

A Study to Assess the Effectiveness of Planned Teaching Programme On Knowledge Regarding Preconception Care Among Women of Reproductive Age Group in Selected Rural Area of Jhalawar District, Rajasthan

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Abstract

Introduction: Preconception care is individualized care for people considering pregnancy. The preconception care provides resources for women health care and purposes that every reproductively capable woman creates a reproductive health plan. The specific clinical content of preconception care is given elsewhere.

Material & Methods: The research approach adopted for the study was pre experimental research approach. The evaluator approach with one group pre-test, post-test design was adopted for the study. The study was conducted in Rural area of CHC (Khanpur), community area of Jhalawar District, Rajasthan. Non-Probability Purposive Sampling Technique was used to select the samples for the present study. This study consists of 60 women of reproductive age group. The data collection was structured knowledge questionnaire.

Results: The overall findings of the study revealed that there is a highly significant difference between mean pre-test ($X_1=10.93$) and post-test ($X_2=19.21$) knowledge scores. So this indicates that administration of PTP improves knowledge in all the areas of preconception care and there is no significant association between the knowledge scores of women regarding preconception care and demographic variables.

Conclusions: This suggested that the PTP was highly effective in improving the knowledge of the women regarding preconception care. There is no significant association between pre test knowledge and demographic variable age, family income, education qualification, occupation, religion, family type, previous knowledge of women regarding preconception care.

Keywords: Effectiveness; Knowledge; Reproductive age; Planned teaching programme; Preconception care

Introduction

Preconception care is care you receive before you get pregnant. Preconception care is individualized care for people considering pregnancy. It focuses on reducing morbidity and mortality for the patient and the fetus, increasing the chances of conception when pregnancy is desired, and providing contraceptive counseling to help prevent unintended pregnancies.

Starting to plan for the pregnancy is an early planning

process, the main goal is to decide the proper moment to get pregnant and then the medical care for both the baby and the mother, and modifying whatever is needed to create a healthy environment by preventing stress, nutrients deficiency, birth defects or any other pregnancy problem.

The preconception care provides resources for women health care and purposes that every reproductively capable woman creates a reproductive

health plan. The specific clinical content of preconception care is given elsewhere.

Preconception health refers to the health of women and men during their reproductive years they can have a child. A healthcare professional can help you to assess your health, fitness and lifestyle, to identify areas that you may want to improve.

Objectives:

01. To assess the existing level of knowledge regarding preconception care among of reproductive age group.
02. To assess the effectiveness of planned teaching programme on regarding preconception care among women of reproductive age group.
03. To find out the association between knowledge regarding preconception care among women of reproductive age group with selected demographic variables.

Hypothesis:

H₁: The mean post-test knowledge score of women regarding preconception care is significantly higher than the mean pre-test knowledge score.

H₂: There is no significant association between post-test knowledge of women and selected demographic variables regarding preconception care.

Delimitation:

1. Married women of reproductive age group who had not completed their family.
2. Women who were available during the period of data collection.
3. Women who can read and understand Hindi.

Research Methodology:

The research approach adopted for the study was pre experimental research approach. The evaluatory approach with one group pre-test, post-test design was adopted for the study.

Variables - Two types of variables were identified in this study.

1. Independent variable - In this study independent variable refers to planned teaching programme.
2. Dependent variable - In this study, knowledge of women regarding preconception care is the dependent variable.

Population - The population for the study was women who were living in community area, at Jhalawar,

Rajasthan.

Sampling Technique: -Non-Probability Purposive Sampling Technique was used to select the samples for the present study.

Sample and Sampling Size: The sample consist of 60 women of reproductive age group.

Setting of The Study:

The study was conducted in Rural area of CHC (Khanpur), community area of Jhalawar.

District, Rajasthan.

Sampling Criteria

Inclusion Criteria

1. Women of reproductive age group, who were married and have not completed their family.
2. Women who were willing to participate in the study.
3. Women who were present at the time of data collection.
4. Women who were able to understand Hindi language.

Exclusion Criteria

1. Women who were not sound in physical and mental health.
2. Women, those who were pregnant at time of data collection.
3. Women who had undergone tubectomy, hysterectomy.

The tool for the data collection:

The tool used for the data collection was structured knowledge questionnaire.

Which has two sections:

Section I: Item on demographic variables like age, education, occupation, religion, monthly family income, family type, previous knowledge regarding preconception care.

Section II: Items on knowledge about preconception care. Collected data analyzed by using descriptive and inferential statistics in terms of frequency, percentage, mean, standard deviation, Chi - square test.

Results:

Effectiveness of planned teaching program on preconception care by comparing pre and post test knowledge score of women

Table 1: Area-wise Effectiveness

S.NO	AREA	SCORE	PRE-TEST(X)			POST-TEST(Y)			Effectiveness		
			MEAN SCORE	MEAN%	SD	MEAN SCORE	MEAN%	SD	MEAN SCORE	MEAN%	SD
1	Meaning of preconception care	6	1.85	30.83%	0.67	3.33	55.55%	0.8	1.48	24.72%	0.13
2	Screening of disease	5	1.81	36.33%	0.69	3.1	62%	0.7	1.29	25.67%	0.01
3	Environmental toxins	7	2.53	36.19%	0.76	4.4	62.85%	0.96	1.87	26.66%	0.2
4	Medical assessment	5	1.91	38.33%	0.68	3.43	68.66%	0.77	1.52	30.33%	0.09
5	Life style	4	1.58	39.58%	0.51	2.8	70%	0.50	1.22	30.42%	0.01
6	Assessment of pregnancy	3	1.23	41.11%	0.41	2.13	71.11%	0.31	0.9	30%	0.1
	OVER ALL	30	10.93	36.44%	1.51	19.21	64.05%	1.53	8.28	27.61%	0.02

Table 2: Significance difference between pre -test and post –test

S.N.	Test	Score	Mean	Standard Deviation	Standard Error	Mean Difference	D.F. (N =60)		
								Calculated value	Tabulated value
1	Pre	30	10.93	1.51	0.73	8.28	59	11.34	2
2	Post	30	19.21	1.53					

Conclusions:

The evaluatory approach with one group pre-test, post-test design was adopted for the study. Purposive sampling technique was used to select 60 women. Pre-test as conducted by using structured knowledge questionnaire following which the PTP was given. The post-test was followed on the seventh day. The collected data was analyzed by using descriptive and inferential statistics. The significance of the PTP was proved with hike in post-test score with the mean of 19.21 from that of less pre-test score with mean of 10.93. It was also evident by 't' test ($t=5.77; P<0.05$). This suggested that the PTP was highly effective in improving the knowledge of the women regarding preconception care. There is no significant association between pre test knowledge and demographic variable age, family income education qualification, occupation, religion, family type, previous knowledge of women regarding preconception care.

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Conflict of interest: There is no conflict of interest.

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