ORIGINAL RESEARCH PAPER

Nursing

A COMPARATIVE STUDY TO ASSESS THE KNOWLEDGE REGARDING COMMON GESTATIONAL PROBLEMS INCLUDING ANEMIA HYPERTENSION AND DIABETES MELLITUS AMONG GESTATIONAL DISEASED WOMEN AND NON-GESTATIONAL DISEASED WOMEN WITH A VIEW TO PREPARE AN INSTRUCTIONAL MODULE IN SELECTED HOSPITAL AT BARWANI.

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ABSTRACT

Pregnancy brings a new meaning to the concept of beauty. Anaemia in pregnancy is a major problem in both developed and developing countries. A comparative study to assess the knowledge regarding common gestational problems including anemia hypertension and diabetes mellitus among gestational diseased women and non-gestational diseased women with a view to prepare an instructional module in selected hospital at barwani. Among Non GDM group 0.8% had poor knowledge, 36.7% had average knowledge, 12.5% had good knowledge and among GDM group 8.3% had average knowledge, 41.7% had good knowledge and none of them had poor knowledge. Gestational Diseased women had more knowledge regarding common gestational problems including anemia hypertension and diabetes mellitus compared to Non Gestational Diseased women. Factors like age, family history, BMI, BP, PCOD, exercise has significant association with common gestational problems including anemia hypertension and diabetes mellitus.

INTRODUCTION

According to WHO, "health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity". Some women experience health problems during pregnancy. These complications can involve the mother's health, the fetus's health, or both. Even women who were healthy before getting pregnant can experience complications. These complications may make the pregnancy a high-risk pregnancy.

Getting early and regular prenatal care can help decrease the risk for problems by enabling health care providers to diagnose, treat, or manage conditions before they become serious. Prenatal care can also help identify mental health concerns related to pregnancy, such as anxiety and depression.

Anaemia in pregnancy is a major problem in both developed and developing countries. The commonest source of anaemia is nutritional deficiency of iron with evidence suggesting that up to 90% of maternal anaemia may be due to inadequate consumption of dietary iron; however, there are other causes which include worm infestation, HIV infection, and genetic disorders.

Diabetes mellitus is a disease characterized by glucose intolerance and occurs in about 1% of all pregnancies, making it a most common metabolic disorder complicating the pregnancy.

Gestational diabetes mellitus is any degree of glucose intolerance with onset or first recognition during pregnancy. These patients are asymptomatic before the pregnancy and the increased metabolic demands of pregnancy expose their latent glucose intolerance. It affects 1-2% of all pregnancies and can be controlled with diet. Some of these patients require insulin for better glycaemic control.

Pregnancy-induced hypertension (PIH) is defined as new hypertension that appears at 20 weeks or more gestational age with or without proteinuria. Hypertension during pregnancy is defined as a sustained systolic BP $\geq$ 140 mmHg or diastolic BP $\geq$ 90 mmHg. Globally, pregnancy-induced hypertension is a significant public health threat both in developed and developing countries contributing to high maternal and perinatal morbidity and mortality. According to World Health Organization (WHO) systematic analysis, hypertensive disorders of pregnancy attributed to 14% of maternal mortality and it is the second leading cause of

maternal death after haemorrhage in sub-Saharan Africa which accounts for 16.0% of maternal mortality

A high proportion of pregnant women had poor awareness on gestational diseases. Health care providers should improve awareness of pregnant women about gestational diseases in antenatal care clinics and at a community level with a special focus of awareness on primigravida women, women with no formal education, women with lowest wealth status and housewives.

MATERIALS AND METHODS

Research Approach
Quantitative descriptive approach.

Research Design
Descriptive Comparative study

Variables
Demographic variables in the study are age, religion, type of family, educational qualification, occupation, monthly income, place of residence, previous knowledge regarding gestational diseases, presence of gestational diseases, and last menstrual period.

Setting Of The Study
Karuna Hospital, Sendhwa

Population
Population includes antenatal women between 24-32 weeks of gestation

Sample And Sampling Technique
120 gestational diseased women and 120 non gestational diseased women Convenience sampling technique

Tool / Instruments
The tool was organized under 3 sections.

Section I consist of baseline data. It contains questions regarding demographic characteristics such as age, religion, type of family, education, occupation, income, place of residence

Section II consists of questionnaire to identify factors influencing gestational problems such as family history, BMI, PCOD, polyhydramnios, blood pressure, sleep, exercise.

Section III consists of questionnaire to assess the knowledge

regarding gestational problems. Itconsisted of 28 multiple choice questions. Question covered the following areas such as etiology, risk factors, clinical features, screening, management, and complication. The tool was used to collect dataon level of knowledge of antenatal women between 24-28 weeks of gestation regarding Gestational problems.

