



“ A Study To Assess The Effectiveness Of Structured Teaching Program On Knowledge Regarding Iron Deficiency Anemia Among Women Of Reproductive Age Group In Selected Urban Area Of Ratia (Fatehabad) ”.

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Abstract

Anemia is a major health problem throughout the world with an annual prevalence of 400 million. The prevalence rates are higher in developing countries like India, especially affecting toddler, adolescents and women in reproductive age group. Further women of child bearing age are more susceptible to have anemia because of various factors. The current study throws a light on the same issue. This descriptive study was conducted “A study to assess the effectiveness of structured teaching program on knowledge regarding iron deficiency anemia among women of reproductive age group in selected urban area of Ratia (Fatehabad).” With having objectives like to assess the knowledge of women of reproductive age group regarding iron deficiency anemia . secondly to evaluate the effectiveness of STP in terms of knowledge regarding IDA and to find the association between selected demographic variables with pretest and post test knowledge score of women of reproductive age group .

Materials and Methods: Study was conducted using quantitative approach and Pre- Experimental one group pretest and posttest design on 60 women of reproductive age group in selected area of Ratia (Fatehabad) by using purposive sampling technique. Structured interview was used to collect the relevant data from sample regarding iron deficiency anemia.

Results: Descriptive and inferential statistics was used for data analysis. The result showed that out of 60 reproductive age group women. The overall mean value of pre-test score was 12.81 and posttest knowledge score was 21.71. The obtained 't' value for knowledge is -27.76. The chi square test used to see the association between the knowledge and selected demographic variables. In the pretest chi square test were 4.72 (age), 8.7 (education), religion (12.2), type of family (1.7), family income (0.85), education of husband (3.5), type of home (0.96), prior exposure to STP regarding anemia (0.96) which shows that there is significant association with selected demographic variable with pretest. Working area (8.65, occupation (14.28) which show that there is no any significant association with selected demographic with pretest. In posttest chi square test were 1.9 (age), (20.8) education, religion (3.39), type of family (0.17), family income (0.8), education of husband (5.2) which shows that there is significant association with selected demographic variable with post test. Working area (12.41), occupation (37.96), type of home (0.8), prior exposure (24.77) which shows that there is no any significant association with selected demographic with post test.

Conclusion: The study concludes that effectiveness of STP has improved the post test knowledge as compared to pretest knowledge score of reproductive age group women. The following conclusions were made on the basis of findings of the study. There was lack of knowledge regarding iron deficiency anemia. The study concludes that structured teaching on iron deficiency anemia was found effective in increasing their knowledge. Women of reproductive age group had a significant gain in knowledge regarding iron deficiency anemia. The written prepared material by the investigator in the form of structured teaching programme helped women of reproductive age group to improve their knowledge regarding iron deficiency anemia. Hence structured teaching programme was effective to improve the knowledge regarding Iron deficiency anemia of reproductive age group women.

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INTRODUCTION

Anaemia is an important health issue throughout the world with the highest prevalence rate being seen in developing countries. It is the most prevalent nutritional deficiency disease worldwide and is often most commonly found in children and women of child-bearing age 1. According to World Health Organization (WHO), the global prevalence of anaemia is 24.8%, which means about 1.62 billion people worldwide. It is noted that the highest prevalence is in preschool age children (47.4%), while the lowest prevalence is in men (12.7%). The prevalence rates for pregnant women and non-pregnant women are 41.8% and 30.2%, respectively; however, among different population groups, the greatest number of individuals affected by anemia belongs to non-pregnant women, 468.4 million 2 . Anaemia in women—especially among non-pregnant women in central, northern and western Africa, central Asia and the Middle East and among pregnant women in southern Africa and southern Asia—is a particularly persistent problem 3 . The prevalence of anemia in India has been reported among females was 70.1%, which included 48.7% mild, 19.9% moderate and 1.5% severe anemia cases 4 . Overall health status of a person is judged on level of haemoglobin of a person. The high prevalence of anemia among women in India is a serious health hazard for them, for their families, and for the economic development and productivity of the country . Anaemia is the most common nutritional deficiency disorder in the world. It

is a condition that occurs when the red blood cells do not carry enough oxygen to the tissues of the body. WHO defines anemia as a condition in which the Haemoglobin(Hb) content of blood is lower than normal as a result of deficiency of one or more essential nutrient. Most of the anemias are due to inadequate supply of nutrients like iron, folic acid and vitamin B12, proteins, amino acids, vitamins A, C, and other vitamins of B-complex group i.e. niacin and pantothenic acid are also involved in the maintenance of haemoglobin level regardless of the cause of such deficiencies 5 .

