

## “THE RELATIONSHIP BETWEEN PREGNANCY INDUCED HYPERTENSION (PIH) SELF CARE KNOWLEDGE AND HYPERTENSION CONTROL AMONG PREGNANT MOTHERS AGED 20 TO 40 YEARS IN VELLORE DISTRICT, TAMILNADU.”

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### ABSTRACT

Hypertension control among pregnant mothers with pregnancy induced hypertension (PIH) appears difficult to achieve. Part of the reason for poor control of hypertension in these women might be limited PIH self-care knowledge. The purpose of this study was to examine the relationship between PIH self-care knowledge and hypertension control among pregnant women with PIH in Vellore District. Orem's self-care model guided this study. A descriptive correlational study design was used. A simple random sample of 78 participants was recruited and data collected using a mercury sphygmomanometer and stethoscope for the blood pressure levels and face to face interviews for sample demographics and PIH self-care knowledge. The Demographic Data Questionnaire (DDQ) and PIH Self-Care Knowledge Questionnaire (PIHSCKQ) developed by the investigator guided the face to face interviews. Data were analysed using descriptive and inferential statistics (Pearson Correlation Co-efficient). The SPSS. pc Statistical Package was used for data analysis. The results showed that PIH self-care knowledge was generally good since 58 (74.3%) scored PIH self-care knowledge scores above the mean score of 24 out of 48. Generally, hypertension control was adequate. Forty-three (55.1%) had blood pressure levels below the cut off level of 140/90mmHg. The correlation coefficient showed a very weak, non-significant relationship ( $r=0.175$ ). Although the relationship was not statistically significant, the findings demonstrated that PIH self-care knowledge has some influence on hypertension control. Continuous reinforcement of PIH self-care knowledge skills is essential during antenatal teaching of clients.

**Key words:** Hypertension, pregnancy, pregnant mothers, self care knowledge.

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**INTRODUCTION**

Motherhood is the greatest and hardest responsibility, for when a child is born, the mother also is born again. It is highest holiest service assumed by mankind. Child birth is a very special time in every woman's life which brings physical and emotional changes. During child birth a women is more vulnerable than any other time in her life. The cause for this vulnerability mainly occurs due to labour pain and anxiety. The Lamaze method is non-pharmacological method of child birth teaches that birth is a normal, natural and healthy process and that women should be empowered to approach it with confidence and respond positively to the pain of labour. The midwives and maternity nurses play a vital role in helping pregnant women to overcome their fear and anxiety about labour and child birth by educating the pregnant women regarding Lamaze method of child birth. The nurses working in maternity units should possess extensive knowledge regarding Lamaze method of child birth in order to provide intended supportive obstetric care to the women during Pregnancy, Intra-natal and Post-partum period.

**OBJECTIVES OF THE STUDY:**

1. To assess the pre-test level of knowledge regarding modified Lamaze method among staff nurses.
2. To develop and administer STP on knowledge regarding modified Lamaze method among staff nurses.
3. To assess the post-test level of knowledge regarding modified Lamaze method among staff nurses.
4. To compare the pre-test level of knowledge with post-test level of knowledge regarding Lamaze method among staff nurses.
5. To associate the post-test level of knowledge regarding modified Lamaze method among staff nurses with selected demographic variables.

**MATERIALS AND METHODS:**

The research approach used for the study is quantitative evaluative approach one group pre-test & post-test research design.

Group	Pre-test = 01 (Day 1)	Intervention = x (Day 1 )	Post-test = 02(Day 7)
Staff nurses working in maternity units	Assessment of knowledge through Self-administered knowledge questionnaire	Administration of STP	Assessment of knowledge through self-administered knowledge questionnaire

**Key :**

01 : Pre-test through self-administered knowledge questionnaire.

X : Structured teaching Program regarding modified Lamaze method.

02 : Post- test through self-administered knowledge questionnaire.

Setting: The study was conducted at Owaisi hospital and research centre, Hyderabad on the basis of feasibility and availability of sample.

Sampling technique: The purposive sampling technique was used to select the sample for the study.

Sample and Sample size : Sample are the staff nurses working in maternity units and sample size consists of 60 staff nurses.

**Description Of Tool:**

The tool used for data collection comprised of two sections:

Section I: Demographic variables include age, educational qualification, experience in maternity unit, in-service education programme

Section II : Structured knowledge questionnaire regarding Modified Lamaze method.

