

To Assess the Knowledge and attitude Regarding Management of Iron Deficiency Anemia Among Antenatal Mothers Before and After Administration of Planned Teaching Programme

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Abstract

To bear a child is the ultimate dream for most women. The birth of a baby is an affirmation of life with all its hopes, joys and sorrows. Pregnancy is one of the most important time in the life of women. It is paramount importance that her nutritional levels be high, at this time. Since the fetus needs to be well-nourished and the mother herself needs to remain healthy to take her through pregnancy, delivery and the lactating period.¹

Keywords: WHO - World Health Organization; IDA - Iron Deficiency Anemia; UNICEF - United Nations International Children Emergency Fund; UNFPA - United Nations Fund for Population Activities.

Introduction

Maternal mortality is a major problem in the developing world. Nearly 60,000 women die each year as a result of complication in pregnancy and child birth. Most of this death could be prevented with fewer resources (WHO, 2006). The worldwide maternal mortality ratio is estimated to be 390 per 10,000 live births, while in India it is 27 per 10,000 live births. Most of these occur in developing countries where women have a risk of dying in pregnancy and child birth that is 50–100 times greater than that of women in developed countries.²

World-wide, every minute one woman dies of pregnancy related complication. Nearly 60,00,000 women die each year, of these 99% occur in developing countries. According to United Nations International Children's Emergency Fund (UNICEF), India accounts for more than 20% of global maternal and child birth with the vast population and a rate of 540 maternal deaths per 1,00,000 live birth. As per United Nations Fund for population Activities (UNFPA) almost 35% of women in developing countries receive no antenatal care during pregnancy. In some countries antenatal coverage is as low as 26%. Millions of women do

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not have access to good quality of health service during pregnancy and child birth. Especially women who are poor, uneducated or who live in rural areas. Which in turn leads to many pregnancy complications like anemia, mastitis, infection, anemia, urine incontinence etc.³

Need for the Study

Anemia is a serious public health problem affecting mainly the vulnerable population all over the world. Multiple etiologies are responsible for the severity of the problem.

Different consequences of anemia will lead to increased morbidity and mortality among women and children. Reduction in infant and maternal mortality is a priority goal for all the nations and also for both WHO and UNICEF.

In developing countries current strategies to prevent and correct iron deficiency and anemia in pregnant women have met with little success. Therefore, effort must be taken towards safe motherhood and creating awareness about various consequence of anemia, which is usually preventable with early correction of treatment. Hence, the investigator felt the need to assess the knowledge regarding iron deficiency anemia and its prevention among rural and urban antenatal mothers to achieve safe motherhood in future.⁴

Objectives

1. To Assess The Knowledge Regarding Management of Iron Deficiency Anemia Among Antenatal Mothers Before And

After Administration of Planned Teaching Programme.

2. To Assess The Attitude Regarding Management of Iron Deficiency Anemia Among Antenatal Mothers Before and After Administration of Planned Teaching Programme.
3. To Find Association between Knowledge Score with Selected Demographical Variables.
4. To Find Association between Attitude Score With Selected Demographical Variables.

Hypotheses

Level of Significance $p < 0.05$.

H₁: There Will Be A Significant Difference Between Mean Pre-Test And Mean Post-Test Knowledge Score At 0.05 Level Of Significance.

H₂: There Will Be A Significant Difference between Mean Pre-Test and Mean Post-Test Attitude Score at 0.05 Level of Significance.

Results

The data themselves do not provide us with answer to our research questions. Ordinarily, the amount of data collected in a study is too expensive to be reliably described. In order to meaningfully answer the research questions, the data must be processed and analyzed systematically.⁵

Table 1: Area-wise Mean, Mean Percentage, Mean Difference, Percentage Gain of Knowledge Score of Samples on Management of Iron Deficiency Anemia

[N = 60]

Areas	Maximum score	Pre test			Post test			% Gain	Calculated "t" value	Mean difference
		Mean score	Mean %	SD	Mean score	Mean %	SD			
Introduction	7	3.48	49.71	1.03	5.98	85.42	1.18	35.71	12.63	2.5
Risk Group & Causes	2	1.05	52.5	0.67	1.7	85.0	0.67	32.5	5.01	0.65
Sign, symptoms & Diagnostic test	3	2.16	72.0	0.54	2.33	77.66	0.74	5.66	1.24	0.17
Treatment and prevention	14	7.53	53.78	2.18	11.91	85.0	1.45	31.22	15.42	4.46
Total	26	14.22	227.99%	2.7	21.92	333.08%	2.49			7.78

(**=% of post test knowledge score - % of pre test knowledge score)

The Data presented in above Table 1 shows the comparison between pre-test knowledge score and post- test knowledge score obtained by sample regarding management of iron deficiency in all area.

