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ASSESS THE EFFECTIVENESS OF A WARNESS PACKAGE ON KNOWLEDGE REGARDING PREGNANCY INDUCED HYERTENSION AND ITS PREVENTION AMONG PRIMIGRAVIDA MOTHERS AT SELECTED RURAL COMMUNITY AREA INDORE.

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ABSTRACT

Pregnant women in rural communities were asked to complete a survey on their level of knowledge about pregnancy-induced hypertension and how to avoid it. The study used a pre-experimentational research strategy. Self-structured knowledge questionnaires were used to gather data on the knowledge of primigravida women on pregnancy-induced hypertension and ways to avoid it. PART-I had questions about socio-demographic data; PART-II contained self-structured knowledge questionnaires. Descriptive and inferential statistical approaches were used to examine the data. Pregnancy-induced hypertension and its prophylaxis were only known to 16.67 percent of primigravida moms, compared to 50 percent and 33.33 percent who had good or outstanding knowledge, respectively.

KEYWORD-Pregnancy-induced hypertension, primigravida moms, and a packet of information.

INTRODUCTION

Pregnancy-related hypertension is a frequent issue that increases the risk of health problems for both the mother and the unborn child. About 2 to 3 percent of pregnancies are complicated by hypertension, the most frequent medical issue that arises during pregnancy. According to the recommendations of the National High Blood Pressure Education Program Working Group on High Blood Pressure in Pregnancy, hypertensive diseases in pregnancy may be divided into four groups. As many as 8% of all pregnancies worldwide are affected with pre-eclampsia, which is especially dangerous in underdeveloped nations. The prevalence of pre-eclampsia and its related maternal, behavioural, nutritional, and socioeconomic and demographic risk factors in India were investigated.

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NEEDOFTHESTUDY

Effective prenatal care may help the mother's health and offer her a better chance of having a

healthy baby after delivery. Pregnancy complications may be caught early with regular monitoring. There are times when they become life-threatening situations. Despite this, it's important to remember that there is no way to know in advance which women may be at risk for pregnancy-related problems, even with the most advanced screening techniques now available. As a result, every expecting mother need extra attention. Pregnancy-induced hypertension and its control, as well as women's capacity to care for themselves at home, should be the focus of training. There are several benefits to having pregnant women participate in their own health care. In their function as educators, nurses give patients with the knowledge they need to make informed decisions about their health care.

Preeclampsia is thought to be the cause of the death of 50,000 women per year. 2–10 percent of pregnant women have preeclampsia, depending on the demographic examined and the criteria of preeclampsia. Across M.P., 5.8% of the cases were recorded, whereas in India, 14.1% of the cases were reported.

Educated women have a greater chance of having a healthy baby than those who are less educated. One reason for this might be because they are more well-informed and able to make wiser decisions. These socio-cultural attitudes and behaviours, especially among educated women, have an unfavourable influence on the health of pregnant women in many underdeveloped nations. As a result, it is extremely beneficial to implement a health literacy or behaviour change communication programme.

Many women who have severe pre-eclampsia during their first pregnancy are unable to get pregnant again, which may explain why it is more frequent in first pregnancies.

PROBLEMSTATEMENT

To determine whether or if a warning package on pregnancy-induced hypertension and how to prevent it is effective among immigrant mothers in a particular rural community in India, researchers conducted a study.

OBJECTIVEOFTHESTUDY

The pre-test knowledge score of primigravida mothers in a chosen rural community area of Indore M.P. on pregnancy-induced hypertension and its prevention was assessed.

2. To evaluate the impact of the awareness package on the knowledge of pregnant women on the prevalence of pregnancy-induced hypertension and its prevention.

Finding the relationship between pre- and post-test knowledge scores on pregnancy-induced hypertension and prevention among primigravida mothers in a chosen rural community area and certain demographic characteristics was the third objective.

HYPOTHESIS

Among primigravida mothers in a rural community in Indore, there would be no significant difference between the pre- and post-test knowledge scores on pregnancy-induced hypertension and prevention.

There will be a substantial difference in pre-test and post-test knowledge scores about pregnancy caused hypertension and prevention among primigravida mothers in a rural Indore community.

There will be a substantial correlation between pre-test and post-test knowledge of pregnancy caused hypertension and prevention among primigravida mothers in rural communities with chosen demographic characteristics.

ASSUMPTION

According to the findings,

You may use an awareness package to raise the degree of awareness of pregnant women on how to avoid pregnancy-induced hypertension.

