

A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING HOME REMEDIES TO PREVENT MINOR AILMENTS AMONG ANTENATAL MOTHER'S ATTENDING ANC OPD IN LOK BANDHU SHRI RAJ NARAYAN COMBINED HOSPITAL AT LUCKNOW, U.P.

Authors:

Ms. Samiksha Giri¹, M.Sc. Nursing Student, Bora Institute of Allied Health Sciences, Lucknow

Mrs. Kritika Mishra², Professor, Bora Institute of Allied Health Sciences, Lucknow

Address for Correspondence

Ms. Samiksha Giri

M.Sc. Nursing Student

Bora Institute of Allied Health Sciences, Lucknow

ABSTRACT

Introduction: Pregnancy is a unique physiological process that marks the beginning of motherhood and involves profound physical, psychological, hormonal, and emotional changes. It is a period during which a woman's body undergoes continuous adaptation to support the growth and development of the fetus. Although pregnancy is generally considered a normal life event rather than a disease, it is often accompanied by several minor ailments that can cause discomfort and affect the daily activities and quality of life of the expectant mother. Common minor ailments include nausea and vomiting (morning sickness), heartburn, constipation, backache, leg cramps, fatigue, varicose veins, edema, frequent urination, and hemorrhoids. While these conditions are usually self-limiting and non-life-threatening, appropriate management is essential to ensure maternal comfort and promote a healthy pregnancy. **Objectives:** 1. To evaluate the Effectiveness of Structured Teaching Programme on Knowledge Regarding Home Remedies to Prevent Minor Ailments among Antenatal Mother's. 2. To find the association between Pre-test knowledge score Regarding Home Remedies to Prevent Minor Ailments with their selected demographic variables. **Material and methods:** A quantitative research approach with a Pre-experimental one group pre-test–post-test design was adopted. The study was conducted among 60 Antenatal mothers and samples were selected through a non-probability purposive sampling technique. Data were collected using a structured knowledge questionnaire. Data were analyzed using descriptive and inferential statistics, including frequency, percentage, mean, standard deviation, Chi-square test, and Paired t test. **Result:** The findings demonstrated that Distribution of samples based on pretest and post test knowledge level regarding prevention of minor ailments during pregnancy revealed that in pretest 24 (40%) had poor Knowledge and 36 (60%) had average knowledge, and in post test 54 (90%) had average knowledge and

06 (10%) had good knowledge related to prevention of minor ailments during pregnancy. **Conclusion:** The study concluded that the Structured Teaching Programme was effective in enhancing knowledge among the participants regarding prevention of minor ailments during pregnancy.

Keywords: Effectiveness, Structured Teaching Programme, Home Remedies, Minor Ailments & Antenatal Mothers.

INTRODUCTION:

With its profound connection to culture and tradition, India is the birthplace of Ayurveda and Yoga. Here, we firmly believe in the efficacy of simple home remedies for addressing minor ailments and discomforts. Even as allopathic doctors, we eagerly turn to our elders, seeking their herbal teas and massages to alleviate common colds and body aches.

In recent times, readily available synthetic allopathic medications have increasingly overshadowed traditional home remedies. Our modern, fast-paced lifestyles, often characterized by nuclear families, have made taking a pill more convenient than preparing a homemade remedy with ingredients we may struggle to recall. However, traditional medicine is rooted in generations of experience and passed down through familial wisdom. Adopting a more holistic approach to healing, which addresses the mind and body, may offer safer alternatives with fewer side effects.

Pregnancy is a unique physiological process that marks the beginning of motherhood and involves profound physical, psychological, hormonal, and emotional changes. It is a period during which a woman's body undergoes continuous adaptation to support the growth and development of the fetus. Although pregnancy is generally considered a normal life event rather than a disease, it is often accompanied by several minor ailments that can cause discomfort and affect the daily activities and quality of life of the expectant mother. Common minor ailments include nausea and vomiting (morning sickness), heartburn, constipation, backache, leg cramps, fatigue, varicose veins, edema, frequent urination, and hemorrhoids. While these conditions are usually self-limiting and non-life-threatening, appropriate management is essential to ensure maternal comfort and promote a healthy pregnancy.

Many minor ailments can be effectively prevented or managed through simple, safe, and evidence-based home remedies and lifestyle modifications. Measures such as consuming small frequent meals, maintaining adequate hydration, eating a balanced diet rich in fiber, engaging in regular light physical activity, practicing correct posture, obtaining sufficient rest, and using remedies such as ginger for nausea have been shown to provide relief without unnecessary medication. However, not all traditional home remedies are scientifically validated, and some cultural practices may be unsafe during pregnancy. Therefore, pregnant women require accurate information to distinguish safe home remedies from potentially harmful practices.

