Original Research Paper

Nursing

EFFECTIVNESS OF STRUCTURED TEACHING PROGRAMME ON ANEMIA IN TEENAGE PREGNANCY AMONG ADOLESCENT GIRLS (15-19 YRS) IN SELECTED HIGHER SECONDARY SCHOOLS IN BARWANI, MADHYA PRADESH.

Prof. Lillykutty Antony	Research Scholar, Malwanchal University, Indore, M.P.
Dr. Anu V Kumar.	Professor. Dept. of obstetrics and gynecology Nursing, Index Nursing College, Indore, M.P

ABSTRACT This study investigated the effect of a structured teaching programme on anaemia in pregnant adolescent's girls. One group pre-test, post-test is employed this study Sample consists of 60 adolescent girls (15-19 yrs) from selected higher Secondary Schools, Barwani district. The tool used for a study was a questionnaire to assess the knowledge regarding anaemia in pregnant adolescent's girls. The subjects were asked to provide answers to the questionnaire to test their previous knowledge and after that teaching programme was provided to the adolescents. After seven days the knowledge regarding anemia in teenage pregnancy was assessed with the same tool. The overall knowledge score in pre test was 16.52 ± 0.89 and mean post-test knowledge score obtained was 24.62 ± 1.56. The finding of the study revealed that during pre-test adolescents had poor knowledge on all areas. Highly significant ($P < 0.0000$) association was found between pre and post test knowledge score and no mean post-test knowledge score and no significant association seen between any of the demographic variables and pre-test knowledge score ($P > 0.05$), showing that pre-test knowledge score is independent of the demographic variables..

KEYWORDS : Knowledge: Effectiveness: Adolescent girls Teenage pregnancy.

INTRODUCTION
Anemia can affect the growth of the fetus, especially during the first trimester. If anemia goes untreated, your baby is at higher risk of having anemia after birth, which can lead to developmental problems. Also, anemia increases the risk of delivering your baby early and having a low-weight baby

WHO (2012) stated that anemia is the most common nutritional deficiency disorder in the world, which contributes as a leading cause, complications of pregnancy and its outcome. It has estimated that the prevalence of anemia in developed countries is 14% and in the developing countries is 51%. In India the prevalence is 65-75%, about 1/3 of the global population is anemic. India has the highest prevalence of anemia and 41.8% of pregnant women worldwide are anemic

Millennium Development Goal (MDG) (2012) pointed that India recorded around 57, 000 maternal deaths in 2010, which translate into a whopping six every hour and one every 10 minutes, The current Maternal Mortality Rate (MMR) of India is 212 per one lakh live births, whereas the country`s related to maternal in this respect is 109 per one lakh live births by 2015. 2 WHO (2012) stated that anaemia in pregnancy is an important public health problem worldwide. Estimates that more than half of pregnant women in the World have a, haemoglobin level indicative of anaemia (< 11.0gldl), the prevalence may however be as high as 56 or 61% in developing countries. Women often become anaemic during pregnancy because the demand for iron and other vitamins is increased due to physiological burden of pregnancy. The inability to meet the required level for these substances either as a result of dietary deficiencies or infection gives rise to anemia.

WHO (2012) stated that Anaemia ranges from mild, moderate to severe and the haemoglobin level for each of these types of anaemia in pregnancy at 10.0 – 10.9g/d1 (mild anaemia) 7 – 9.9g/dl (moderate anemia) and < 7g/dl (severe anaemia). Prevalence of anaemia can be as high as 61% in developing countries with a high incidence and severity occurring among primigravidae

MATERIALS AND METHOD
Sample:- adolescents in the age of 16-18 years studying in higher secondary school in Barwani

Sampling Technique :- Stratified random sampling
Research Approach :- Evaluative approach
Research Design :- Quasi experimental, one group pretest – post test design.
Tool :- Demographic profoma, questionnaire, and Structured Teaching programme

