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# A study to evaluate effectiveness of structured teaching programme on knowledge regarding life style modifications of pregnancy induced hypertension among antenatal mothers in selected hospitals at Dharwad

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**Abstract**
**Background:** Pregnancy is the time during which one or more offspring develops (gametes) inside a woman womb. Antenatal care is the systematic supervision of women during pregnancy to monitor the progress of fetal growth and to ascertain the well-being of the mother and the fetus. A proper antenatal check-up provides necessary care to the mother and helps identify any complications of pregnancy such as anemia, pre-eclampsia and hypertension etc. Gestational Hypertension also referred to as Pregnancy-Induced Hypertension (PIH) is a condition characterized by high blood pressure during pregnancy. If a pregnant woman has any of these risk factors, she might be at an increased risk of developing high blood pressure during pregnancy. There are some lifestyle modification to reduce risk exercise regularly, healthy diet, control weight, reduce stress, eat antenatal supplementation and take enough sleep and rest.
**Methods:** The research design selected for the study was Pre-Experimental research design of one group pre-test and post-test design. An evaluative design and quantitative approach were used in study. The sample of this study comprised of 60 antenatal mothers in selected hospital Dharwad. Convenient sampling technique was used to draw the sample for the study. Data about their knowledge regarding life style modifications of pregnancy induced hypertension was collected using structured knowledge questionnaire.
**Major findings of study:** In the present study, with regards to pre-test level of knowledge it shows that, maximum 36 (60%) respondents were having average knowledge, 16 (26.67%) respondents were having poor knowledge and remaining 8(13.33%) of respondents were having good knowledge regarding life style modifications of pregnancy induced hypertension to the antenatal mothers.
Mean pre-test knowledge score 14.48 and mean post-test knowledge score is 20.35. The mean post test score is higher than the mean pre-test knowledge score. Hence the structure teaching programme is effective and can be use in enhancing the knowledge of antenatal mothers regarding life style modifications of pregnancy induced hypertension.
In this present study there is significant association between post-test knowledge score and selected socio-demographic variables like age of mothers, religion, educational status of mother, family monthly income, place of residence, Gravida, previous knowledge about hypertension, source of knowledge. No significant association between post-test knowledge score and selected socio-demographic variables that were occupation of antenatal mother and type of family.
**Interpretation and Conclusion:** Findings of the study shows that mean post-test score of antenatal mothers are 20.35 is above 20 is categorized as good knowledge.
The calculated paired‘t’ test value is -11.45 which is found statistically significant. Hence, null hypothesis is rejected and research hypothesis is accepted. Hence, the structured teaching programme was effective in the enhancing the knowledge of antenatal mothers regarding life style modifications of pregnancy induced hypertension.

**Keywords:** Pregnancy induced hypertension, knowledge, antenatal mothers

## Introduction
Pregnancy is the time during which one or more offspring develops (Gametes) inside a woman’s womb. A pregnancy may end in a live birth, a spontaneous miscarriage, an induced abortion, or a stillbirth. Childbirth typically occurs around 40 weeks from the start of the last menstrual period (LMP). This is just over nine months (Gestational age) [1].

*Fertilization* is defined as the fusion between the male and female gametes that is sperm and egg thereby re-establishing the normal number of chromosomes in humans (46 chromosomes) [2]. Antenatal cares is the systematic supervision of women during pregnancy to monitor the progress of fetal growth and to ascertain the well-being of the mother and the fetus [5]. Pregnancy induced hypertension is one of the main complication during antenatal period. Chronic poorly-controlled high blood pressure before and during pregnancy puts a pregnant woman and her baby at risk for problems. It is associated with an increased risk for maternal complications such as preeclampsia [6]. There are some lifestyle modification to reduce risk exercise regularly, healthy diet, control weight, reduce stress, eat antenatal supplementation and take enough sleep and rest [9]. Health care providers should improve awareness of pregnant mother about pregnancy-induced hypertension 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.