Pregnancy-induced hypertension complications may be decreased with an awareness package, which might lead to lower rates of maternal death and morbidity.

REVIEWOFLITERATURE

Pregnancy-induced hypertension: a hospital-based research at the Gyneac OPD of Sir Sunder Lal Hospital, Banaras Hindu University, Varanasi, by Vineetasingh, ManushiSrivastava, and colleagues (2015). Pregnant women between the ages of 15 to 49 who went to the prenatal clinic were the focus of the study's cross sectional design. According to the findings of the research, around 54% of pregnant women who visited a prenatal clinic had headache as a secondary reason, and the total incidence of eclampsia in the studied group was 14.63 percent. Pre-hypertension is diagnosed when systolic blood pressure is more than or equal to 14 percent of the population, and diastolic blood pressure is greater than or equal to 25.97 percent of the population, with the remainder falling within the normal range. 36.59 percent of women have no idea what causes high blood pressure, whereas 31.71 percent believe that inactivity is a major factor. Only 62.20 percent of the women polled acknowledged that they are not eating a low-sodium diet, whereas the majority of the women are eating a normal or high-sodium diet. Maternal and neonatal outcomes might be negatively affected by hypertension problems during pregnancy.

Muslimsafuan, Neetha and co-authors (2014) Pregnancy-induced hypertension may be prevented if expectant women have the proper information. Pregnant women at a Mangalore hospital were surveyed using a descriptive research method. Purposive sampling techniques were probably not applied. A systematic knowledge questionnaire was used. Pregnant women in this research were mostly in the 20-to-27-year-old age range (59 percent); almost 75 percent had completed high school; almost 86 percent were stay-at-home moms; and half had monthly incomes of more than $6,000 or more. Pregnant women accounted for around 36 percent of the new moms. In the seven to nine-month range, 59 percent of prenatal moms were in that range, 56 percent had no prior unfavourable obstetrical history, and only 8 percent had a history of pregnancy-induced hypertension. Approximately 22% of pregnant women had inadequate awareness on how to avoid pregnancy-induced hypertension, whereas only 18% of expectant moms had excellent knowledge. There were no expectant moms who had a high level of knowledge on how to avoid pregnancy-related hypertension, either very good or outstanding. There was no correlation between antenatal mothers' knowledge of how to prevent pregnancy-induced hypertension and certain demographic factors like age, for example.

Religion, level of education, employment, gross monthly income, gestational age, and a history of complications during pregnancy are all factors to consider.

METHODOLOGY:

This study employed an evaluative method to research. The study used a pre-experimentational research strategy. With the use of an awareness package, this research aims to raise awareness of pregnancy-induced hypertension and its prevention among first-time mothers. The study's sample included primigravida mothers in a rural neighbourhood in Indore, India. Convenient sampling methods were used. There are thirty women in this sample, all primigravida mothers. For the purpose of gauging their level of knowledge on pregnancy-induced hypertension and methods of prevention, they completed a self-assessment questionnaire.

ANALYSISANDINTERPERTENTION

According to demographic factors, the study samples are arranged in a frequency and percentage distribution.

According to their age, the subjects investigated are shown in the following table:

Age (inyears)	Frequency (N=30)	Frequency Percentage(%)

18-22	12	40%
23-27	16	53.33%
28-32	02	6.67%
33-37	00	00%
TOTAL	**30**	**100%**

Table-1.2-Frequencyandpercentagedistributionofsamplesaccordingtoeducationalstatus

Educational Status	Frequency (N=30)	Frequency Percentage(%)
Illiterate	05	16.67%
Primaryeducation	14	46.67%
Secondaryeducation	08	26.66%
Graduationandabove	03	10%
TOTAL	**30**	**100%**

Table-1.3-Frequencyandpercentagedistributionaccordingtooccupation.

Occupation	Frequency (N=30)	Frequency Percentage(%)
Farmer	00	00%
Labor	04	13.34%
Housewife	25	83.34%
Job	01	3.32%

Table-1.4-FrequencyandpercentagedistributionofFamilyincome.

Familyincome	Frequency (N=30)	Frequency Percentage(%)
3000-5000	10	33.33%
6000-8000	17	56.67%

9000-11000	02	6.67%
11000andabove	01	3.33%

Table-1.5-Frequencyandpercentagedistributionofdietarypattern.