RESULTS
Section 1 : Socio Demographic Data
1. Based on age the percentage distribution of students according to the Religion, (85%) were Hindus, (13.3%) were Christians and only (1.70%) was a Muslim. Majority of these girls belonged to Hindu religion.
2. Regarding the distribution of students according to the educational status , there were 20 (33.3%) each students from Classes X, XI and XII respectively
3. Based on the distribution of students according to the residential area:- all the students 60 (100%) were residing in rural areas and none of them were from urban areas.
4. Regarding the educational status of the father 10(16.7%) fathers of these students had done their secondary education, 32 (53.3%) were graduates and 18 (30%) were professionals. All the fathers were educated.
5. Regarding the educational status of the mother (1.7%) mother of these students was illiterate, 18 (30%) had done their primary education, 29 (48.3%) had done their secondary education and 12 (20%) were professionals. Nearly all the mothers of these students were educated.
6. On the basis of of the occupation of the father (3.3%) of the fathers of these students were semiskilled, (46.7%) were skilled and (50%) of the fathers were professionals.
7. About (31.7%) mothers of these students were unemployed, (8.3%) were semiskilled, 16(26.7%) were skilled and (33.3%) were professionals
8. Regarding the type of family (71.7%) students were from nuclear family, (21.7%) were from joint family and (6.6%) were from extended families.
9. About (1.7%) student had a monthly family income of below Rs. 3000, (3.3%) were having income between Rs. 3001-Rs. 4000, (11.7%) were having income between Rs. 4001-5000 and 50 (83.3%) were having income more than Rs. 5000.
10. For the question, "heard about anemia in teenage pregnancy", (98.3%) students had heard about teenage

pregnancy and only (1.7%) student had not heard about teenage pregnancy

11. Regarding he source of Knowledge (41.7%) students had heard about Anemia in teenage pregnancy from mass media, (33.3%) had heard it from teachers, (25.0%) had heard it from their friends / peer group. om their friends / peer group.

Section 2: Comparison Of Pretest And Posttest Knowledge Grade
Table-1

S. No	Knowledge Grade	Pretest Post test No	%	Post test no	%
1	Poor (8-12)	0	0	0	0.0
2	Average (13-17)	51	85.0	0	0.0
3	Good (18-20)	9	15.0	60	100.0
4	Very good (21-30)	0	0	60	100.0
5	Total	60			

Mean Comparison Of Knowledge Scores According To Domains 1
The first domain "teenage teenage pregnancy" consisted of 9 questions. The mean pretest knowledge score obtained was 5.05 ± 1.17 and mean posttest knowledge score obtained was 7.50 ± 1.02. There was a statistically significant improvement in the knowledge score in this domain

Mean Comparison Of Knowledge Scores According To Domains 2
The second domain Anemia in teenage pregnancy" consisted of 4 questions. The mean pretest knowledge score obtained was 2.68 ± 0.87 and mean posttest knowledge score obtained was 3.63 ± 0.64. There was a statistically significant improvement in the knowledge score in this domain

Mean Comparison Of Knowledge Scores According To Domains -3
The third domain "Cause and effect of anemia teenage pregnancy" consisted of 10 questions. The mean pretest knowledge score obtained was 4.98 ± 0.98 and mean posttest knowledge score obtained was 7.67 ± 1.05. There was a statistically significant improvement in the knowledge score in this domain

Mean Comparison Of Knowledge Scores According To Domain 4
The fourth domain "Diagnosis and prevention of anemia" consisted of 7 questions. The mean pretest knowledge score obtained was 3.63 ± 1.02 and mean posttest knowledge score obtained was 5.78 ± 0.99. There was a statistically significant improvement in the knowledge score in this domain

Overall Mean Comparison Of Knowledge Scores
This table depicts the comparison of overall mean pretest and posttest knowledge score of the students. The mean pretest knowledge score obtained was 16.52 ± 0.89 and mean posttest knowledge score obtained was 24.62 ± 1.56. There was a statistically significant improvement in the knowledge score in this domain .

Association Of Pre-test Knowledge Score With Selected Factors
Chi-square was computed to find out the association between the pr-test knowledge score and selected variables as age, religion, educational status of students, residential area, educational status of parents – father and mother, occupation of the ~ 97 ~ parents – father and mother, type of family, monthly income, heard about anemia teenage pregnancy and source of information

DISCUSSION
Findings revealed that most of the students 51.7% were in the age group 15-16 years, 30% were in the age group 16-17

years,. Majority of the students were in the age group 15-17. Study showed that all the fathers of the students were educated. Among them 53.3% fathers of these students were graduates and 30% were professionals. 48.3% mother of these students had done their secondary education and 20% were professionals. Nearly all the mothers of these students were educated. Majority of the fathers ie. 50%were professional and 46.7% of the fathers of them were skilled and 50% mothers of these students were unemployed, and 33.3% were professionals. 71.7% students were from nuclear family, and all 100% were from urban area. 83.3% students had a monthly family income and were having income more than Rs. 5000. 98.3% of the students had heard about the teenage pregnancy earlier, from them 41.7% had heard about it from mass media, 33.3% from teachers, 25.0% from their friends / peer group.