The incidence of hypertensive disorders of pregnancy increased from 16.30 million to 18.08 million globally, with a total increase of 10.92% from 1990 to 2019. The number of deaths due to hypertensive disorders of pregnancy was approximately 27.83 thousand in 2019, representing a 30.05% decrease from 1990.

Reports published from 1976 to 2015 (January-February) reveal that incidence of eclampsia in India ranges from 0.179 to 5%, the average being 1.5%. In the period between 1980 and 1989, the average incidence was 0.92% and the corresponding figure between 2002 and 2010 was 2.15%, indicating that there is no reduction in incidence of eclampsia in India over the decades. Maternal mortality in 1982 was 14.12%, and in 2010 it was 2.2-9%. Maternal mortality has shown a receding tendency, while perinatal mortality is remaining still high as in 1984 it was 45% and the corresponding figure in 2010 was 24.5-48%. Maternal mortality has shown a slight receding trend.

The prospective cross-sectional hospital-based study conducted from January 2016 to January 2019 included all pregnant women beyond 20 weeks of gestation complicated by HDP. In this study, out of 5460 deliveries, 402 (7.4%) cases had HDP, 27.6% had gestational hypertension, 27.6% had mild preeclampsia, 33.6% had severe preeclampsia, and 11.2% had eclampsia. Fifty-four (13.4%) cases required admission in the intensive care unit and 12 (2.9%) ended in maternal deaths. The cause of maternal mortality was cerebral hemorrhage in eight (66.6%) cases and pulmonary edema in four (33.3%) cases.

Disorders of pregnancy induced hypertensive are a major health problem in the obstetric population as they are one of the leading causes of maternal and prenatal morbidity and mortality. The World Health Organization estimates that at least one woman dies every seven minutes from complications of hypertensive disorders of pregnancy.

**Title of the project**

"A study to evaluate effectiveness of structured teaching programme on knowledge regarding life style modifications of pregnancy induced hypertension among antenatal mothers in selected hospitals at Dharwad."

**Aims of the study:** To assess the pretest knowledge regarding life style modifications of pregnancy induced hypertension.

1. To determine the effectiveness of structured teaching programme on knowledge regarding life style modifications of pregnancy induced hypertension.
2. To compare pre- test and post-test knowledge regarding life style modifications of pregnancy induced hypertension among antenatal mothers of selected hospital Dharwad.
3. To find out the association between post test knowledge scores about life style modifications of pregnancy induced hypertension among antenatal mother with selected socio demographic variables.

**Hypothesis**

**$H_1$:** There will be significant difference between post-test knowledge score is higher than pre-test knowledge score.

**$H_2$:** There will be significant association between post-test knowledge scores of antenatal mothers regarding life style modifications of pregnancy induced hypertension with their selected socio-demographic variables.

**Conceptual/theoretical framework**

A conceptual framework shows the relationship between the variables of your study. It includes a visual diagram or a model that summarizes the concepts of your study and a narrative explanation of the model presented. The conceptual framework for this study was derived from 'J.W. Kenny's Open System Model. This theory includes 3 important components i.e. Input, Process and Output. In this study input include the pretest which is done to assess the knowledge of antenatal mother on knowledge regarding life style modifications of pregnancy induced hypertension. The process involves the questionnaires used, observations conducted, the data gathering procedures, and the statistical treatment of data. Output refers to an information once passed on to the sample are reassessed by a posttest and released in an altered state. Output usually focused upon the learning outcome of the participants.

**Methodology**

- **Research Approach:** Evaluative.
- **Research design:** Pre-Experimental, One Group Pre-test and Post-Test Design.
- **Population:** Antenatal mothers.
- **Sample size:** 60.
- **Sampling technique:** Cconvenient sampling technique.

**Plan for data analysis:** Descriptive statistics (Frequency, percentage, mean, median and standard deviation) and inferential statistics were used for analysis and interpretation of data by using paired 't' test and Chi-square test.

