted and planned teaching programme was administered on the primigravida women immediately after the pretest. The post test was conducted after One week of the pre test with same questionnaires. The data obtained was analyzed using descriptive and inferential statistics. In pre-test the sampled subjects were having poor knowledge on non pharmacological techniques of managing labour pain. ie. about 34%. Regarding the post-test the sampled subject had a improved knowledge on non pharmacological techniques of managing labour pain ie. About 83.9%. In relation to Planned teaching programme, the paired “t” test showed that, the teaching programme was statistically significant at $p < 0.0001$ level in primigravida women. These data proved that the knowledge of primigravida women had been markedly increased after the administration of planned teaching programme.

Key words: Primigravida women, Non pharmacological techniques, Knowledge

Date of Submission: 08-05-2019

Date of acceptance: 23-05-2019

I. Introduction

Pregnancy is a special event .The labour and birth process is an exciting, anxiety provoking situation for the women and her family. The time of labour and birth, though short, in comparison with the length of the pregnancy, it is the most dramatic and significant period of pregnancy for the expectant women. Each women comes into labour room with own set of expectations ,fear, preparation, pain threshold, personality and behavioral make up and ways of experiencing what is happening to her, which has to be managed effectively according to them. The pain involved in labour and birth can sometimes dominate a pregnant women or couples throughout childbirth, particularly as the baby’s due date approaches.

Most pain during childbirth results from normal physiological events. If nurses understand the nature and effects of pain during the labour process they will be better prepared to provide supportive care. Physical comforts include a variety of non pharmacological and pharmacological interventions. Today’s man lives in a world where everything moves with a tick of a clock and moves around in a world with high technological advancement. Care and concern, of human being is replaced by high technology. Nowadays the human touch is somewhere is missing down the lane. So in this context, nurses are the only one who will render “hi-touch” care in the midst of “hi-tech” care. Nurses will care for mothers by providing relaxation and other techniques which help to promote labour and relieve pain.

The hospital surroundings may also provoke anxiety to the mother along with severe pain. It is also difficult with conventional patterns of staffing to have long enough time to care for one mother at a tome, adding to the sense of frustration and crisis.The management of labour pain is a major goal of intra partum care. There are two general approaches : pharmacological and non pharmacological approach. Pharmacological approaches are directed towards the elimination of the physical sensation of labour pain, whereas non pharmacological approaches are largely directed towards prevention of suffering. Rather than making the pain disappear the midwife and other caregiver assist the woman to cope with it, build her self confidence and maintain a sense of mastery and wellbeing. Touch and massage touching another human being can communicate positive message such as caring concern reassurance or love. Massage is the intentional and systematic manipulation of the soft tissues of the body to enhance health and healing is during labour to enhance relaxation

and reduce pain and suffering. The massage can lower pain intensity at each phase of labour. Anxiety level also decreases in massage during the latent phase and the massage is helpful in pain relief and psychological support.

The research study was published entitled “To study the effects of antenatal perineal massage on subsequent perineal outcomes at delivery.” The design used was a randomized, single-blind prospective study. The study was conducted at Department of Obstetrics and Gynecology, Watford General Hospital. The participants were eight hundred and sixty-one nulliparous women with singleton pregnancy and fulfilling criteria for entry to the trial. The results showed comparison of the group assigned to massage with the group assigned to no massage showed a reduction of 6.1% in second or third degree tears or episiotomies. This corresponded to tear rates of 75.1% in the no-massage group and 69.0% in the massage group ($P = 0.073$). There was a corresponding reduction in instrumental deliveries from 40.9% to 34.6% ($P = 0.094$). After adjustment for mother's age and infant's birth weight these reductions achieved statistical significance ($P = 0.024$ and $P = 0.034$, respectively). Analysis by mother's age showed a much larger benefit due to massage in those aged 30 and over and a smaller benefit in those under 30. The study was concluded as antenatal perineal massage appears to have some benefit in reducing second or third degree tears or episiotomies and instrumental deliveries. This effect was stronger in the age group 30 years and above.

