

A Study to Assess the Effectiveness of Education Intervention on Knowledge and Self- Reported Practices regarding Self-Care Management among Mother with Pregnancy Induce Hypertension

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Abstract: The study aimed was to assess the effectiveness of education intervention on knowledge and self-reported practices regarding self-care management among mother with pregnancy induced hypertension. **Methods:** A one group pre test post test (pre experimental) design was used for study. 70 antenatal mothers with pregnancy induced hypertension were included in the study with non probability purposive sampling. **Result:** Before administering the education intervention majority of women with Pregnancy induced hypertension 70 (100%) had average knowledge scores and none of the women with Pregnancy induced hypertension had poor and good knowledge score, after administering the educational intervention 70 (100%) had good knowledge score. This indicates that educational intervention regarding knowledge of Pregnancy induced hypertension among antenatal mother was effective. Before administering the education intervention 68 (97.1%) had average practice score, 2 (2.9%) had poor practice score and none of the women had good practice score, after administering the educational intervention 36 (51.4%) had good practice score, 34 (48.6%) had average practice score and none of the cases had poor practice score, which indicates that the educational intervention program regarding self-care practices regarding self care management among antenatal mother with pregnancy induced hypertension was effective. **Conclusion:** The educational intervention program is significantly effective in increasing the knowledge and self reported practices of antenatal mothers regarding pregnancy induced hypertension.

Keywords: Educational intervention, Pregnancy induced hypertension, self reported practices.

1. Introduction

“Birth is not only about making babies. Birth is about making mothers strong, competent, capable mothers who trust themselves and know their inner strength”

Barbare Katz Rothman

Pregnancy and child birth is one of the vital life events of mother. This can be a time of joy as well as fear also. The child birth for the mother is important contribution to the motherhood and highly individual experience. Pregnancy is normal physiological process not a disease but it is with certain risk for mother and fetus she bear.¹

High risk pregnancy considered a major worldwide health problem leading to an increased risk of maternal mortality. A high risk pregnancy is one that threatens the life of mother and her fetus. Early and regular prenatal care helps women have healthy pregnancies and deliveries without complication.

Women die due to the complication during and following pregnancy. The major complication that occurs for nearly 75% of all maternal deaths are severe bleeding, infections, high blood pressure during pregnancy, complication from delivery and unsafe abortion.² also there are associated factors with maternal mortality are advance age, multiparity, low socio-economic status, inadequate antenatal care.³

Hypertension disorder in pregnancy is the third leading cause of maternal mortality and morbidity. It occurs in 5% of all pregnancies, 10% of first pregnancies and 20-25% of women with chronic hypertension.⁴

2. Problem Statement

Effectiveness of Education intervention on knowledge and self-reported practices regarding self-care management among mother with pregnancy induce hypertension.

3. Objectives

- 1) To assess the effectiveness of education intervention on knowledge and self-reported practices regarding self-care management among mother with pregnancy induce hypertension
- 2) To associate the knowledge and self-reported practices regarding self-care management with selected demographic variables among mother with pregnancy induce hypertension.

Inclusive Criteria

- Pregnant mothers after the 20 weeks of gestation and diagnosed with mild Pregnancy Induce Hypertension
- Willing to participate in the study.

Exclusive Criteria

Pregnant mothers with preeclampsia and Eclampsia.

Description of the Tool

- 1) Section I:-Demographic variables
- 2) Section II:-Knowledge Questionnaire
- 3) Section III:-Checklist for self-reported practices.

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Section I consist of 7 items on demographic data i. e. Age, marital status, education, occupation, income, parity, weeks of gestation.

Sections II consist of normal parameters in pregnancy, introduction of PIH and definition, cause, clinical manifestation, complication and preventive nursing management.

Section III consist of regular visit, rest and sleep, diet, daily fetal movement count, Exercise and medication.

4. Result

Section I

Table 1: Comparison of pre and post test knowledge score of mother with PIH.

Parameter	Pre test		Post test		Wilcoxon Z Value	P Value
	Mean	SD	Mean	SD		
Knowledge score	9.66	1.614	16.36	1.274	7.32	<0.0001

The above table 1 shows that there was significant difference of knowledge score regarding PIH between pre-test and post test, as p value <0.0001. The educational intervention program is significantly effective in increasing the knowledge of women regarding pregnancy induced hypertension in the study group.

Graph 1. Bar diagram showing comparison of pre and post test knowledge of mother with PIH

Section II:

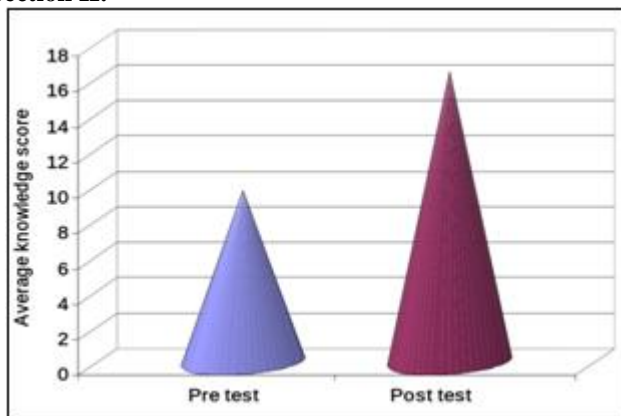
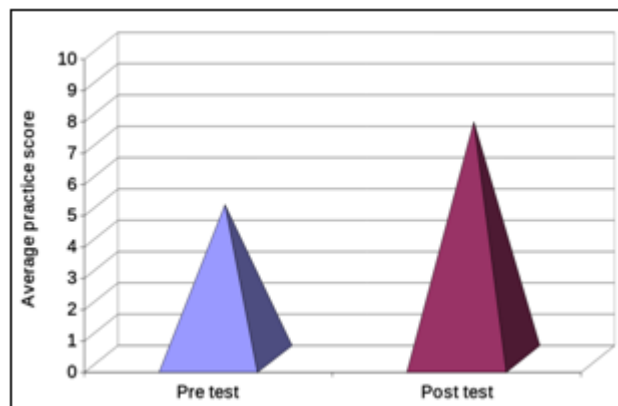


Table 2: Comparison of pre and post test self-reported practice score of mother with PIH.

Parameter	Pre test		Post test		Wilcoxon Z Value	P Value
	Mean	SD	Mean	SD		
Practice score	4.93	0.804	7.56	0.828	7.36	<0.0001

The above table 2. Shows that there was significant difference of practice score regarding self-care management of PIH between pre-test and post test, as p value <0.0001. The educational intervention program is significantly effective in increasing the practice of women regarding self-care management of pregnancy induced hypertension.



Graph 2: Bar diagram showing comparison of pre and post test self-reported practice of mother with PIH.

Section III

Table 3: Association of pre and post test knowledge score with education.

Education	N	Pre test knowledge score		Post test knowledge score	
		Mean	SD	Mean	SD
Primary	17	8.29	1.105	15.06	.966
Secondary	44	9.86	1.472	16.55	.999
Graduate	9	11.22	1.202	17.89	.601
F Value		14.96		28.31	
P Value		<0.0001		<0.0001	

The above table 3. shows that there was highly significant association of pre-test and post test knowledge scores with education, as p<0.0001 level of significance i.e. education level increases pre and post test knowledge score also significantly increases. The graduate students faired well in both in pretest and post test as is seen from the above table, followed by secondary level of students and it was least among the primary level of students.

Table 4: Association of pre and post test knowledge score with income.

Income (Rs)	N	Pre test knowledge score		Post test knowledge score	
		Mean	SD	Mean	SD
10000 – 15000	31	8.71	1.510	16.10	1.350
15001 – 20000	18	10.11	1.367	16.33	1.328
20001 – 25000	15	10.53	1.060	16.67	1.047
>25000	6	11.00	1.414	17.00	1.095
F Value		9.41		1.25	
P Value		<0.0001		0.30	

The above table 4. shows that there was highly significant association of pre-test knowledge scores with income, as p<0.0001 i.e. as income increases pre-test knowledge score also significantly increase. There was no significant association of post test knowledge score with income, as p>0.05 level of significance i. e. income increases post test knowledge score increase but not statistical significant.

5. Conclusion

Educational intervention program improved the knowledge and self reported practices of antenatal mother regarding PIH and it will help to prevent complications during

pregnancy.

6. Discussion

Section I

Finding on Knowledge related to self-care management of Pregnancy induced hypertension.

In present study finding shows that in pre-test majority of women with PIH 70 (100%) had average knowledge scores and none of the women with PIH had poor and good knowledge score, whereas in the post-test 70 (100%) had good knowledge score. This indicates that educational intervention regarding knowledge of PIH among antenatal mother was effective.

Similar study conducted by Debajini Nayak (2015) assess the effectiveness of structured teaching program on pregnancy induced hypertension among 50 primigravida mothers at Bhubaneswar, Odisha, India. Stated that before intervention majority (33) mother had poor knowledge, 17 mothers had average and none of them had good knowledge regarding PIH. Whereas after intervention 28 mothers had average knowledge, 16 mothers had good knowledge and only 2 mothers had poor knowledge of pregnancy induced hypertension after structure teaching program significant improvement in knowledge of mother.5

Section II

Finding of self-care practices related to management of pregnancy induced hypertension

In present study in pre-test majority of women 68 (97.1%) had average practice score, 2 (2.9%) had poor practice score and none of the women had good practice score, whereas in the post-test 36 (51.4%) had good practice score, 34 (48.6%) had average practice score and none of the cases had poor practice score, which indicates that the educational intervention program regarding self-care practices among PIH antenatal mother was effective.

Similar study conducted by Nagwa et. al (2019) "Effect of an educational module on the knowledge and self-care practices of women suffering from pre-eclampsia at Egypt reveals that majority 82% mother had inadequate self-care practices and 18 % mother had adequate self-care practices level before intervention, while after intervention majority 93% mother had adequate and 7% had inadequate level of self-care practices. Post-test self-care practice score is more than pre-test practice score, this indicate that self-care practices significantly improved after intervention.6

Section III

Association of pre-test and post-test practices score with selected demographic variables

In present study there was significant association of post-test practice score with age, as $p > 0.05$ whereas there was no significant association of pre-test and post-test practice scores with education, occupation, income, parity, age of gestation, as $p < 0.05$ level of significance

Similar study conducted by Fatin A (2015) on self-care

management of PIH among antenatal mother at Kirkuk city. Reveal that there was no significant association with age and income.7

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