CONCLUSION
The study thus conclude that, the teenage girls studying in selected higher secondary school require more information regarding anaemia in teenage pregnancy which will help them to improve their knowledge on anemia in Teenage pregnancy and can prevent anemia in teenage pregnanant girls.

REFERENCES
1) Bhatia BD, Chandra R. Adolescent-mother-an unprepared child. India maternal child Health (1228700) [cited 2004 Ags] ;4 (3): 6-7-70. Available from: URL http://www.adolespublished.com.
2) Rao R, Lena A, Nair NS, Kamath V, Kamath A. Indian Journal of Medical Science 2008. Vol 62 (11) 439-443.
3) Vijayalakshmi N, Damodar R. Workshop on prevention of child marriage. 2010. Available from http://www.socialwelfare.bih.nic.in/DOC/Sw-Bestpractice.
4) Prabhu R. Fight Against Child Marriage in India. 2009. Available from http://www.jeywin.com /blog/fight-against-child-marriage-in-India.
5) UNICEF, Early marriage, child spouses; Innocent Digest; Paediatric health Journal. 2001;11(7):22-24. Available from: http://www.unicefiedc.org/ publication/pdf/digest.
6) Wikipedia, the free encyclopedia [Internet].Teenage Pregnancy. Inc;c2007.[cited.2010 Jul 5]. Available from http://en.wikipedia.org/wiki/ teenagpregnancy.
7) Emily S, Susan R J, .Shagon SM, Jean W A. Maternal child nursing 3rd ed. El sevier publication. Canada.2009; 581-583.
8) Sahana B. India: Bengal record highest teen pregnancy cases. 2008. Available from http://southasia.oneworld.net/todaysheadlines/India-bengal-regards-higest - teen-pregnancy-cases. ~ 109 ~
9) Sunil M, Deepti A. Adolescent Health Determinant for pregnancy and child Health outcome among the urban poor. India Pediatric journal of Indian academy. 2004;10(3): 137-140.
10) Park.K. Park's Text book of preventive and social medicine 17th edition. Jabalpur (India). M/S Banarsidas Bhanot Publishers:2002.p.329-331.
11) Herrman J.W. The voice of teen mother: The experience of repeat pregnancy. Journal of Maternal Child Nursing.2006; 31(4): 243-249.
12) Bonsu LK. How Contraception nurses can improve teenage sexual health. Nursing Times 2005; 101(7): 34-36.
13) Kafle PP, Pakuryal KN, Regmi RR, Luintel S. Health problems and social consequences in teenage pregnancy. Nepal Medical College Journal. 2010; 12(1): 225-228.
14) Banerjee B, Pandey GK, Dutt D, Sengupta B, Mondal M, Deh S. Teenage pregnancy: A socially inflicted health hazard. Indian Journal of Community Medicine. 2009; 34(3): 227-231.
15) Chahande MS, Jadhao AR, Wadhva SK, Ughade S. Study of some epidemiological factors in teenage pregnancy. Indian Journal of Community Medicine. 2000; 27(3): 280-285. 16) Were M . Determinents of teenage pregnancies. The Cas of Busia District in Kenya. Economic Human Biology 2007;5 (2), 322-339.
17) Choe M K, Thapas M V. Early Marriage and Early Motherhood in Nepal. Journal of Biosocial.2005; 37(2):143-162. ~ 110 ~
18) Shrestha.S. Socio-Cultural factors influencing adolescent pregnancy in rural Nepal. Journal of Adolescent Medical Health.2002;14 (2): 101-119.
19) Skinner SR, Smith J, Gerwick J, Hendricks J, Tyfe S, Kedali G. Pregnancy and protection: perceptions attitude and experience of Australian female adolescent. Women Birth. 2009; 22(2): 20-56.