Antenatal care (ANC) is one of the most important components of maternal health services. It provides an opportunity for healthcare professionals, particularly nurses and midwives, to educate pregnant women about self-care, nutrition, danger signs, birth preparedness, and the management of common pregnancy-related discomforts. Health education delivered during ANC visits enhances maternal knowledge, encourages healthy behaviors, and enables women to make informed decisions regarding their own health and that of their unborn child. Educational interventions, especially structured teaching programmes, have been recognized as effective methods for improving knowledge and promoting positive health practices among antenatal mothers.

In India, despite improvements in maternal healthcare services, many pregnant women continue to have inadequate knowledge regarding safe home management of common pregnancy-related ailments. Factors such as low educational status, rural residence, cultural beliefs, misconceptions, limited access to reliable health information, and dependence on unverified traditional advice contribute to this knowledge gap. As a result, some women either ignore minor discomforts or resort to inappropriate remedies that may adversely affect maternal and fetal health. Strengthening health education during routine ANC visits is therefore essential to improve maternal awareness and promote safe self-care practices.

Uttar Pradesh has one of the largest populations of pregnant women in India and continues to face significant maternal health challenges. Government hospitals, including Lok Bandhu Shri Raj Narayan Combined Hospital, Lucknow, provide antenatal services to a large number of women from both urban and rural communities. These settings offer an ideal opportunity to implement educational interventions aimed at improving maternal knowledge regarding home remedies for minor ailments. Assessing the effectiveness of such interventions will provide evidence for strengthening routine antenatal education and enhancing the quality of nursing care.

NEED FOR THE STUDY:

Pregnancy is a natural physiological process, but it is commonly associated with a variety of minor ailments such as nausea and vomiting, heartburn, constipation, backache, leg cramps, edema, fatigue, hemorrhoids, and frequent urination. Although these conditions are generally not life-threatening, they can cause considerable discomfort, interfere with daily activities, affect sleep and nutritional intake, and reduce the overall quality of life of pregnant women. If these minor ailments are not managed appropriately, they may lead to increased anxiety, unnecessary use of medications, repeated hospital visits, and decreased maternal well-being.

Home remedies and healthy lifestyle modifications are considered safe and effective first-line measures for managing many minor ailments during pregnancy. Simple practices such as eating small frequent meals, maintaining adequate hydration, consuming a balanced diet rich in fiber, engaging in regular light exercise, practicing good posture, and obtaining sufficient rest can provide significant relief. However, pregnant women often receive health information from family members, friends, social media, or traditional beliefs, which may not always be scientifically accurate or safe. Lack of correct knowledge may result in the adoption of inappropriate home remedies that could negatively affect maternal and fetal health.

Antenatal care provides an excellent opportunity for healthcare professionals, particularly nurses, to educate pregnant women regarding self-care practices and the safe management of common pregnancy-related discomforts. Structured Teaching Programmes (STPs) are planned educational interventions designed to improve knowledge through systematic, organized, and evidence-based teaching. Such programmes have been shown to enhance understanding, improve confidence in self-care, encourage healthy behaviors, and reduce misconceptions related to pregnancy.

Despite ongoing maternal health initiatives in India, inadequate knowledge regarding the prevention and management of minor ailments during pregnancy continues to be a concern, especially among women from rural areas, lower socioeconomic groups, and those with limited educational backgrounds. Studies conducted in different parts of India have reported that many antenatal mothers have poor to average knowledge regarding safe home remedies before educational interventions, while significant improvement has been observed

following structured teaching programmes. These findings indicate that health education plays a vital role in promoting safe pregnancy practices and improving maternal outcomes.

The investigator's clinical experience during antenatal postings also revealed that many pregnant women were unaware of appropriate home remedies for common minor ailments and frequently depended on unverified traditional practices or self-medication. This observation highlighted the need for a planned educational intervention to improve their knowledge and promote safe self-care during pregnancy.

Hence, the investigator felt the need to conduct the present study entitled "A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Home Remedies to Prevent Minor Ailments among Antenatal Mothers Attending ANC OPD in Lok Bandhu Shri Raj Narayan Combined Hospital, Lucknow, Uttar Pradesh." The findings of this study may help strengthen antenatal health education, improve nursing practice, encourage evidence-based self-care among pregnant women, and contribute to better maternal and fetal health outcomes.

STATEMENT OF THE PROBLEM

A Study to assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Home Remedies to Prevent Minor Ailments among Antenatal Mother's Attending ANC OPD in Lok Bandhu Shri Raj Narayan Combined Hospital at Lucknow, U.P.

OBJECTIVES OF THE STUDY

1. To evaluate the Effectiveness of Structured Teaching Programme on Knowledge Regarding Home Remedies to Prevent Minor Ailments among Antenatal Mother's.
2. To find the association between Pre-test knowledge score Regarding Home Remedies to Prevent Minor Ailments with their selected demographic variables.