**Study setting**

- Sarvodaya Hospital and Fertility center, Dharwad.
- The rationale for selecting this setting was as follows:
- Familiarity with this setting.
- Availability of study samples.
- Expected co-operation from the antenatal mothers.

**Sample criteria**

Sampling criteria involves selecting sample that meets some predetermined criteria of importance.

**Inclusion Criteria:** The study includes antenatal mothers who are:

1. Attending in selected hospitals Dharwad.
2. Able to read and write Kannada and English.
3. Willing to participate in the study.
4. Available at the time of data collection.

**Exclusive criteria:** The study excludes antenatal mothers who are:

a) Not able to co-operate during the study.
b) Sick and not able to provide the data.

**Content validity**

The structured knowledge questionnaire was content validated by giving to 10 experts from nursing field. However there were few suggestions to modify some of the questions and those were incorporated in final tool.

**Reliability**

In order to establish the reliability of the tool split-half method was used. The tool was administered to 06 subjects Chirayu Multispeciality hospital, Dharwad and the test was first divided into two equivalent halves and correlation of the half test was found by using Karl Pearson correlation co-efficient formulae and the significance of the correlation was tested by using probable error. The reliability coefficient of the whole test was then estimated by Spearman's Brown Prophecy formulae. Reliability of the questionnaire was 0.84, so the tool was found to be highly reliable for the data collection. After pilot study tool was finalized for main study.

**Data collection instrument**

The analysis of the data is organized and presented under following sections;

**Section-I:** Findings related to distribution of socio-demographic data of the antenatal mothers.

**Section-II:** Findings related to pre-test knowledge scores of the antenatal mothers.

**Section III:** Findings related to effectiveness of structured teaching programme on knowledge regarding life style modifications of pregnancy induced hypertension.

**Section IV:** Finding related to association between post-test knowledge scores of the about life style modifications of pregnancy induced hypertension among antenatal mothers with selected socio demographic variables.

**Section-I:** Findings related to distribution of socio-demographic data of the antenatal mothers.

**Table 1:** Frequency and Percentage distribution of the socio-demographic variables of antenatal mothers.

| Sr. No | Variable | *f* | % |
|---|---|---|---|
| **Age of mother** | | | |
| 1 | Below 20 year | 2 | 3.33 |
| | 20 - 25 year | 25 | 41.67 |
| | 25 - 30 year | 20 | 33.33 |
| | Above 30 year | 13 | 21.67 |
| Total | | 60 | 100 |
| **Religion** | | | |
| 2 | Hindu | 25 | 41.67 |
| | Muslim | 9 | 15.00 |
| | Christian | 19 | 31.67 |
| | Other | 7 | 11.67 |
| Total | | 60 | 100 |
| **Educational Status of Mother** | | | |
| 3 | Below primary | 7 | 11.67 |
| | Primary | 13 | 21.67 |
| | Secondary | 14 | 23.33 |
| | Graduate and above | 26 | 43.33 |
| Total | | 60 | 100 |
| **Occupation** | | | |
| 4 | Public sector | 40 | 66.67 |
| | Government | 20 | 33.33 |
| Total | | 60 | 100 |
| **Family monthly income** | | | |
| 5 | 5000 and Less than Rs. 5000 | 3 | 5 |
| | Rs. 5001 - Rs. 10,000 | 9 | 15 |
| | Rs. 10,001 - Rs. 15,000 | 33 | 55 |
| | 15000 and above Rs. 15,000 | 15 | 25 |
| Total | | 60 | 100 |
| **Type of family** | | | |
| 6 | Nuclear | 20 | 33.33 |
| | Joint | 40 | 66.67 |
| Total | | 60 | 100 |
| **Place of residence** | | | |
| 7 | Rural | 25 | 41.67 |
| | Urban | 35 | 58.33 |
| Total | | 60 | 100 |

| | | | |
|---|---|---|---|
| **Gravida** | | | |
| 8 | Primi | 16 | 26.67 |
| | Multi | 44 | 73.33 |
| Total | | 60 | 100 |
| **Previous knowledge about hypertension** | | | |
| 9 | Yes | 18 | 30 |
| | No | 42 | 70 |
| Total | | 60 | 100 |
| **Sources of previous knowledge** | | | |
| 10 | Family | 2 | 3.33 |
| | Friends | 21 | 35.00 |
| | Mass Media | 29 | 48.33 |
| | Health Professionals | 8 | 13.33 |
| Total | | 60 | 100 |

