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The Efficacy of a Structured Teaching Program in Raising Awareness among Pregnant Mothers in Specific Rural Areas of Bhopal (M.P.) about Antenatal Factors that can Result in Mental Disorders

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Abstract

The prevalence of psychiatric disorders is 58.2 per thousand which means that there are about 5.7 crore people suffering from some type of psychiatric disorder. Out of this 4 lakhs people have organic psychosis, 26 lakh people have schizophrenia and 1.2 crore people have affective psychosis, thus there are about 1.5 crore people suffering from several mental disorders, beside 12,000 patients in government mental hospitals in the country.

Mental retardation is one of the commonest diagnoses in children attending various psychiatric settings in India as well as other developing countries, forming 30-50% of the attendance of the paediatric group. It is a multidimensional problem the dimensions are psychological, educational, medical and social aspect with the social aspect being the most important. Etiology of mental disorders includes complications during pregnancy is very common in our country that exposes the child to the high risk of mental disorder. Toxemia of pregnancy, vaginal haemorrhage, placenta Previa premature separation of placenta and cord prolapsed can some time leads to mental disorder.

Keywords: Effectiveness, antenatal factors, mental disorders, antenatal mothers

Introduction

"Mental health is a physiological wellbeing of the individual as the capacity to form harmony relationship with others and 2 participate and contribute changes in the social environment"

Mental and behaviour disorders are understood as clinically significant conditions characterized by alteration in thinking, mood (emotions) or behaviour associated with personal distress and/or impaired functioning."

According to health day a new study suggests that pregnancy behaviour and certain childbirth complications may influence a child's risk of developing obsessive compulsive disorder. Certain C-sections, preterm and breech birth presentation, smoking while pregnancy and usually large or small babies were all associated with increased risk for the mental health disorder." The specific causes of OCD are unknown."

"While both genetic and environmental risk factors are thought to be associated with OCD this is the first time that a set of environmental risk factors is convincingly associated with the condition.

Schizophrenia affects 0.5-1% of the population and is currently hypothesized to be a neuro-developmental risk factors for the development of schizophrenia include maternal viral infections, obstetric hypoxic complications and maternal stress.

Attention deficit hyperactivity disorder {ADHD} has a worldwide prevalence of 2.5% with most symptoms appearing by the age of 6 years. ~ General antenatal stress and stressful life events during pregnancy increase the risk of having a child who develop ADHD. Autism spectrum disorders affect 1's 2% of the population and symptoms of poor sociability and communication ~ skills repetitive behaviours and circumscribed interests tend to become apparent 'by the age of 3 years. Inflammatory responses in the mother may affect foetal and postnatal brain development. Originally based on the knowledge that ASD was associated with season of birth, exposure to viral infections has been shown to increase the risk of ASD in many but all studies.

It has been estimated that approximately one third of the children are suffering not from physical but from psychological illness. Identification and handling of the emotional, behaviour and developmental disorder problem of the childhood and adolescence is very essential for any health care worker including nurses, the common behaviour problem according to their nature of deviation in behaviour includes the following

- Habits
- Eating
- Sleep speech
- Scholastic sexual

- Personality
- Antisocial

Problem Statement

“The efficacy of a structured teaching programme in raising awareness among pregnant mother in specific rural areas of Bhopal (M.P) about antenatal factors that can result in mental disorder”

Objectives

- Assess the knowledge among antenatal mothers regarding antenatal factors leading to mental disorders before and after implementation of STP.
- Implement the structured teaching programme to antenatal mothers.
- Evaluate the effectiveness of structured teaching programme on knowledge regarding antenatal factors leading to mental disorders.
- Associate the post-test knowledge score with selected demographic variables.

Materials & Methods

Based on the objectives an extensive literature review was done to determine and develop the conceptual framework and methodology for the study. Quasi experimental research with one group pre and post-test design was adopted for the present study. Evaluate research approach was used to evaluate the effectiveness of STP. The sample consists of 60 antenatal mothers those are living in village Gram panchayat Fanda, Bhopal. Non probability purposive sampling technique was used for the selection of the subjects. The tool used for the study was a structured questionnaire. The effectiveness regarding antenatal factors leading to mental disorders was assessed and compared with the socio demographic variables to used descriptive and inferential statistics.