Dietarypattern	Frequency (N=30)	Frequency Percentage(%)
Vegetarian	19	63.33%
Non-vegetarian	05	16.67%
Eggitarian	00	00%
Vegetarian+eggetarian	06	20%
TOTAL	**30**	**100%**

SECTION– II

Table-2.1-Frequencyandpercentagedistributionof Pre-testscoresof studiedsubjects:

Categoryandtest Score	**Frequency (N=30)**	**Frequency Percentage(%)**
POOR(0-4)	03	10%
AVERAGE(5-10)	25	73.33%
GOOD(11-14)	02	16.67%
EXCELLENT(15-20)	00	00%
TOTAL	**30**	**100%**

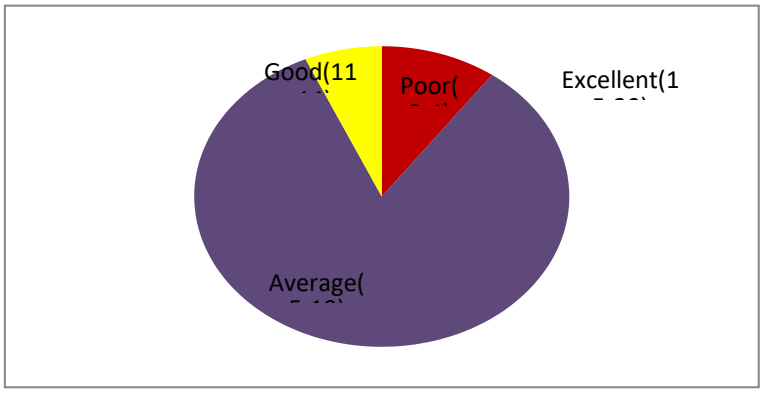

Fig.-1- Frequencyandpercentagedistributionof Pre-testscoresof studiedsubjects

Table-2.2.-Mean (X)andstandardDeviation (s)ofpre-testknowledgescores:

Knowledge Test	Mean $(\bar{X})$	StdDev (S)
Testscore	7.56	7.109

Table-2.3-Frequency andpercentagedistributionofPost testscoresofstudiedsubjects:

CategoryandTestScore	Frequency(N=30)	Frequency Percentage(%)
POOR(0-4)	00	00%
AVERAGE(05-10)	05	16.67%
GOOD(11-14)	15	50%
EXCELLENT(15-20)	10	33.33%

FIG.-2-FrequencyandpercentagedistributionofPosttestscoresofstudiedsubject

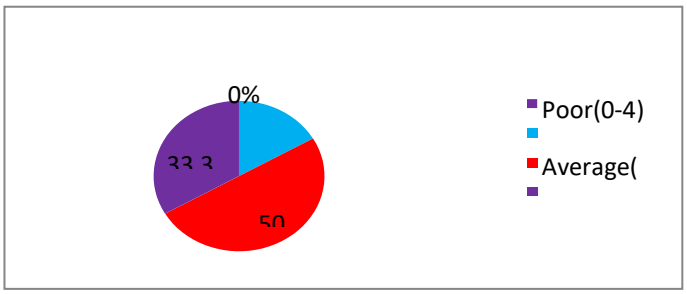

Table-2.4. -Mean(X)and standard Deviation(s) posttest ofknowledgescores:

Knowledge Test	Mean $(\bar{X})$	StdDev (S)
Testscore	13.4	14.32%

SECTION-IIIAssociationofknowledgescoresbetweenpretestandposttestwithselecteddemographic variables:

Table-3.1Associationofagewithpre-testscores:

Age (inyears)	**Testscores**				**Total**
	POOR (0-4)	AVERAGE(5-10)	GOOD(11-14)	EXELLENT (15-20)	
18-20	02	08	01	00	**11**
23-27	01	13	03	00	**17**
28-32	01	01	00	00	**02**
33-37	00	00	00	00	**00**
Total	**04**	**22**	**04**	**00**	**30**
χ2= 4.72	**p>0.05(Insignificant)**				

Table-3.2Associationof Educationstatuswithpre-testscores:

Education Status	Testscores				Total
	POOR (0-4)	AVERAGE (5-10)	GOOD (11-14)	EXELLENT (15-20)	
Illiterate	01	04	00	00	**05**
Preschool	01	10	03	00	**14**
secondary school	03	04	01	00	**08**
Graduate andabove	00	02	01	00	**03**
Total	**05**	**20**	**05**	**00**	**30**
χ2= 13. 5 p>0.05(insignificant)					

Table-3.3.Association of occupationalstatuswith pre-testscores:

Occupation	Testscores				Tota
	POOR (0-4)	AVERAGE (5-10)	GOOD (11-14)	EXELLENT (15-20)	
Farmer	00	00	00	00	**00**

