



A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING CORD BLOOD BANKING AMONG ANTENATAL WOMEN IN SELECTED HOSPITALS, OF JABALPUR CITY

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KEYWORDS :

BACKGROUND OF THE STUDY

In 1988, umbilical cord stem cells were first used for transplantation on a 5-year old boy suffering from Fanconi's anaemia in France. The boy was cured of the disease and is still alive. Based on this and other successful transplants, doctors and researchers began to collect, freeze and store cord blood units at cord banks throughout the world to treat several ailments and save lives.

More than 45 diseases have now been treated using cord blood cells. These include malignant diseases like leukaemia, lymphoma, neuroblastoma and retinoblastoma, and several other non-malignant diseases as well. Non-malignant diseases are primarily inherited disorders of the blood and immune systems, or are genetic diseases affecting metabolism.

Scientists have been interested in cell biology since the advent of microscopes in 1800's. Cell propagation and differentiation were witnessed for the first time and cells were recognized as the building blocks of life, capable of giving rise to other cells and key to understanding human development.

Twenty years ago, only one disease could be treated with umbilical cord stem cells; ten years ago only a handful. Today, umbilical cord stem cells have been successfully used in the treatment of more than 80 life-threatening diseases (primarily blood diseases). The amazing speed of research and clinical trials using umbilical cord stem cells has led to diseases being treated that no one could have predicted. Many of these new treatments use the patient's own stem cells.

NEED FOR STUDY-

Cord blood is a biological insurance against diseases. The umbilical cord blood is a rich source of stem cells that can be derived from two sources: cord blood and cord tissue. The stem cells derived from the cord blood are called hematopoietic stem cells- these have immense potential in curing blood related disorders like blood cancer, thalassemia etc. the cells derived from the cord tissue are called mesenchymal stem cells- these can be useful in treating tissue related disorders of heart, bone, spinal cord, etc. Investigators also speculate that cord blood stem cells could be used to revitalize a damaged immune system, making them nearly as versatile as embryonic stem cells for treating such immune disorders as type 1 diabetes and rheumatoid arthritis.

These studies have proved that mothers do not have enough knowledge about cord blood banking and they expect their health professionals to give adequate information regarding cord blood banking. Therefore it's a necessity to teach the nurses about cord blood banking.

The studies have shown that, though most women want to do the best for their children, they lack information on the benefit of umbilical cord blood collection and banking. So encouragement during antenatal period is very important.

So, by the above statements and previous clinical experience, to impart scientific information on umbilical cord blood banking the investigator rightly justifies the need for preparing a teaching programme on umbilical cord blood banking. In Jabalpur hospitals.

STATEMENT –

“A study to assess the effectiveness of structured teaching programme on knowledge regarding cord blood banking among Antenatal women in selected hospitals, of Jabalpur city.”

OBJECTIVES OF THE STUDY-

- Assess the pretest level of knowledge score of antenatal women regarding cord blood banking.
- Assess the post test level of knowledge score of antenatal women regarding cord blood banking.
- Determine the effectiveness of structured teaching programme on cord blood banking among Antenatal women in selected hospitals, of Jabalpur city.
- Determine the association between the pretest knowledge score with selected demographic variables.

ASSUMPTIONS-

- Antenatal mothers may have some knowledge regarding cord blood banking.
- Antenatal mothers may have interest to know more about cord blood banking.

DELIMITATIONS-

- This Study is delimited to antenatal mothers admitted in selected hospitals of, Jabalpur city.
- Sample size is delimited to 40.
- Sample willing to participate in the study.
- Sample present during the time of data collection.

RESEARCH DESIGN-

Research overall plan for obtaining answers to the research question is referred as the research design.

The research design for this study was pre experimental one group pre test- post test design to measure the effectiveness of cord blood banking for Antenatal women in selected hospitals, of Jabalpur city.

Population	Sample & Sample Technique –	Variables	Tools & Techniques	Plan For Analysis
Antenatal women's	Sample 40 admitted Antenatal women's of selected hospitals, of Jabalpur city. sampling technique of non-probability sampling approach	Dependent Variables- cord blood banking Independent Variable – Socio demographic variable Age ,Educational Occupation, Religion, Family income, Family type ,Place of residence, Source of knowledge	Tool-1 Pre-test will be conducted to asses the knowledge Tool-2 Structured teaching programme on cord blood banking will be distributed to the Antenatal women. Tools- 3 After 1 week post test will be administered to evaluate the level of knowledge of Antenatal women	Analysis of the demographic data of the samples. Analysis of pre test knowledge score of the samples. Analysis of post test knowledge score of the samples. Effectiveness of structured teaching program on knowledge score. Association of pre test knowledge score with the demographic variables.