Comparison of Antenatal Mothers Pre-test and Post-test Knowledge Scores Regarding Antenatal Factors Leading Mental Disorders

This section deals with evaluation of effectiveness of structured teaching program on knowledge regarding antenatal factors leading to mental disorders among the antenatal mothers of selected rural areas of Bhopal. The hypothesis is tested statistically with area wise distribution of pre-test and post-test mean and standard deviation and mean score percentage.

Table 1: Showing comparison of antenatal mothers pre-test and post-test knowledge scores.

	Pre-test Score		Post test Score	
	Frequency	Percent	Frequency	Percent
Good	00	00	12	20
Average	12	20	39	65
Poor	48	80	09	15
Total	60	100	60	100

The above table indicates the comparison of pre-test and post-test knowledge of antenatal mothers regarding antenatal factors leading mental disorders. In pre-test the none (0%) of study participants were having good knowledge, 12 (20%) of antenatal mothers were having average knowledge and 48 (80%) of study participants are having poor knowledge whereas in post-test majority 39 (65%) had average knowledge, 12 (20%) had good knowledge and 9 (15%) had

poor knowledge about antenatal factors leading to mental disorder.

Effectiveness of structured teaching program on knowledge regarding perinatal factors leading to mental disorders among antenatal mothers of selected rural areas of Bhopal.

This section deals with the pre-test and post-test findings. The findings were obtained from structured questionnaire on knowledge regarding antenatal factors leading to mental disorders.

The data was compiled and analysed analysis of the data was done to test the hypotheses formulated for the study.

The section is further classified into sub sections:

- Mean, median and standard deviation of pre-test and post-test knowledge score,
- Mean difference, mean percentage, and standard deviation, and t, value of pre-test and post-test knowledge scores.

Table 2: Table showing mean, median and standard deviation of pre-test and post test score.

	Mean	STD Value	T. Test value	P. Value
Pre test	7.80	2.46	12.57	0.05*
Post test	16.80	5.75	12.75	0.05*

Results

1. Finding Related to Demographic Variables of the Antenatal Mothers

Antenatal mothers according to age in years highest 5% (3) antenatal mothers were in the age group of 24-30 years, followed by 40% (24) antenatal mothers were in the age group 19-23(3) years whereas, only 5% of the antenatal mothers in the age group 31-35 years.

Antenatal mothers according to education. Highest 35% (21) antenatal mothers had secondary education followed by 25% (15) of the ante natal mothers had higher secondary education. Whereas, 20% (12) and 13.3% (8) of antenatal mothers had no formal education and primary education respectively. Only 6.7% (4) of antenatal mother were graduate.

Antenatal mothers according to type of family shows that majority of 38 (63.3%) them belong to nuclear family and (26.7%) belong to joint family whereas, only (10%) belong to extended family.

Antenatal mothers according to religion indicates that majority of the antenatal mothers (63.3%) were Hindu and the rest (36.7%) were Muslims. Antenatal mothers according to source of information shows that highest 43.3% of the antenatal mothers had no information from any source and (25%) of them got information through television followed by (21.70%) through health professional and friends, (10%) through news paper

Antenatal mothers according to occupation shows that highest percentage (60%) of antenatal mothers were labour's, 30% were housewives and (10%) of antenatal mothers were in private job.

Antenatal mothers according to family income per month shows that majority of the antenatal mothers (63.3%) of them were less than RS. 5000/month. Whereas, 26.7% of the antenatal mothers income per month were Rs 5001-10000 and 10% of the antenatal mothers income per month were 10001-15000

2. Distribution of Pre-test and Post-test Knowledge of Antenatal Mothers

The findings shows that in pre-test knowledge of none (0%) of study participants was good, 12 (20%) of study participants

are having average knowledge and 48(80%) of study participants are having poor knowledge, but in post test scores majority 39 (65%) had average knowledge, 12 (20%) had

good knowledge and 9 (15%) had poor knowledge about antenatal factors leading to mental disorder.

Table 3: Association of pre-test and post-tests scores with selected demographic variables regarding antenatal factors leading to mental disorder.