Labour **HousewifeJob**	**01** **06** **01**	**04** **13** **00**	**00** **05** **00**	**00** **00** **00**	**05** **24** **01**
Total	**08**	**17**	**05**	**00**	**30**
χ2= 5.135		**p>0.05(insignificant)**			

Table-3.4Associationofsocioeconomicstatus withpre-testscores:

Socioeconomic	**Testscores**				**Total**
	POOR (0-4)	AVERAGE (5-10)	GOOD (11-14)	EXELLENT (15-20)	
3000-5000	00	09	01	00	**10**
6000-8000	05	11	02	00	**18**
9000-11000	00	07	00	00	**01**
11000and above	01	01	00	00	**01**
Total	**06**	**21**	**03**	**00**	**30**
χ2= 7.62		**p>0.05(insignificant)**			

Table-3.5Associationof dietarypatternwithpre-testscores:

	POOR (0-4)	AVERAGE (5-10)	GOOD (11-14)	EXELLENT (15-20)	

Vegetarin	02	16	01	00	**19**
Non Vegetarin	01	01	03	00	**05**
Eggitarin	00	00	00	00	**00**
Vege+ Eggitarian	02	04	00	00	**06**
Total	**05**	**21**	**04**	**00**	**30**
$\chi 2$= 14.8		**p>0.05(insignificant)**			

Table-3.6Association of agewithposttest scores:

Age (inyears)	**Testscores**				**Total**
	POOR (0-4)	AVERAGE (5-10)	GOOD (11-14)	EXELLENT (15-20)	
18-22	00	02	08	02	**12**
23-27	00	03	07	06	**16**
28-32	00	00	00	02	**02**
33-37	00	00	00	00	**00**
Total	**00**	**05**	**15**	**10**	**30**
$\chi 2$=19.42p>0.05(significant)					

Table-3.7Associationof educationwithpost-testscores:

Education	Testscores				Total
	POO	AVERAGE	GOOD (11-14)	EXELLENT (15-20)	
	(0-4)	(5-10)			
IlliteratePrimaryEdu.	00	00	04	01	**05**
Secondaryeducation	00	02	04	08	**14**
Graduationand above	00	01	06	01	**08**
	00	02	01	00	**03**
Total	**00**	**05**	**15**	**10**	**30**
χ^2=22.76p>0.05(significant)					

Table-3.8Associationof Occupationwithpost-testscores:

Occupation	Testscores				Total
	POOR (0-4)	AVERAGE (5-10)	GOOD (11-14)	EXELLENT (15-20)	
Farmer	00	00	00	00	**00**
Labour	00	01	01	02	**03**
Housewife	00	03	15	08	**26**
Job					

	00	01	00	00	**01**
Total	**00**	**05**	**15**	**10**	**30**
χ**2=** 19.01 p>0.05(significant)					

Table-3.9Associationof Socioeconomicstatuswithpost-testscores:

SocioEconomic	**Testscores**				**Total**
	POO (0-4)	AVERAGE (5-10)	GOOD (11-14)	EXELLENT (15-20)	
3000-5000	00	02	05	04	**11**
6000-8000	00	01	10	05	**16**
9000-11000	00	02	00	01	**03**
11000and above	00	01	00	00	**00**
	00	**05**	**15**	**10**	**30**
χ**2=** 25.89 p>0.05(significant)					

Table-4.3.10Associationof Dietarypatternwithpost-testscores:

Dietary pattern	**Testscores**				**Total**
	POOR (0-4)	AVERAGE (5-10)	GOOD (11-14)	EXELLENT (15-20)	

Vegetarian	00	05	08	06	**19**
Nonveget	00	00	02	03	**05**
Eggitarian	00	00	00	00	**00**
Vegeand eggitarian	00	01	04	01	**06**
Total	**00**	**06**	**14**	**10**	**30**
χ**2**=28.58p>0.05(significant)					

CONCLUSION

Thus, we may infer that RH1 has been analysed and interpreted. The null hypothesis of no significant difference between pre- and post-test knowledge scores on pregnancy-induced hypertension and prevention among primigravida mothers has been rejected. Increased education on the prevention of pregnancy-induced hypertension in primigravida mothers might be seen as a useful technique to fill knowledge gaps, bridge them, and improve existing practises.

LIMITATION

This research is only applicable to first-time moms.

These are the people who are willing to serve as a sample: those who are available at the time of data collection.

• People who are literate.

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