On the basis of above studies the investigator was motivated to do research in this area and also the investigator specially mentions primi gravida women because the level of anxiety and pain is very much greater in the first delivery as compared to the later issues. In primigravida the first stage of labour is longer than in multi gravida. Primi gravida need more support and care because of her unawareness about the experience of delivery.

II. Research Elaborations

Statement of problem-

“A Study To Assess The Effectiveness Of Planned Teaching Program On Knowledge Regarding Non Pharmacological Techniques Of Managing Labour Pain In Primigravida Women Admitted In Antenatal Ward Of Selected Hospitals At, Indore”.

III. Objectives

To assess the level of knowledge regarding non pharmacological techniques to manage labour pain among primigravida women by using structured knowledge questionnaire.

To develop planned teaching programme on selected non pharmacological techniques of managing labour pain among primigravida women.

To evaluate the effectiveness of planned teaching programme on knowledge regarding selected non pharmacological techniques of managing labour pain among primigravida women.

To associate the level of knowledge on non pharmacological techniques of managing labour pain with selected demographic variables.

IV. Hypothesis

Planned teaching programme can increase their knowledge level about non pharmacological techniques of managing labour pain in primigravida women.

V. Material And Method

Population- The primigravida women

Sample- The primigravida women admitted in antenatal ward in selected hospitals

Sample size- .60 primigravida women

Settings- the study was conducted in the antenatal ward of the maternity department in selected hospitals at indore: DISTRICT HOSPITAL ,INDORE.

The conceptual framework at this study was derived from “General system theory” Ludwing Van Bertalafy (1968).

VI. Research Design

The research design selected for the present study was quasi experimental one group pretest and post test design.

Table 1: Quasi experimental one group pretest and post test design.

PRE TEST	INTERVENTION	POST TEST
(Dependent variable)	(Independent variable)	(Dependent variable)
O1	X	O2
Knowledge of primigravida women	Planned teaching programme.	Knowledge of primigravida women

The interpretations of the symbol are as below

O1 - Administration of pretest knowledge Questionnaire

O2 - Administration of posttest knowledge Questionnaire

X - Intervention (Planned teaching programme.)

Ethical Consideration

After obtaining permission from research committee of research committee of Index College of nursing, prior permission was obtained from Head of the selected Hospitals at Indore. Consent was taken from each participants who had participated in the study.

Description of the Tool

Section A- Demographic Data: consisted of selected socio-demographic variables such as Age, educational status, Occupation, family income, religion and Food, social support etc.

Section B- Tools and scoring technique: A structured self-administered questionnaires was selected based on the objective of the study as it was considered the based and appropriate instrument to elicit the response from the literate subject.

Scoring

The knowledge of primigravida women regarding the outcomes of labor pain was scored as follows, one mark for each correct answer and zero marks for incorrect answer. The maximum score was 32, to interpret level of knowledge the score was distributed as follows; Interpretation of knowledge:

Level	Range
Inadequate knowledge	<50 %
Moderate knowledge	51-75 %
Adequate knowledge	>75 %

An answer key was prepared for scoring answer to the structured knowledge questionnaire.

Data Collection And Data Analysis

The data was presented under the following sections

Section-I: Description of socio-demographic variables of the respondents.

Section-II: Distribution of Respondents according pre-test and post-test level of knowledge score.

Section-III: Effectiveness of planned teaching program on knowledge of primigravida women regarding labor pain.

VII. Result

Section- I

Table 2: Description of socio-demographic variables of the respondents

N=60

Sl No	Demographic Variables	Variables	Frequency	Percentage
1.	Age (yrs.)	18 – 22	25	41.7
		22 – 26	18	30
		26 – 30	10	16.6
		30 – 34	7	11.7
2.	Religion	Hindu	31	51.7
		Christian	8	13.5
		Muslim	18	30
		Others	3	5
3.	Education	Illiterate	18	30
		Primary school	9	15
		High school	13	21.7
		PUC	9	15
		Degree & above	11	18.3
4.	Type of diet	Veg	33	55
		Non-veg	27	45
5.	social support	Family	37	61.7
		Relatives	18	30
		Friends	3	5
		Others	2	3.3