**Section-II: Findings related to pre-test knowledge scores of the antenatal mothers**

This section deals with the analysis and interpretation of data about knowledge regarding life style modifications of pregnancy induced hypertension. The score obtained by each sample were tabulated in a Microsoft excel master data sheet. The data was calculated for Mean, Median, Mode and Standard Deviation.

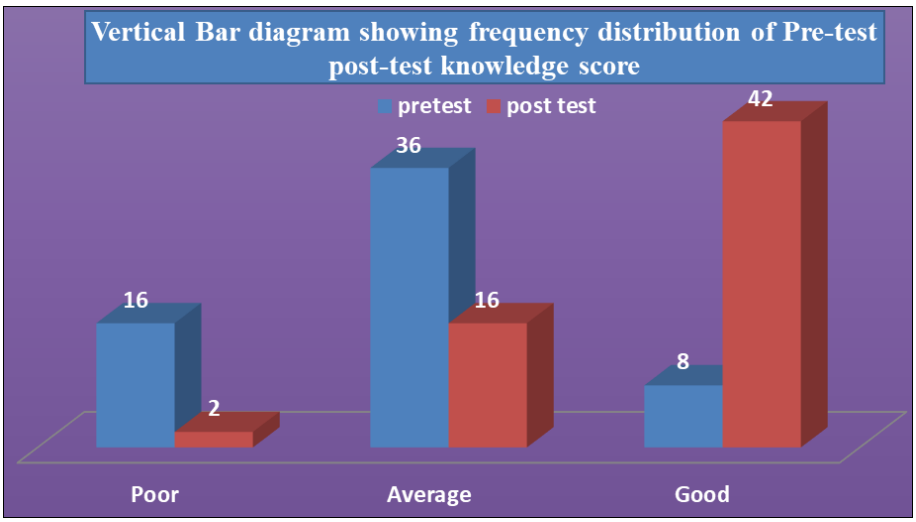
**Table 2:** Overall Mean, Median, Mode and Standard Derivation of pre-test knowledge score.

| Sr. No. | Parameter | Value |
|---|---|---|
| 1. | Mean | 14.48 |
| 2. | Median | 15 |
| 3. | Mode | 19 |
| 4. | Standard Deviation | 5.12 |

Table No.3 reveals the Mean, Median, Mode and Standard Deviation of knowledge score of the antenatal mothers regarding life style modifications of pregnancy induced hypertension are 14.48, 15, 19 and 5.12 respectively.

**Table 3:** Pre-test post-test knowledge score of of antenatal mothers of regarding life style modifications of pregnancy induced hypertension.

| Variables | Structured teaching programme | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Level | Poor knowledge | | | | Average knowledge | | | | Good knowledge | | | |
| Structured teaching programme | Pre | | post | | Pre | | post | | Pre | | post | |
| | F | % | F | % | F | % | F | % | F | % | F | % |
| | 16 | 26.67 | 2 | 3.33 | 36 | 60 | 16 | 26 | 8 | 13.33 | 42 | 70 |




**Graph 1:** Vertical Bar diagram showing frequency distribution of Pre-test post-test knowledge score

With regard to pre-test level of knowledge it shows that, maximum 36 (60%) respondents were having average knowledge, 16 (26.67%) respondents were having poor knowledge and remaining 8(13.33%) of respondents were having good knowledge. During post-test maximum 42(70%) of respondents were having good knowledge 16 (26.67%) of respondents were having average knowledge and 2(3.33%) of respondents were had poor knowledge.