World Health Organization (2009) reported that India is one of the countries in the world that has highest prevalence of anemia. The major health consequences include poor pregnancy outcome, impaired physical and cognitive development, increased risk of morbidity in children and reduced work productivity in adults. Anaemia contributes to 20% of all maternal deaths. Two billion people – over 30% of the world's population – are anaemic, many due to iron deficiency, and in resource-poor areas, this is frequently exacerbated by infectious diseases.

According to the National Family Health Survey (NFHS)-(III) , more than half of women in India (55%) have anaemia, including 39 % with mild anemia, 15 % with moderate anemia and 2 percent with severe anaemia. In studies conducted in developing countries,

adolescent anemia as the greatest nutritional problem. In India, 55 % adolescent girls are anaemic 6.

Daily Requirement Of Iron For Different Age Groups (Recommended Dietary Allowance, India 7National Nutritional anemia Prophylactic Programme has been in operation for number of years. The Programme aims at provision of iron & folic acid supplement to the high risk groups, identification and treatment of severely anemia cases and promotion of consumption of iron rich food. Change in dietary pattern is a long-term strategy for prevention of anemia. In developing countries, women are less privileged, particularly in respect to having proper food and health care facilities . Prevalence of anaemia in all the groups is higher in India as compared to other developing countries. In India, anaemia affects an estimated 50% of the population. The problem becomes more severe as more women are affected with it as compared to

men. It is estimated that about 20%-40% of maternal deaths in India are due to anaemia and one in every two Indian women (56%) suffers from some form of anaemia. According to National consultation on control of nutritional anemia in India, anemia is defined as the hemoglobin of less than 12 g/dl in females. Mild anemia is defined as hemoglobin level of 10-11.9 g/dl, moderate anemia as haemoglobin level of 7-9.9 g/dl and severe anemia was defined as hemoglobin level of less than 7g/dl among females. Data from National Nutrition Monitoring Bureau (NNMB), Indian Council of Medical Research (ICMR) and District Level Household Survey (DLHS) surveys have shown that prevalence of anaemia is very high (ranging between 80->90%) in preschool children, pregnant and lactating women and adolescent girls. Low birth weight infants, young children and women of childbearing age are particularly at risk of anaemia. That way Anaemia begins in childhood, worsens during adolescence in girls and gets aggravated during pregnancy.

METHODOLOGY

The research approach indicates the basic procedure to improve the knowledge. Post test is taken from the women of reproductive age group to assess the effectiveness of structured teaching programme. Research methodology is a way to systematically solve research problems. In this study evaluative approach Quantitative approach. Sampling technique the target population was used in the study. The research design pre Purposive sampling technique the target population was used in the study. The research design. the sample size was 60 adolescent girls. The age of the study was Non- experimental research design. the sample size was 60 adolescent girls age group 15-19 years of age. self structured questionnaires to assess the knowledge of the women reproductive age group before giving the

structured teaching programme. A structured teaching programme is given to the women of reproductive age

conducting research. The choice of an approach depends upon purpose of the study. Research methodology is a way to systematically solve research problems. In this study evaluative approach Quantitative approach. Sampling technique the target population was used in the study. The research design pre Purposive sampling technique the target population was used in the study. The research design. the sample size was 60 adolescent girls. The age of the study was Non- experimental research design. the sample size was 60 adolescent girls age group 15-19 years of age. self structured questionnaires to assess the knowledge of the women reproductive age group before giving the

The study setting was selected senior secondary school of women of reproductive age group in district Hisar, Haryana.

