



**THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON
KNOWLEDGE & ATTITUDE REGARDING PREVENTION FROM SIDE
EFFECT OF ANAEMIA DURING PREGNANCY AMONG ANTENATAL
MOTHERS IN PHUSRO JHARKHAND**

Mrs. Subani Bara and Dr. M.E. Patlia

ABSTRACT

In this experimental design, sample consisted of 100 Antenatal mothers, selected by Non probability convenient sampling technique. Self structure questionnaire tools was used for assessing the knowledge of Antenatal mothers & check list to assess attitude of antenatal mothers regarding Prevention from side effect of anaemia during pregnancy. Pre test was conducted by using the same structured questionnaire and after 30 days post test was conducted using the same structured knowledge questionnaire & attitude check list for assessing the effectiveness of planned teaching programme regarding Prevention from side effect of anaemia during pregnancy Mean percentage of the knowledge score of post test 30.12 was higher than pre test 25.4. and Attitude score of post test 35.36 was higher than pre test 27.9. The 't' value for total pre test and post test was 13.89. Correlation between knowledge & attitude score was 0.92. The 't' value for total pre test and post test was 13.89. The data was analyzed in terms of descriptive and inferential statistics.

INTRODUCTION

Normally during pregnancy, erythroid hyperplasia of the marrow occurs and red blood corpuscle (RBC) mass increases. A disproportionate increase in plasma volume results in hemodilution: hematocrit decreases from between 38% & 45% in healthy women who are not pregnant to about 34% during late single pregnancy and to 30% during late multifetal pregnancy. During pregnancy, anemia is defined as

hemoglobin (Hb) < 10 g/dL (Hct < 30%). If Hb is < 11.5 g/dL at the onset of pregnancy, women could also be treated prophylactically because subsequent hemodilution usually reduces Hb to < 10 g/dL. Despite hemodilution, oxygen-carrying capacity remains normal throughout pregnancy. Hct normally increases immediately after birth.

It's normal to have mild anaemia. Weaning is that the process of switching an infant's diet from breast milk or formula to other foods and fluids. In most cases, choosing when to wean may be a personal decision. It might be influenced by a return to work, the mother's or infant's health, or just a feeling that the time is right.

Mild anaemia is normal during pregnancy due to an increase in blood volume. More severe anaemia, however, can put your baby at higher risk for anaemia later in infancy. In addition, if you are significantly anaemic during your first two trimesters, you are at greater risk for having a pre-term delivery or low-birth-weight baby. Being anaemic also burdens the mother by increasing the risk of blood loss during labour and making it more difficult to fight infections.

OBJECTIVES

1. To assess pre test & post test knowledge of antenatal mother regarding Prevention from side effect of anaemia during pregnancy
2. To assess pre test & post test attitude of antenatal mother regarding Prevention from side effect of anaemia during pregnancy
3. To assess the effectiveness of Planned teaching programme regarding Prevention from side effect of anaemia during pregnancy
4. To find correlation between knowledge & attitude regarding Prevention from side effect of anaemia during pregnancy

METHODS And MATERIAL

An extensive review of literature was undertaken. The conceptual framework based on Roy's adaptation theory. An experimental research approach was used to assess the knowledge & attitude regarding Prevention from side effect of anaemia during pregnancy among antenatal mother. A pre experimental research design was considered appropriate for the study "to assess the effectiveness of planned teaching

programme regarding Prevention from side effect of anaemia during pregnancy among antenatal mother. One group pre test and post test design was used. In order to measure the content validity of the tool, the questionnaire schedule was given to the 7 experts from the field of Obstetrics and Gynaecological & Paediatrics Nursing. The experts were chosen on the basis of their clinical expertise, experience, qualification and interest in the problem area. The tool was found reliability of tool was calculated with split half method and found 0.91 for knowledge & 0.89 for attitude which is statically reliable for the present study.

RESULT

The data for main study was calculated in the month of June. Data collection was analyzed by using descriptive & inferential statistics. The analysis depicted that majority of parents by 100 antenatal mother (81.2%) belonged to the age group of 25-29 years. Regarding the Educational status of antenatal mother, majority of respondent (71%) had their primary education. Majority of the respondent (84%) were Hindu, Majority respondent monthly income (34%). Regarding the Nutritional status of antenatal mother, majority of the respondent (66%) were non vegetarian, knowledge score of post test 30.12 was higher than pre test 25.4. and Attitude score of post test 35.36 was higher than pre test 27.9. The 't' value for total pre test and post test was 13.89. Correlation between knowledge & attitude score was 0.92. The 't' value for total pre test and post test was 13.89.

CONCLUSION

The Planned teaching programme was found to be an effective for antenatal mother that increasing the knowledge & improve attitude regarding Prevention from side effect of anemia during pregnancy that is help full in reducing Neonatal mortality & morbidity rate, & to have good pregnancy outcome it is important for good growth & development of infant.

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