Scoring and Interpretation
Each question carried 1 mark. Maximum score is 28 and minimum score is 0. The scoring is: 0-9 poor, 10-20 average, 21-28 good

Data Collection Process
Assessment of knowledge regarding common Gestational problems among antenatal women using astructured questionnaire and compare them. Identification of factors influencing Gestational problems using a structured questionnaire.

Communication Of Findings
Preparation of a instructional module on Gestational Diabetes Mellitus for antenatal women

Inclusion Criteria
Women those who are pregnant for the first time and with 24-32 weeks of gestation

Exclusion Criteria
Women who are not able to read or speak Hindi

RESULTS
Section I: Socio Demographic Proforma
Among Non GD group ,3.7% were in the age group less than or equal to 20 years, 45% were in between the age group 20-25 years, 15% were in between the age group 26-30 years and none of them were between the age group greater than 30 years and among GDgroup none of them were in the age group less than or equal to 20 or between 20-25 years, 4.58% were in between the age group 26-30 years and 45.41% were in the age group greater than 30 years.

Among Non-GD group 28.3% were Hindu, 11.2% were Muslim ,10.4% were Christian and in GDgroup 24.2% were Hindu, 15.8% were Muslim and 10% were Christian

Among Non GDgroup 31.2% were from nuclear family,18.7% were from joint family and among GD group 28.7% were from nuclear family and 21.2% were from joint family.

Among Non-GD group none of them were illiterate, 0.8% have primary education,17.1% have high school education, 26.2% have higher secondary education, 5.83% have graduation and above and in GDM group 0.4% were illiterate, 0.4% have primary education, 5.8% have high school education, 33.7% have higher secondary education and 9.5% have graduation and above.

Among Non GDgroup 22.1% were housewife, 5.8% were government employees,10% were private employees, 10.4% were self-employed, 1.7% were daily wages and in GDgroup 8.3% were housewife, 2.5% were government employees, 13.3% were private employees,23.4% were self-employed and 2.5% were daily wages.

Among Non-GD group 19.2% have income less than or equal to 5001, 23.4% have income in between 5001-10000, 5.8% have income in between 10001-15000, 1.7% have income greater than 15000 and in GDgroup 8.3% have income less than or equal to 5001, 24.2% have income in between 5001-10000, 13.7% have income in between 10001-15000 and 3.7% have income greater than 15000.

Among Non-GD group 25% were from urban area, 25% were from rural area and in GD group 26.2% were from urban area and 23.8% were from rural area.

Among Non GD group 46.3% have previous knowledge regarding Gestational Diabetes Mellitus ,3.7% have no knowledge regarding the common gestational problems including anemia hypertension and diabetes mellitus and in GD group 50% have previous knowledge regarding common gestational problems including anemia hypertension and diabetes mellitus.

Section II: Level Of Knowledge Of Antenatal Women Regarding Common Gestational Problems Including Anemia Hypertension And Diabetes Mellitus
Among Non GDM group 0.8% had poor knowledge, 36.7% had average knowledge , 12.5% had good knowledge and among GDM group 8.3% had average knowledge, 41.7% had good knowledge and none of them had poor knowledge.

Section III: Compare The Knowledge Regarding Gestational Common Gestational Problems Including Anemia Hypertension And Diabetes Mellitus Among Gestational Diseased Women And Non-gestational Diseased Women
Gestational Diseased women had more knowledge regarding common gestational problems including anemia hypertension and diabetes mellitus compared to Non Gestational Diseased women

Section IV: Factors Influencing Common Gestational Problems Including Anemia Hypertension And Diabetes Mellitus .
Factors like age, family history, BMI, BP, PCOD, exercise has significant association with common gestational problems including anemia hypertension and diabetes mellitus .

Section V: Association Between Level Of Knowledge And Selected Socio Demographic Variables
There is significant association between knowledge of antenatal women regarding common gestational problems including anemia hypertension and diabetes mellitus and age($p<0.001$)

There is no significant association between knowledge of antenatal women regarding common gestational problems including anemia hypertension and diabetes mellitus and religion

There is no significant association between knowledge of antenatal women regarding common gestational problems including anemia hypertension and diabetes mellitus and type of family

There is significant association between knowledge of antenatal women regarding common gestational problems including anemia hypertension and diabetes mellitus and education($p<0.001$)

There is significant association between knowledge of antenatal women regarding common gestational problems including anemia hypertension and diabetes mellitus and occupation ($p<0.001$)

There is no significant association between knowledge of antenatal women regarding common gestational problems including anemia hypertension and diabetes mellitus and income

There is no significant association between knowledge of antenatal women regarding common gestational problems including anemia hypertension and diabetes mellitus and place of residence

There is no significant association between knowledge of antenatal women regarding common gestational problems including anemia hypertension and diabetes mellitus and previous level of knowledge

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