RESEARCH METHODOLOGY

Research Approach:

A quantitative approach was adopted to determine the research study.

Research Design:

Pre-experimental one group pretest post test design was used for the study.

Setting of the Study:

The setting of the study was Lok Bandhu Shri Raj Narayan Combined hospital, Lucknow, U.P.

Target Population:

The target population for this present study includes Antenatal women attending ANC OPD at selected hospitals at Lucknow.

Accessible Population:

The accessible population for the present study includes Antenatal women attending ANC OPD of was Lok Bandhu Shri Raj Narayan Combined hospital, Lucknow, U.P.

Sample Size:

The sample size of the present study was 60 antenatal mothers.

Sampling Technique:

Non probability purposive sampling technique was adopted for this study.

Inclusion criteria:

- Antenatal Mothers who understand Hindi and can read and write.
- Antenatal Mothers who were present during the time of data collection.

Exclusion criteria:

- Antenatal mothers who were not willing to participate in the study.
- Antenatal mothers who were not able to read and write.

Variables of the Study:

I. INDEPENDENT VARIABLE

Structured Teaching Programme Regarding Home Remedies to Prevent Minor Ailments among Antenatal Mother's Attending ANC OPD

II. DEPENDENT VARIABLE

Knowledge of Antenatal mothers Regarding Home Remedies to Prevent Minor Ailments.

III. DEMOGRAPHICAL VARIABLES: Age in years, Educational status, Type of family, Trimester, Gravida, Occupational Status, Religion, Personal Habits, Previous knowledge regarding home remedies for minor ailments during pregnancy, Sources of information.

Description of the Tool:

The tools used for the study consisted of two sections:

Part A- Demographic variable- Age in years, Educational status, Type of family, Trimester, Gravida, Occupational Status, Religion, Personal Habits, Previous knowledge regarding home remedies for minor ailments during pregnancy, Sources of information.

Part B –Structured knowledge questionnaire to assess the Knowledge Regarding Home Remedies to Prevent Minor Ailments among Antenatal Mother's Attending ANC OPD

RESULTS

To assess the effectiveness of STP on knowledge regarding home remedies to prevent getting minor ailments among antenatal mothers:

Table 1:

Knowledge level	Poor	Average	Good
Pretest	24	36	00
Post test	00	56	4

Distribution of samples based on pretest and post test knowledge level regarding prevention of minor ailments during pregnancy revealed that in pretest 24 (40%) had poor Knowledge and 36 (60%) had average knowledge, and in post test 54 (90%) had average knowledge and 06 (10%) had good knowledge related to prevention of minor ailments during pregnancy.

Distribution of samples based on knowledge level of participants

To find out the effectiveness of STP on knowledge regarding of minor ailments among the participants using paired t test, the obtained value was 26.38 which was higher than table value of 2.0 at 0.05 level of significance. It means STP was effective to improve knowledge level among the participants regarding prevention of minor ailments during pregnancy.

RECOMMENDATIONS FOR FUTURE RESEARCH:

Based on the findings of the present study, the following recommendations are made:

1. This study can be conducted in large number of samples.
2. This study can be conducted as a non experimental study also.
3. This study should be conducted in the form of qualitative research.
4. This study can be conducted among student nurses visiting health care settings.
5. Study can be conducted in staff nurses also.

CONCLUSION:

Distribution of samples based on the age revealed that most of them belong to 26-35 years 34 (56.7%), 19 (31.7%) belongs to 13-25 years and 07(11.7%) belongs to 46 years and above. Distribution of samples based on educational status revealed that most of the samples had secondary education 21 (35%), 19 (31.7) are illiterate, 16 (26.7%) are graduates and above education, 4 (6.7%) had primary education. Distribution of samples based on occupational status revealed that 27 (45%) had private job, 17 (28.3%) are house wife, 09 (15%) had business and remaining 07 (11.7%) had government job. Distribution of samples based type of family revealed that most of them belong to nuclear family 34 (56.7%) and remaining belongs to joint family 26 (43.3%).

Distribution of samples based on trimester revealed that 25 (41.7%) are In 2nd trimester, 20 (33.3%) belongs to 1st trimester, 15 (25%) belongs to 3rd trimester. Distribution of samples based on religion revealed that 32 (53.3%) are Hindus, 13 (21.7%) are either Christians or Muslims, 2 (3.3%) are belongs to Others. Distribution of samples based on personal habits revealed that most of them had no specific personal habits 38 (63.3%), 13 (21.7%) had tobacco chewing habits, 5 (8.3%) had alcohol consumption habits, 4 (6.7%) had smoking habits. Distribution of samples based on previous knowledge regarding prevention of minor ailments revealed that 41 (68.3%) had no previous knowledge regarding prevention of minor ailments, 19 (31.7%) had knowledge regarding prevention of minor ailments. Distribution of samples based on parity revealed that 22 (36.7%) have 1st parity, 20 (33.3%) had 2nd parity, 18 (30%) had 3rd parity. Distribution of samples based on sources of information revealed that 23 (38.3%) got information from Friends, 18 (30%) got information from mass media, 14 (23.3%) got information from Relatives, 5 (8.3%) got information from health professionals.