**Section III: Finding related to effectiveness of structured teaching programme on knowledge regarding life style modifications of pregnancy induced hypertension**

This section deals with the comparison of pre-test and post-test knowledge score in terms of Mean, Median, Mode and standard deviation. Also testing of H1 for the finding effectiveness of structured teaching programme on knowledge regarding life style modifications of pregnancy

induced hypertension. This findings will conform the usage of this structured teaching programme in future for enhancing the knowledge of antenatal mothers.

**H1:** There will be significant difference between post-test knowledge score is higher than pre-test knowledge score.

**Table 4:** Comparison of pre-test and post- test knowledge score in terms of Mean, Median, Mode and standard deviation.

| Sr. No. | Parameter | Pre-test | Post-test |
|---|---|---|---|
| 1 | Mean | 14.48 | 20.35 |
| 2 | Median | 15 | 21 |
| 3 | Mode | 19 | 21 |
| 4 | Standard Deviation | 5.12 | 4.51 |

Above table shows that he pre-test knowledge scores respondents mean was 14.48, median was 15, mode was 19 and standard deviation 5.12. The post-test knowledge scores respondents mean was 20.35, median was 21, mode was 21 and standard deviation 14.51.

**Table 5:** Mean, Standard Deviation, Mean difference and‘t’ value of pre-test and post- test knowledge score

| Time Point | Mean | SD | t-value | Df | p-Value |
|---|---|---|---|---|---|
| Pre-test | 14.48 | 5.12 | - 11.45 | 59 | 0.000 Extremely statistically significant |
| Post-test | 20.35 | 4.51 | | | |
| Difference | 5.87 | 0.61 | | | |

Significant $p<0.001$

Above table shows that mean Pre-test knowledge score is 14.48 and mean Post-test knowledge score is 20.35. Pre-test standard deviation 5.12 and Post-test standard deviation 4.51. The calculated paired ‘t’ value -11.45 and p value 0.000 was significant. Hence, the stated hypothesis H1 is accepted.

The two tailed P value is less than 0.001 by conventional criteria, this difference is considered to be extremely statistically significant.

**Section IV: Finding related to association between post-test knowledge scores of the about life style modifications of pregnancy induced hypertension among antenatal mothers with selected socio demographic variables**

This section deals with findings association between post-test knowledge scores of the antenatal mother with selected socio-demographic variables such as Age, Religion, Education, Occupation, Family Monthly Income, Type of Family, Place of Residence, gravida, Previous knowledge, Sources of information.

**$H_2$**

There will be significant association between post-test knowledge scores of antenatal mothers regarding life style modifications of pregnancy induced hypertension with their selected socio-demographic variables.

**Table 6:** Findings related to association between post-test knowledge score of the antenatal mothers with selected socio-demographic variables.