S.No	Variables	Poor	Average	Good	Total	DF	Chi-value	P-value	Inference
1	Age					8	120	0	MS
	Less than 20	2	4	0	6				
	21-25	7	3	0	10				
	26-30	8	2	0	10				
	31-35	3	4	0	7				
	36-above	1	6	0	7				
2	Education					10	85.97	0	MS
	Illiterate	0	2	0	2				
	5 th	1	0	0	1				
	10 th	2	0	0	2				
	12 th	5	3	0	8				
	UG	10	5	0	15				
PG	3	9	0	12					
3	Occupation					10	93.97	0	MS
	Govt	3	3	0	6				
	Private	12	3	0	15				
	House wife	5	3	0	8				
	Labour	1	1	0	2				
	Farmers	0	2	0	2				
Business	0	7	0	7					
4	Income					6	0.63	0.42	NS
	<5000	2	1	0	3				
	5001 to 10000	5	4	0	9				
	10001 to 20000	12	11	0	23				
>Rs.20001	2	3	0	5					
5	Family type					2	0.29	0.58	NS
	Nuclear	10	5	0	15				
joint	11	14	0	25					
7	Residence					2	0.25	0.98	NS
	Urban	11	11	0	22				
Rural	10	8	0	18					
8	Source of knowledge					8	20.78	0.00036	S
	Media	5	5	0	10				
	Friends	8	0	0	8				
	Family	0	7	0	7				
	Health personnels	3	7	0	10				
	no knowledge	5	0	0	5				

Figure No - Comparison between pretest and post test knowledge of women

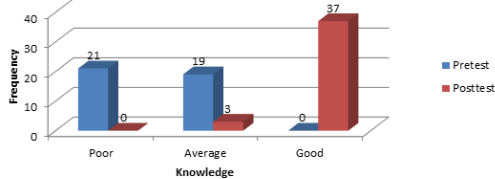


Fig. No. shows the comparison with pre and post test knowledge score mean. Pre test knowledge mean 16.75 and post test knowledge score mean is 23.14.

SUMMARY-

Summary includes objectives, hypothesis, tool used for the study and the findings of the study. At present, lack of awareness among the common people about the huge potential to be gained from the storage of cord blood stem cells and highly technical nature of the process is the key reason for a small customer base in the country. It is still considered an ultimate preventive healthcare luxury due to high-cost barriers. Increased awareness levels among the masses about the concept and a strong legalized and less commercialized environment can work positively toward making stem cell banking an integral part of Indian healthcare.

MAJOR FINDINGS OF THE STUDY-

1. DESCRIPTION OF SAMPLE CHARACTERISTICS

The majority of the samples 10(25%) were belongs to age group 21-25

yrs. And 26-30 yrs. 15(37%) were educated up to graduation level, 15(37%) were pvt. Jobs mothers, 23(57%) were earn between 10001-20000/month, 25(62%) were belongs to joint family, 22(55%) were urban residential area, 10 (25%) had information from media and health personal's.

2.LEVEL OF KNOWLEDGE-

PRE TEST OF KNOWLEDE SCORE: Pre test knowledge score according to category; the frequency of poor knowledge 21(53%), average knowledge were 19(47%), good knowledge 0(0%). The mean score of pre test knowledge were 16.75 and SD were 3.425.

POST TEST OF KNOWLEDE SCORE: Post test knowledge score according to category; the frequency of poor knowledge 0(0%), average knowledge 3(8%), good knowledge 37(92%). The mean score of post test knowledge were 23.14 and SD were 2.992.

3. EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM ON KNOWLEDGE SCORE:

Pre test knowledge mean score were 16.75 and SD 3.425. Post test knowledge mean score were 23.14 and SD were 2.992. Paired 't' test is used to assess the effectiveness of structured teaching programme. The calculated value of t= *4.375. this indicates the structured teaching program was significant.

4. ASSOCIATION OF EACH VARIABLES WITH LEVEL OF PRE TEST KNOWLEDGE SCORE -

On the knowledge pre test, it was found that age (chi value 120), education status (chi value 85.97), occupation status (chi value 93.97), monthly income (chi value 0.63), family type (chi value 0.29),

residence (chi value 0.25), source of knowledge (chi value 20.78) regarding cord blood are having significant relation with pre test knowledge score.

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