RESULT

The Frequency and percentage distribution of women of reproductive age group according to age. Which indicated that majority of women 22 (36.67%) were <25 year old, 19(31.67%) of women were 26-28 year old whereas 10 (16.66%) women was 29-32 year old and 9(15.00) women was above 32 year. The Frequency and percentage distribution of women of reproductive age group according to working area. In which most of 42 (70.00%) women were working in urban area and only 18(30.00%) women were working in rural area. The distribution of reproductive age group women according to religion in which maximum 34 (56.66%) women were Hindu, 18(30.00 %) women were Muslim and 4(6.67%) women were Christian and 4(6.67%) women were to any other religion. The distribution of women of reproductive age group according to type of family that indicate maximum women 27 (45.00%) were belongs to nuclear family, 17 (28.33 %) women were belongs to single parent family whereas 13 (21.67%) were belongs to joint family and 3 (5.00%) women were belongs to extended family. The distribution of reproductive age group according to family income per month, which indicate that maximum women 26 (43.33%) family income were Rs 10001 to 20000/month, 16(26.67 %) women family income were less than Rs.5000/month, 10 (16.67%) women family income were above Rs.20000/month and 8 (13.33%) women family income were Rs 5001-10000/month. .indicated the Frequency and percentage according to education of parents. In which maximum 27 (45.00%) parents of women were illiterate, 14(23.33%) parents of women were primary passed, 13 (21.67%) parents of women were secondary passed and only 6 (10.00%) parents were graduate. the occupation of women of reproductive age group. It revealed that majority of women 24 (40.00%) were unemployed, 22(36.67 %) women were have Pvt. Job, 8(13.33%) women were have self employed and only 6 (10.00%) women were govt-job. the Frequency and percentage distribution of women of reproductive age group according to type of house. That include majority 32 (53.33%) of women house was tyle type, 19(31.67%) women house was concrete type and only 9(15.00%) women house was but type. Representing the Frequency and percentage distribution of women of reproductive age group was according to prior exposure to PTP of iron deficiency anemia. In which no one 10 (100.00%) exposed to PTP of iron deficiency anemia. pre test knowledge score of women of reproductive age group revealed that out of 30 maximum obtainable scores the total mean score was 12.76 which is 42.55% the maximum score. The highest mean percentage (46.11%) was obtained in area diagnosis and treatment of iron deficiency anemia with mean and SD 2.77±1.212.The mean percentage (44.44%) was obtained in introduction and definition of iron deficiency amemia with mean and SD 1.33±0.773.The mean percentage (44.16%) was obtained in causes of iron deficiency of anemia with mean and SD 3.53±1.141.The mean percentage (39.76%) was obtained in classification of anemia with mean and SD

2.78+0.975 and the mean percentage (39.16%)~~mean~~ and SD 2.35+1.022.

obtained in symptoms of iron deficiency anemia with

Pre test level of knowledge among women of reproductive age group regarding iron deficiency anemia

S. No.	Knowledge Areas	Variable	Inadequate < 50%		Moderate adequate 51%-75%		Adequate >75%	
			No	%	No	%	No	"A)
1.	Introduction, definition of iron deficiency anemia	37	61.67%	19	31.67%	4	6.66%	
2.	Causes of iron deficiency anemia	48	80.00%	11	18.33%	1	1.67%	
3.	Classification of anemia	49	81.67%	11	18.33%	0	0.00%	
4.	Symptoms of iron deficiency anemia	53	88.33%	5	8.33%	2	3.33%	
5.	Diagnosis and treatment of anemia	46	76.67%	8	13.33%	6	10.00%	
	Overall knowledge	42	70.00%	15	25.00%	3	5.00%	

Post test level of knowledge among women of reproductive age group regarding iron deficiency anemia

S. No.	Knowledge Areas	Variable	Inadequate < 50%		Moderate adequate 51%-75%		Adequate >75%	
			No	%	No	%	No	%
1.	Introduction, definition of iron deficiency anemia		8	13.33%	34	56.67%	18	30.00%
2.	Causes of iron deficiency anemia		16	26.67%	23	38.31%	21	35.00%
3.	Classification of anemia		11	18.33%	23	38.33%	26	43.33%
4.	Symptoms of iron deficiency anemia		13	21.67%	20	33.33%	27	45.00%
5.	Diagnosis and treatment of anemia		9	15.00%	18	30.00%	33	55.00%
	Overall knowledge		6	10.00%	22	36.67%	32	53.33%

DISCUSSION AND CONCLUSION

The present study is concluded with implications to nursing field, limitation and delimitations with study design, methods and recommendations for the future. The purpose of the study was to assess the knowledge regarding the iron deficiency anemia regarding anemia of reproductive age of women of reproductive age. The conclusion of the study was the women of reproductive age have moderate and inadequate knowledge regarding iron deficiency anemia. Over all data depict that 51(85%) had inadequate knowledge, 9(15%) had moderate knowledge and 0% had adequate knowledge in pretest score. After administration of STP shows 0% women had inadequate knowledge, 53(88.33%) had moderate knowledge and 7 (11.66%) have adequate knowledge. Hence the study concludes that structured teaching on iron deficiency anemia was found

effective in increasing their knowledge. Women of reproductive age group had a significant gain in knowledge regarding iron deficiency anemia.

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