RESEARCH ABSTRACT

A study to find out the effect of planned health education on knowledge and practices of antenatal mother attending antenatal clinic at the J. J. Group of Hospitals with regard to prevention and management of anaemia during pregnancy.

This study was undertaken to determine the effect of planned health education on the knowledge and practices of antenatal mothers regarding prevention and management of anaemia during pregnancy.

The objectives of the study were:-

1) To find out the awareness of antenatal mothers regarding prevention and management of anaemia during pregnancy before-and after planned health education. Some of the selected areas of prevention and management of anaemia during pregnancy were:-
   - Meaning of anaemia
   - haemoglobin and its importance
   - Investigation to detect anaemia.
   - Pre-disposing factors
   - Causes of anaemia
   - Early and late symptoms
   - Early and late signs
   - Complications-maternal and foetal
   - Preventive measures
   - supplementary drugs
   - Dietary modification
   - Food hygiene
   - Cooking knowledge
   - Health habit
   - Deworming agent
   - Curative measures
2) To compare the practices adopted for prevention and management of anaemia in antenatal mothers during pregnancy, before and after health education on selected areas:
   - Identify signs of anaemia.
   - Recognize preventive measures
   - Consumption of supplementary drugs
   - Dietary practices
   - Food hygiene
   - Deworming agent
   - Curative measures

3) To find out the relation of selected variables with regard to prevention and management of anaemia during pregnancy. These variables were age, education, income, parity, gestational age, anthropometric measurement (weight only), birth weight of neonate and haemoglobin status of mothers during antenatal and post-natal period.

The study was carried out in the antenatal clinic of the J. J. Group of Hospitals, Mumbai. It was a descriptive, explorative and evaluative study. The sample size was 340, i.e. the study group consisted of 170 samples and the control group consisted of 170 samples. The samples were selected as per criteria. According to the objectives, a tool was prepared. The tool consisted of a questionnaire, a physical examination tool, health education plan and teaching aids. The tool was finalized after the validity and reliability test. The data collection was done.

The following activities were carried out:
1) Selection of the samples as per criteria.
2) Before health education, data collection in relation to demographic data, prevention and management of anaemia during pregnancy.
3) Health education was imparted to study group.
4) Hand washing demonstration on shown to study group.
5) Physical examination done in both groups.
6) The data collection was done after health education in relation to prevention and management of anaemia during pregnancy in the study group.
7) For control group, on the first clinic visit without health education data was collected in relation to demographic data on knowledge and practices in relation prevention and management of anaemia during pregnancy.
8) On the second visit, data collection was done in relation to prevention and management of anaemia during pregnancy.
9) Details of delivery and other related data were gathered in the postnatal ward, such as birth weight of the new born infant’s weight and postnatal haemoglobin status of the samples.

The data that was collected was analysed in terms of frequency, percentages, mean, S.D, chi-square, ‘t’ test and significance ‘Z’ test. ‘Z’ test were applied in following way.

1) Within study group i.e. before and after health education.
2) It was applied between study and control group
3) It was applied on selected variables in the study group after health education.
4) It was also applied in the control group after second clinic visit.

Data was analysed and interpreted as follows:

1. Section 1
   a. Section 1.A- Assessment of antenatal weight and gestational age before and after health education in study group, and first and second clinic visit in the control group.
   b. Section 1.B-Haemoglobin level during antenatal period before and after health education in the study group, and first and second clinic visit in the control group.
c. Section 1.C- Assessment of postnatal haemoglobin status in both the groups.
d. Section 1.D- Consumption of deworming agents in both the groups.
e. Section 1.E- Birth weight of new born infants.

2. Section 2 - Assessment of antenatal mothers' knowledge and practices in relation to prevention and management of anaemia during pregnancy, before and after health education in the study group on first and second clinic visit in the control group. Significant analysis within the study group i.e. before and after health education, and between the study and control groups was done.

3. Section 3- This section deals with other practices which help to prevent anaemia during pregnancy; before and after health education in the study group and on first and second clinic visit in the control group, 'Z' test was applied.

4. Section 4- Consumption of diet before and after health education in the study group and on first and second clinic visit in control group. Mean and standard deviation was applied.

5. Section 5- Treatment of anaemia in both groups. It was described only.

6. Section 6- 1) The significant relation between selected variables on knowledge and practices in relation to prevention and management of anaemia during pregnancy in the control group after second clinic visit.

7. 2) The significant relation between selected variables on knowledge and practices in relation to prevention and management of anaemia during pregnancy after health education in the study group.(Refer appendix 10.1 – 17.XVII)

**Findings of the study:**

The findings of the study show that the overall gain in knowledge in relation to prevention and management of anaemia was found to be strongly and highly significant at P<0.01 and P<0.05 levels in the study group. In majority of the control group, it was found to be not significant P>0.05. In relation to practices regarding prevention and management of anaemia during pregnancy it was found to be strongly and highly significant at P<0.01 and P<0.05 level, but in majority of the control group it was found
to be not significant at P>0.05 level. It was observed during the study that the mothers were interested and they participated well.

Nursing implications:

Such programs can be carried out through various people like community health nurses, and other health team members. They would be successful if held in collaboration with various agencies. These agencies may be non governmental organizations (NGO’s), anganwadies, integrated child development scheme (ICDS), private maternal child health clinics, and other voluntary agencies. Such collaborations will facilitate preventive, promotive and curative services for prevention and management of anaemia during pregnancy.

It is concluded that planned health education programme helps to improve the knowledge and practices and it should be implemented at all levels, in hospitals and community.