**Data Collection:**

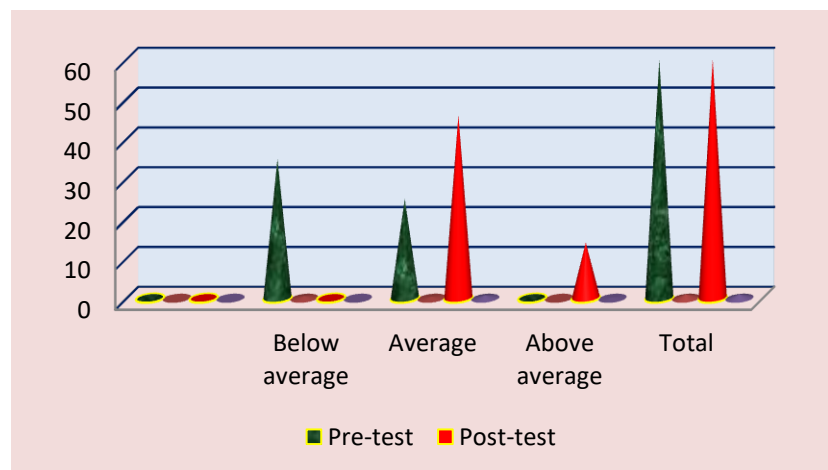
Written permission from Medical superintendent was taken to collect the data from staff nurses working in maternity units of selected hospital, Hyderabad, Telangana. On day 1 , a pre-test was conducted to assess the knowledge of staff nurses regarding modified Lamaze method by using self -administered knowledge questionnaire then followed by structured teaching program for 45mins.After giving STP to the sample, post-test was conducted on day 7 to assess the knowledge regarding modified Lamaze method among staff nurses.

**DATA ANALYSIS:****SECTION-1****Frequency and percentage distribution of demographic characteristics of sample**

S. No.	Characteristics	Frequency	Percentage
1.	Age		
	(a) 21-25 years	12	20%
	(b) 26-30 years	14	23.3%
	(c) 31- 35 years	16	26.6%
	(d) Above 35 years	18	30%
2.	Professional Qualification		
	(a) ANM	12	20%
	(b) GNM	18	30%
	(c) P.B. B.Sc. (N)	08	13.3%
	(d) B.Sc. (N)	22	36.6%
	(e) M.Sc. (N)	0	0%
3.	Experience in Maternity Units		
	(a) 1 – 3 years	13	21.6%
	(b) 4- 6 years	17	28.3%
	(c) 7- 9 years	19	31.6%
	(d) Above 10 years	11	18.3%
4.	In-service Education Programme		
	(a) Yes	23	38.3%
	(b) No	37	61.6%

**Section:II****Table II: Frequency and percentage distribution of pre-test and post-test knowledge levels of staff nurses.**

Knowledge level	Pre-test		Post-test	
	Frequency	Percentage	Frequency	Percentage
Below average	35	58.33%	0	0
Average	25	41.66%	46	76.66%
Above average	0	0	14	23.33%
Total	60	100%	60	100%

**Pre-test and post-test knowledge levels of staff nurses:**

The table shows that 35 (58.33%) of the staff nurses were found below average, 25(41.66%) of the staff nurses

were found average knowledge level and no one was found above average level before administering structured teaching programme on knowledge regarding modified Lamaze method after administering the STP 46 (76.66%) of the staff nurses were performing with average knowledge levels, 14 (23.33%) of the staff nurses were found above average level.

**Table III**

S.NO	Parameters	Pre-test	Post-test
1	Mean	8.03	19.8
2	Standard deviation	2.07	2.89
3	Standard errors	0.37	-
4	Degree of freedom	59	-
5	't' test	30.89	-
6	't' table value	2.00	-

S: significant at 5% level of significance

NS: not significant at 5% level of significance

Calculated t value is (30.89) which is more than the table value (2.00) at 5% level of significance for 59 degree of freedom

Therefore the null hypothesis is rejected and it is concluded that there is significant difference in mean score of pre-test and post-test which indicates that the structured teaching program is effective on knowledge regarding modified Lamaze method among staff nurses.

#### CONCLUSION:

Child birth is a natural and universal phenomenon. Labour is often thought of as one of the most painful events. Supportive care is intended to ease a woman's pain, anxiety and discomfort. To help women to have stress free, safe delivery is the responsibility of a staff nurse. Staff nurses working in maternity units should be able to demonstrate their ability in providing need based quality care.

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