The mean percentage gain in each area was computed. Area wise mean percentage in each area was computed.

There was maximum gain of knowledge in 'Introduction' area. In Introduction area mean percentages of pre-test was 49.71% and mean percentage of post-test was 85.42%. It indicates that the 35.71% gain in this area. According to the it is the highest gain. Contrast to this, there was minimum gain in the area 'Sign, Symptoms & Diagnostic test'.

In this area mean percentage of pre-test was 72% and mean percentage of post-test was 77.66%. It indicates that the 5.66% gain in this area.

Furthermore, there was 32.5% and 31.22% gain in 'Risk Group & Causes' and 'Treatment and prevention'. Hence they are 2nd and 3rd in gain after the Introduction. There was approximately equal gain in Risk Group & Causes and Treatment and prevention. It was 32.5% and 31.22% respectively compare to other areas.

Table 1 reveals that there was knowledge gain in all areas which indicates the effectiveness of the study in terms of management of iron deficiency in all area.

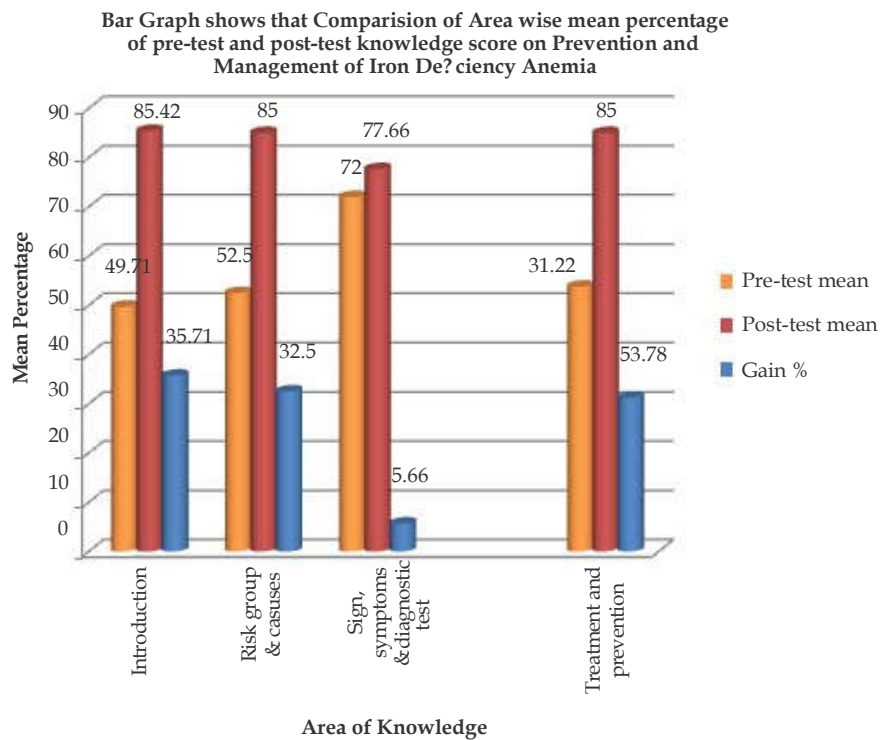


Fig. 1: Area Wise Mean Pre-Test, Post-Test and Gain(%) of Sample.

Findings Related to Knowledge of Sample Regarding Prevention and Management of Iron Deficiency Anemia

1. The mean pre-test knowledge score of samples on Management of Iron Deficiency Anemia was 14.22 where as post-test knowledge score was 22.98. The mean post test knowledge score was significantly higher than the mean pre test knowledge score with the mean difference of 7.78.
2. The range of score in pre test was 6-20 and post-test was 17-26 out of 26.

3. Sample gain highest 35.71% in area of introduction.

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