6.	Monthly family Income (Rs)	≤ 5000	23	38.3
		5000 – 7500	16	26.6
		7500 – 10000	13	21.7
		10000 – 15000	4	6.7
		>15000	4	6.7
7.	Occupation	House-wife	17	28.3
		Private Job	13	21.7
		Agriculture	7	11.7
		Home Business	9	15
		Govt. Job	12	20
		Others	2	3.3

Section II

Table 3: Frequency and Percentage distribution of respondents to their level of knowledge score

N=60

Level of knowledge	Score	Respondents			
		Per-test		Post-test	
		Frequency	Percent (%)	Frequency	Percent (%)
INADEQUATE KNOWLEDGE	<50%	30	50	00	00
MODERATE KNOWLEDGE	51-75%	18	30	12	20
ADEQUATE KNOWLEDGE	>75%	12	20	48	80
TOTAL		60	100	60	100

Table 3: The result showed that, in pre-test 50% of the respondents had inadequate knowledge, 30% of the respondents had moderate knowledge and 20% of respondents had adequate knowledge and in post-test 80% of the respondents had adequate knowledge and 20% of the respondents had moderate adequate knowledge and none of the respondents had an inadequate knowledge.

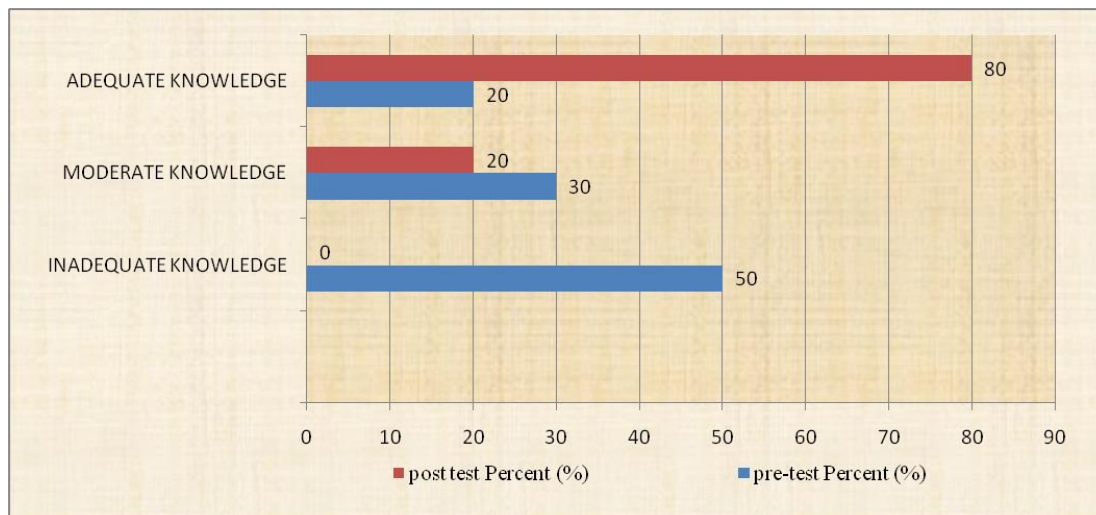


Figure 1: Frequency and Percentage distribution of respondents to their level of knowledge score.

Section-III

The Effectiveness of Planned Teaching Program on Knowledge Regarding Non Pharmacological Techniques of Managing Labour Pain In Primigravida Women

the “t” value was computed to determine the effectiveness of planned teaching program on knowledge regarding non pharmacological techniques of managing labour pain in primigravida women

the following research hypothesis was stated

H1 -there is a significant difference between pre-test knowledge scores and post- test knowledge scores regarding non pharmacological techniques of managing labour pain in primigravida women

H2 -there is a significant association between the pre-test of knowledge score regarding non pharmacological techniques of managing labour pain in primigravida women with selected socio-demographic variables.