Distribution of samples based on pretest and post test knowledge level regarding prevention of minor ailments during pregnancy revealed that in pretest 24 (40%) had poor Knowledge and 36 (60%) had average knowledge, and in post test 54 (90%) had average knowledge and 06 (10%) had good knowledge related to prevention of minor ailments during pregnancy. To find out the effectiveness of STP on knowledge regarding of minor ailments among the participants using paired t test, the obtained value was 26.38 which was higher than table value of 2.0 at 0.05 level of significance hence hypotheses 1 was accepted ie there is a significant difference between pretest and post-test knowledge level. It means STP was effective to improve knowledge level among the participants regarding prevention of minor ailments during pregnancy.

The calculated chi square value revealed that Obtained value was higher than table value in educational status, occupational status, type of family, personal habits, previous knowledge regarding minor ailments, parity, sources of information so null hypotheses rejected except in the case of age in year trimester and religion. Since majority of null hypotheses rejected there is a significant association between selected demographic variables with pretest knowledge regarding home remedies to prevent minor ailments during pregnancy among pregnant women. hence hypotheses 2 was accepted.

SOURCE OF FUNDING: NIL

CONFLICTS OF INTEREST: There are no conflicts of Interest.

REFERENCES:

1. Sisterhen LL, Wy PA. Temper tantrum. National Library of Medicine.
2. Leung AK, Fagan JE. Temper tantrums. Am Fam Physician. 1991 Aug;44(2):559-63.
3. Van den Akker AL, Hoffenaar P, Overbeek G. Temper tantrums in toddlers and preschoolers: longitudinal association with adjustment problems. J Dev Behav Pediatr. 2022;43(7):409-17.
4. Daniels E, Mandleco B, Luthy KE. Assessment, management and prevention of childhood temper tantrums. J Am Acad Nurse Pract. 2012;24(10):569-73.
5. Mo J, Van den Akker AL, Leijten P, Asscher JJ. Parental discipline techniques and changes in observed temper tantrum severity in toddlers. Res Child Adolesc Psychopathol. 2023;51(4):571-82.
6. Bani Salameh AK, Malak MZ, Al-Amer RM. Assessment of temper tantrum behaviour among preschool children in Jordan. J Pediatr Nurs. 2021;59.

7. Osterman K, Björkqvist K. A cross-sectional study of onset, cessation, frequency and duration of children's temper tantrums in a non-clinical sample. *Psychol Rep.* 2010;106(2):448-54.
8. Whalley B, Hyland ME. Placebo by proxy: the effect of parents' beliefs on therapy for children's temper tantrums. *J Behav Med.* 2013;36(4):341-46.
9. Potegal M, Davidson RJ. Temper tantrums in young children. *J Dev Behav Pediatr.* 2003;24(3):140-47.
10. Green JA, Whitney PG, Potegal M. Screaming, yelling, whining and crying: intensity differences in vocal expressions of anger and sadness in children's tantrums. *Emotion.* 2011;11(5).
11. Eisbach SS, Keller FC, Harrison J, Krall JR. Characteristics of temper tantrums in preschoolers with disruptive behaviour in a clinical setting. *J Psychosoc Nurs Ment Health Serv.* 2014;52(5):32-40.
12. Chavan S, D'Souza A, Jisha NV, Prashanth D, Robby KP, Shobha, et al. Knowledge of parents regarding management of temper tantrums in toddlers. *RGUHS J Nurs Sci.* 14(1).
13. Gowda J. Study on temper tantrums among mothers of under-five children. *Renewal Res J.* 2021;9(3):169-72.
14. Kaur V, Chaudhary P. A review of detailed assessment, management and parent education regarding temper tantrum behaviour in younger children. *Int J Creat Res Thoughts.* 2021;9(5).
15. Irianti B. Knowledge relationship of mothers with temper tantrum behaviour in children at Puskesmas Payung Sekaki, Pekanbaru. *J Nurs Midwifery.* 2019;2(1):139-43.
16. Agustine H, Sutarno M. Effect of mother's level of knowledge on temper tantrums in toddlers. *Sci Midwifery.* 2022;10(2).
17. Gautam A. Effectiveness of planned teaching programme on knowledge regarding temper tantrums among mothers of toddlers. *J Nurs Sci Pract.* 7(1).

Copyright & License:



© Authors retain the copyright of this article. This work is published under the Creative Commons Attribution 4.0 International License (CC BY 4.0), permitting unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.