S. No	Variable	Poor	Average	Good	Total	Chi square value	Df	P Value
1	Age in year							
	19-23 years	3	13	4	34		4	.868 Ns
	24-30 years	2	16	7	33			
	31-35 years	4	10	1	3			
	More than 35 years	00	00	00	00			
2	Education							
	No formal education	3	9	0	12		8	.615 Ns
	Primary	2	4	2	8			
	Secondary	2	17	2	21			
	Higher	2	09	4	15			
	Education Graduate	0	0	4	4			
	Type of family					5.485	4	.241ns
	Joint family	3	4	9	16			
	Nuclear family	3	33	2	38			
	Extended family	3	2	1	6			
	Single parent family	00	00	00	00			
	Religion							
	Hindu	5	24	9	38			
	Muslim	4	15	3	22			
	Christian	00	00	00	00			
	Others	00	00	00	00			
	Source of information					2.466	6	.872 ns
	Television	10	2	3	15			
	Health professional	8	2	3	13			
	Newspaper	4	1	1	6			
	None of the above	13	8	5	26			
	Occupation					2.581	4	.630 Ns
	Housewife	4	14	0	18			
	Private job	0	0	6	6			
	Government job	0	0	0	0			
	Labour	5	25	6	6			
	Monthly income					2.71	4	0.68 Ns
	Less than 5000	9	29	0	38			
		0	10	6	16			
		0		6	6			
		0	0	0	0			

Table 4: Frequency and percentage distribution of antenatal mother according to their level of knowledge in pre-test

Pre-test score	Frequency	Percentage %
Good (21-30)	00	00
Average (11-20)	12	20
Poor (0-1)	48	80
Total	60	100.0

Table 5: Frequency and percentage distribution of antenatal mother according to their level of knowledge in post-test

Post-test score	Frequency	Percentage
Good	12	20
Average	39	65
Poor	09	15
Total	60	100

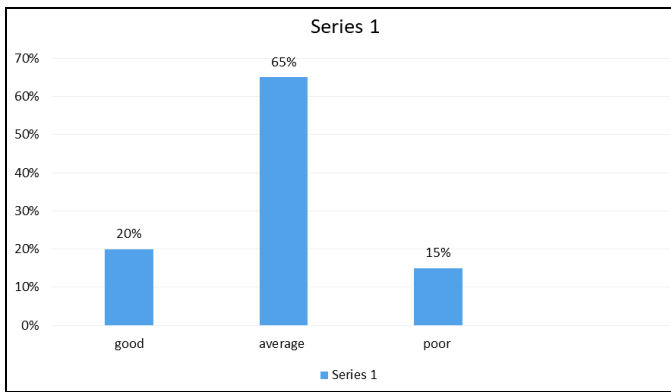


Fig 1: Bar diagram showing percentage distribution of antenatal mother's knowledge level in post test

Association of Post-test Knowledge Score in Relation to Demographic Variables

The relationship of effectiveness score with selected demographic variables were determined by the use of chi-square. The chi-square value is not significant when compared to the table value at 0.05 level of significant and it revealed that there was not significant relationship between effectiveness score and socio demographic variables like age, religion, education, type of family, source of information and occupation.

Conclusion

Based on the Findings of the Study Following Conclusions were Draws

- The present study revealed that the antenatal mothers those staying in selected rural area of Bhopal are do not knowledge regarding antenatal factors leading to mental disorder,
- Planned teaching program was administered to mothers to improve knowledge of antenatal
- There is no significant associations between effectiveness score and selected demographic variables like age, religion, type of family, education, source of information and occupation.
- There is significant associations between effectiveness score and selected demographic variables.

References

1. World Health organization. mental health a state of well-being august 2017 available [www.who.int/features/factfiles/mental health/e](http://www.who.int/features/factfiles/mental%20health/e)
2. Trimothy J. LEGG. Medical news today. What is mental health.24 AUG. 2017 available [https://www.medicalnewstoday.com/articles/1\\$4543.php](https://www.medicalnewstoday.com/articles/1$4543.php)
3. Silvana Galdesi. Towards a new definition of mental health, 2015, 14(2).
4. Mental health America. Mental illness and family recognizing warning signs and hoe to cope, 2018. Available form: [www.mentalhealthamerica.net/recognizing warning sings](http://www.mentalhealthamerica.net/recognizing%20warning%20sings)
5. Syeven Reinberg. Antenatal factors may raise child's risk for OCD. oct 6, 2016. <https://www.webmed.com/baby/news/2016/antenatal-factorsmay-raise-childs.risk-for-ocd>.