Table 4: Area wise pre-test and post-test knowledge score

Sl.No.	Knowledge	Max possible score	Mean	SD	Mean score %	Max possible score	Mean	SD	Mean score %
1.	Labour and Labour Pains	12	4.08	1.31	34	12	10	2.1	83.3
2.	Non pharmacological techniques	20	7.6	2.42	38	20	16.9	1.9	84.5
3.	Over all	32	5.84	1.87	36	32	13.5	2.0	83.9

The table 4: The knowledge score was assessed in two areas such as knowledge on non pharmacological techniques and knowledge on labour and labour pains with test items of 20&12 in each. So the maximum possible score for these two domains was 20 and 12 and for over all knowledge were 32. The mean knowledge on Non pharmacological techniques of managing labour pain was 7.6 with SD 2.42 and ranging from 6 – 19 before PTP. The mean score percent was computed and it was found to be 38%. The mean score was little higher in the area of knowledge on labour and labour pains i.e. mean, 4.08 with SD 1.31. It was raging from 2– 8 with mean score percent 34%. The overall knowledge on non pharmacological techniques of managing labour pain exercise before PTP resulted with mean 5.84, SD 1.87 out of 32. It ranged in between 8– 27 with mean score percent 36%. On an average the sampled subjects were having poor knowledge on Non pharmacological techniques.

The table shows the post test of knowledge on non pharmacological techniques of managing labour pain in primigravida women before PTP. The knowledge score was assessed in two areas such as knowledge on non pharmacological techniques and knowledge on labour and labour pains with test items of 20&12 in each. So the maximum possible score for these two domains was 20 and 12 and for over all knowledge were 32. The mean knowledge on Non pharmacological techniques of managing labour pain was 7.6 with SD 2.42 and ranging from 6 – 19 before PTP. The mean score percent was computed and it was found to be 38%. The mean score was little higher in the area of knowledge on labour and labour pains i.e. mean, 4.08 with SD 1.31. It was raging from 2– 8 with mean score percent 34%. The over all knowledge on non pharmacological techniques of managing labour pain exercise before PTP resulted with mean 5.84, SD 1.87 out of 32. It ranged in between 8– 27 with mean score percent 36%. On an average the sampled subjects were having poor knowledge on Non pharmacological techniques.

Table 5: Effectiveness Of Planned Teaching Program On Knowledge Regarding Non Pharmacological Techniques Of Managing Labour Pain In Primigravida Women

N=60

Knowledge	Mean	Mean%	SD	Enhancement	Enhancement %	t-value	df	Inference
Pre test	5.84	36	1.87	7.66	47.9	.248	59	S*
Post test	13.5	83.9	2.0					

*significant at 0.0001 level (highly significant).

Table 5: The result showed that the post test knowledge scores more than the pre test knowledge scores, it is essential to put under statistical significance. So, suitably the paired t-test was chosen and worked out. The results were shown in the table 4.4.1. The paired mean difference of knowledge on Non pharmacological techniques before and after PTP was 9.3 and it was statistically significant at 0.0001 level (i.e., P<0.0001, highly significant).

Similarly for knowledge on Labour and labour pains have got increased after PTP. The paired t-test was carried out and the results (t-value = 0.34, df=59 & P<0.0001) significant. The knowledge assessed through entire tool on an over all was also statistically significant at 0.0001 level (t-value=.248, df=59, P<0.0001).

There results undoubtedly confirm that the PTP proved to be significantly effective in improving the knowledge on non pharmacological techniques in managing labour pains in the sampled subjects.

VII. Conclusion

This study concluded that there is improvement in the level of knowledge of primi gravida women which indicates that the plan teaching program is effective. The demographic variables of the respondents significantly associated with the pre-test knowledge score. The development of plan teaching program will help the primi gravida women to enhance their knowledge regarding non pharmacological techniques of managing labour pain.

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Hitesh Vaishnav. "A Study to Assess the Effectiveness of Planned Teaching Program on Knowledge Regarding Non Pharmacological Techniques of Managing Labour Pain in Primigravida Women Admitted In Antenatal Ward of Selected Hospitals At, Indore" .IOSR Journal of Nursing and Health Science (IOSR-JNHS), vol. 8, no.03 , 2019, pp. 42-47.