| Sr. No | Variable | Poor | Average | Good | dF | x2 tab 0.05 | x2 cal. 0.05 | Inf. |
|---|---|---|---|---|---|---|---|---|
| **Age of mother** | | | | | | | | |
| 1 | a) Below 20 year | 0 | 2 | 0 | 6 | 12.6 | 15.24 | S |
| | b) 20 - 25 year | 1 | 2 | 22 | | | | |
| | c) 25 - 30 year | 1 | 5 | 14 | | | | |
| | d) Above 30 year | 0 | 7 | 6 | | | | |
| | Total | 2 | 16 | 42 | | | | |
| **Religion** | | | | | | | | |
| 2 | a) Hindu | 0 | 2 | 23 | 6 | 12.6 | 25.12 | S |
| | b) Muslim | 1 | 3 | 5 | | | | |
| | c) Christian | 0 | 5 | 14 | | | | |
| | d) Other | 1 | 6 | 0 | | | | |
| | Total | 2 | 16 | 42 | | | | |
| **Educational Status of Mother** | | | | | | | | |
| 3 | a) Below primary | 1 | 6 | 0 | 6 | 12.6 | 27.450 | S |
| | b) Primary | 1 | 5 | 7 | | | | |
| | c) Secondary | 0 | 4 | 10 | | | | |
| | d) Graduate and above | 0 | 1 | 25 | | | | |
| | Total | 2 | 16 | 42 | | | | |
| **Occupation** | | | | | | | | |
| 4 | a) Public sector | 2 | 8 | 30 | 2 | 5.99 | 3.43 | NS |
| | b) Government | 0 | 8 | 12 | | | | |
| | Total | 2 | 16 | 42 | | | | |
| **Family monthly income** | | | | | | | | |
| 5 | a) 5000 and Less than Rs. 5000 | 1 | 0 | 2 | 6 | 12.6 | 13.94 | S |
| | b) Rs. 5001 - Rs. 10,000 | 0 | 5 | 4 | | | | |
| | c) Rs. 10,001 - Rs. 15,000 | 1 | 8 | 24 | | | | |
| | d) 15000 and above Rs. 15,000 | 0 | 3 | 12 | | | | |
| | Total | 2 | 16 | 42 | | | | |
| **Type of family** | | | | | | | | |
| 6 | a) Nuclear | 0 | 5 | 20 | 2 | 5.99 | 2.76 | NS |
| | b) Joint | 2 | 11 | 22 | | | | |
| | Total | 2 | 16 | 42 | | | | |
| **Place of residence** | | | | | | | | |
| 7 | a) Rural | 0 | 10 | 12 | 2 | 5.99 | 6.94 | S |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | a) Urban | 2 | 6 | 30 | | | | |
| | Total | 2 | 16 | 42 | | | | |
| **Gravida** | | | | | | | | |
| 8 | a) Primi | 2 | 5 | 9 | 2 | 5.99 | 6.26 | S |
| | b) Multi | 0 | 11 | 33 | | | | |
| | Total | 2 | 16 | 42 | | | | |
| **Previous knowledge about hypertension** | | | | | | | | |
| 9 | a) Yes | 0 | 9 | 9 | 2 | 5.99 | 7.58 | S |
| | b) No | 2 | 7 | 33 | | | | |
| | Total | 2 | 16 | 42 | | | | |
| **Sources of previous knowledge** | | | | | | | | |
| 10 | a) Family | 0 | 2 | 0 | 6 | 12.6 | 13.05 | S |
| | b) Friends | 1 | 3 | 17 | | | | |
| | c) Mass Media | 1 | 6 | 22 | | | | |
| | d) Health Professionals | 0 | 5 | 3 | | | | |
| | Total | 2 | 16 | 42 | | | | |

## Discussion

The findings of the study were discussed under following sections.

**Section-I:** Findings related to distribution of socio-demographic data of the antenatal mothers.

**Section-II:** Findings related to pre-test knowledge scores of the antenatal mothers.

**Section III:** Finding related to effectiveness of structured teaching programme on knowledge regarding life style modifications of pregnancy induced hypertension.

**Section IV:** Finding related to association between post-test knowledge scores of the about life style modifications of pregnancy induced hypertension among antenatal mothers with selected socio demographic variables.

**Section-I: Findings related to distribution of socio-demographic data of the antenatal mothers.**

- Majority 25 (41.67%) of the respondents belong to the age group of 20-25 years.
- Majority 25 (41.67%) of the respondents belong to Hindu religion.
- Majority 26 (43.33%) of the respondents were having graduate and above education.
- Majority 40 (66.67%) of the respondents belong to public sector.
- Majority 33 (55%) of the respondents having monthly income of Rs. 10,001- Rs. 15,000.
- Majority 40 (66.67%) of the respondents belong to public sector.
- Majority 35 (58.33%) of the respondents belong to urban area.
- Majority 44 (73.33%) of the respondents belong to Primi Gravida.
- Majority 42 (70%) of the respondents not having knowledge about hypertension
- Majority 29 (48.33%) of antenatal mothers got information regarding life style modifications of pregnancy induced hypertension from mass media.

