



**THE EFFECTIVENESS OF SELF INSTRUCTIONAL MODULE ON
KNOWLEDGE REGARDING PREVENTION & SIDE EFFECT OF LOW
BIRTH WEIGHT BABY AMONG PARENTS IN JAMSHEDPUR,
JHARKHAND**

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ABSTRACT

In this experimental design, sample consisted of 50 Parents, selected by Non probability convenient sampling technique. Self structure knowledge questionnaire tools was used for assessing the knowledge of parents regarding Prevention & side effect of low birth weight baby . Pre test was conducted by using the same structured questionnaire and after 25 days post test was conducted using the same structured knowledge questionnaire for assessing the effectiveness of self instructional module regarding Prevention & side effect of low birth weight baby Mean percentage of the knowledge score of post test 29.25 was higher than pre test 21.21 The 't' value for total pre test and post test was 15.91. The data was analyzed in terms of descriptive and inferential statistics.

INTRODUCTION:

Low birth weight is a term used to describe babies who are born weighing less than 2,500 grams (5 pounds, 8 ounces). In contrast, the average newborn weighs about 8 pounds. ... Over half of multiple birth babies have low birth weight compared with only about 6 percent of single birth babies. At 6 months of age, an infant needs to consume 28 to 45 ounces of breast milk or formula per day and often is ready to start being introduced to solid food. he primary cause is [premature birth](#), being born before 37 weeks gestation; a baby born early has less time in the mother's uterus to grow and gain weight, and much of a fetus's weight is gained during the latter part of the mother's pregnancy.

Another cause of low birth weight is intrauterine growth restriction. This occurs when a baby does not grow well *in utero* because of problems with the placenta, the mother's health or birth defects. Babies with Intrauterine growth restriction (IUGR) may be born early or full-term; premature babies with IUGR may be very small and physically immature, and full-term babies with IUGR may be physically mature but weak.

Any baby born prematurely is more likely to be small. However, there are other factors that can also contribute to the risk of low birth weight. These include:

- Mother's age - Teen mothers have a much higher risk of having a baby with low birth weight.
- Multiple births - Multiple birth babies are at increased risk of low birth weight because they often are premature.
- Mother's health - Babies of mothers who are exposed to illicit drugs, alcohol and cigarettes are more likely to have low birth weight. Mothers of lower socioeconomic status are also more likely to have poorer pregnancy nutrition, inadequate prenatal care, and pregnancy complications — all factors that can contribute to low birth weight.

Objectives

1. To assess pre test & post test knowledge of parents regarding Low birth weight babies & their effects.
2. To assess pre test & post test attitude score of parents regarding Low birth weight babies & their effects.
3. To assess the effectiveness of Self instructional module regarding Low birth weight babies & their effects.

METHODS AND MATERIAL

An extensive review of literature was undertaken. The conceptual framework based on Health belief model. An experimental research approach was used to assess the knowledge regarding Low birth weight babies & their effects among parents of A pre experimental one group pre test & post test research design was considered appropriate for the study “to assess the effectiveness of self instructional module regarding Low birth weight babies & their effects among parents 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 0.89 or knowledge which is statically reliable for the present study.

RESULT

The data for main study was calculated in the month of October Data collection was analyzed by using descriptive & inferential statistics. The analysis depicted that majority of parents (72%) belonged to the age group of 25-29 years Regarding the Educational status of parents , majority of respondent (71%) had their primary education Majority of the respondent (84%) were Hindu, Majority respondent monthly income 5001-10000/- (34%) Regarding the Nutritional status of parents , majority of the respondent 40 (66%) were non vegetarian,. knowledge score of post test 29.25 was higher than pre test 21.12. The 't' value for total pre test and post test was 15.91.

CONCLUSION

The self instructional module was found to be an effective for parents that increasing the knowledge regarding Low birth weight baby and its effects that is help full in reducing Neonatal & infant mortality & morbidity rate, it is important for good growth & development of infant. Self instructional module will help in future learning of parents.

REFERENCE

1. Singh Mehrban. Disorders of weight and gestation. In: Singh Mehrban., editor. Care of the newborn. 4th edn. Sagar Publication; New Delhi: 1991. pp. 112-125.
2. Hivre SS, Gantra BR. Determinants of low birth weight. A community based prospective cohort study. Indian Pediatr. 1994;31:1221-1225. [[PubMed](#)]
3. Park JE. Preventive medicine in obstetrics, pediatrics and geriatrics. In: Park K (ed). Park's textbook of Preventive and Social Medicine. 14th edn Jabalpur, Banarsidas Bhanot. 1994:313-343.
4. Growth pattern of Indian children. Bull ICMR 1983; 13: 10

5. Bhargava SK, Singh KK, Saxena BN. A national collaborative study of identification of high risk communities. *Indian Pediatr.* 1991;28:1473-1480. [[PubMed](#)]
6. Makhija K, Murthy GVS, Kapoor SK, Lobo J. Socio-biological determinants of birth weight. *Indian J Pediatr.* 1989;56:639-643. [[PubMed](#)] [[Google Scholar](#)]
7. Dhall K, Bagga R. Maternal determinants of birth weight of North Indian babies. *Indian J Pediatr.* 1995;62:333-344. [[PubMed](#)]
8. Sethi GR, Sachdev HPS, Puri RK. Women health and fetal outcome. *Indian Pediatr.* 1991;28:1379-1393. [[PubMed](#)]