**Section-II: Findings related to pre-test knowledge scores of the antenatal mothers**

The mean pre-test knowledge score is 14.48. The score between 11-20 is categorized as average knowledge. The mean score of knowledge 14.48 which is between 11-20. Hence, it shows that antenatal mothers have average knowledge regarding life style modifications of pregnancy induced hypertension.

With regard to pre-test level of knowledge it shows that, maximum 36 (60%) respondents were having average knowledge, 16 (26.67%) respondents were having poor knowledge and remaining 8(13.33%) of respondents were having good knowledge. During post-test maximum 42(70%) of respondents were having good knowledge 16 (26.67%) of respondents were having average knowledge and 2(3.33%) of respondents were had poor knowledge.

**Section III: Finding related to effectiveness of structured teaching programme on knowledge regarding life style modifications of pregnancy induced hypertension.**

Mean Pre-test knowledge score is 14.48 and mean Post-test knowledge score is 20.35. Pre-test standard deviation 5.12 and Post-test standard deviation 4.51. Hence, the structured teaching programme was effective and can be used in enhancing the knowledge of antenatal mothers regarding life style modifications of pregnancy induced hypertension.

The calculated paired 't' value -11.45 and p value 0.000 was significant. Hence, the stated hypothesis H1 is accepted.

**Section IV: Finding related to association between post-test knowledge scores of the about life style modifications of pregnancy induced hypertension among antenatal mothers with selected socio demographic variables.**

In this present study there is significant association between knowledge score and selected socio-demographic variables like age of mothers [$X^2_{cal}$ = 15.24, [tabulated $X^2_{tab}$ =12.6 at df (6)], religion [$X^2_{cal}$ = 25.12, [tabulated $X^2_{tab}$ =12.6 at df (6)], educational status of mother [$X^2_{cal}$ = 27.45, [tabulated $X^2_{tab}$ =12.6 at df (6)], family monthly income [$X^2_{cal}$ = 13.94, [tabulated $X^2_{tab}$ =12.6 at df (6)], place of residence [$X^2_{cal}$ = 6.94, [tabulated $X^2_{tab}$ =5.99 at df (2)], gravida [$X^2_{cal}$ = 6.26, [tabulated $X^2_{tab}$ =5.99 at df (2)], previous knowledge [$X^2_{cal}$ = 7.58, [tabulated $X^2_{tab}$ =5.99 at df (2)], source of knowledge [$X^2_{cal}$ = 13.05, [tabulated $X^2_{tab}$ =12.6 at df (6)].

In all variables the calculated Chi-square ($X^2_{cal}$) value was higher than tabulated value at 0.05 level of significance except occupation of antenatal mother [$X^2_{cal}$ = 3.43, [tabulated $X^2_{tab}$ =5.99 at df (2)] and type of family [$X^2_{cal}$ = 2.76, [tabulated $X^2_{tab}$ =5.99 at df (2)].

In this present study there is significant association between post-test knowledge score and selected socio-demographic variables like age of mothers, religion, educational status of

mother, family monthly income, place of residence, Gravida, previous knowledge about hypertension, source of knowledge. No significant association between post-test knowledge score and selected socio-demographic variables that were occupation of antenatal mother and type of family. There is significant association between knowledge score of antenatal mothers regarding life style modifications of pregnancy induced hypertension and socio-demographic variable. Hence $H_2$ is accepted.

## Conclusion

Further, the conclusion drawn on the basis of the findings of the study includes:

1. The study revealed that knowledge regarding life style modifications of pregnancy induced hypertension this suggest that the knowledge of the antenatal mothers is to be enhance.
2. The study revealed that means post-test knowledge score was higher than mean pre- test knowledge score. Hence it is evident that structured teaching programme can be used to enhance the knowledge of antenatal mothers.
3. The study found that there is significant association between knowledge scores with their selected socio demographic variables like Age, Religion, Education, Family Monthly Income, Place of Residence, Gravida, Previous knowledge, Sources of information

## Conflict of Interest

Not available.

## Financial Support

Not available.

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