A PRE-EXP ERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME REGARDING KNOWLEDGE OF PRE-CONCEPTION CARE AMONG FEMALES OF REPRODUCTIVE AGE (18-45 YRS) IN SELECTED GIRL'S COLLEGE.

BY

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ABSTRACT

Pre- conception care is the provision of biomedical, behavioral and social health interventions to women and couples before conception occurs. The goal of preconception care is to improve pregnancy outcomes and women's health in general through prevention of disease and management of risk factors that affect pregnancy outcome and the health of future generations. The aims of pre-conception care are- to improve their health status, to improve maternal and child health, opportunities to prevent and control diseases, to secure optimal health and nutritional health, to ensure that the women & her partner are in optimal state of physical & emotional health at the onset of pregnancy, to access normal health by a child bearing women, to promote the prenatal health & to benefit women being treated for a condition such as sickle cell anemia, hypertension, heart disease, diabetics this may cause a high risk pregnancy. Sixty million adolescents give birth each year worldwide, even though pregnancy in adolescence has mortality rates at least twice as high as pregnancy in women aged 20-29 years. Mortality rates at least twice as high as pregnancy in women aged 20-29 years.

The important of pre-conception care has reduce maternal and child mortality, prevent unintended pregnancies, prevent complications during pregnancy and delivery, prevent still births, pre-term birth, and low birth weight, prevent birth defects, prevent neonatal infections, lower the risks of some forms of childhood cancers. Everyone has the right to enjoy reproductive health, which is the basis for having healthy children, a healthy reproductive life and happy families.

Key words – Assess, effectiveness, planned teaching programmed, knowledge, reproductive age, pre-conception care.

The objectives of the study were to assess the pre-test and post-test knowledge regarding pre-conception care among females of reproductive age (18-45 yrs.) in selected girls college.

The hypothesis of the study were to hypothesis – H1: There will be mean post-test knowledge score of females of reproductive age (18-45 yrs.) on pre-conception care will be significantly higher than the mean pre-test knowledge score. Null hypothesis H0: There will be no significant difference between pre-test & post-test regarding pre-conception care on knowledge of females of reproductive age (18-45 yrs.) in selected college.

An extensive review of related literature was undertaken quantitative research approach was used for the present study and the research design selected for the study is pre-experimental one group pre-test and post-test research design. In the present study Knowledge of female regarding pre- conception care was dependent variables and planned teaching programmed regarding pre-conception care was in dependent variable. Target population was all females of reproductive age 18-45 years and accessible population was females of reproductive age (18-45 years) at selected girl's, college, .

The instrument used in this study were self-structured knowledge questionnaire. Which consist in two parts: Section A – Socio demographic data. Section B – 40 Self structured knowledge questionnaires of 40 questions used to collect the data, with maximum score 40 and minimum score 0. The tool was found to reliable (r = 0.82). Which was found to be statistically reliable and feasible.

The study concludes that the planned teaching programmed was effective in increase the knowledge of females regarding pre-conception care.

INTRODUCTION

"PREGNANCY IS SPECIAL, LET US MAKE IT SAFE"

"Parenting begins the moment you may any conscious effort to care for your own health in preparation for enhancing your child's conception." —Carista Luminaire-Rosen

Pre- conception care is the provision of biomedical, behavioral and social health interventions to women and couples before conception occurs. The goal of preconception care is to improve pregnancy outcomes and women's health in general through prevention of disease and management of risk factors that affect pregnancy outcome and the health of future generations. In 2013, the World Health Organization (WHO) pointed out that preconception care is relevant for all women of reproductive age. Pre-conception care recognizes that many adolescent's girls and young women will be thrust into motherhood without the knowledge, skills or support they need. The aims of pre-conception care are- to improve their health status, to improve maternal and child health, opportunities to prevent and control diseases, to secure optimal health and nutritional health, to ensure that the women & her partner are in optimal state of physical & emotional health at the onset of pregnancy, to access normal health by a child bearing women, to promote the prenatal health & to benefit women being treated for a condition such as sickle cell anemia, hypertension, heart disease, diabetics this may cause a high risk pregnancy. Sixty million adolescents give birth each year worldwide, even though pregnancy in adolescence has mortality rates at least twice as high as pregnancy in women aged 20-29 years.

The important of pre-conception care has reduce maternal and child mortality, prevent unintended pregnancies, prevent complications during pregnancy and delivery, prevent still births, pre-term birth, and low birth weight, prevent birth defects, prevent neonatal infections, lower the risks of some forms of childhood cancers. Everyone has the right to enjoy reproductive health, which is the basis for having healthy children, a healthy reproductive life and happy families. Women living in low- and middle-income countries suffer excessively from unintended pregnancies; maternal death and disability; sexually transmitted infections (STIs), including HIV; gender-based violence; and other problems related to their reproductive system and their partners' sexual behavior. Young people often face barriers in trying to get the information and care they need, which places adolescent reproductive health as another issue that needs attention. The critical importance of

reproductive health to development has been acknowledged at the highest level, with the commitment to achieve universal access to reproductive health by 2015.

NEED FOR THE STUDY: -

Preconception care is important to reduce several risk behaviors and exposures that can affect fetal development and subsequent outcomes. Therefore, it should be planned to address reproductive system problems, to reduce environmental hazards, toxins and medications that are known teratogens, to promote nutrition and folic acid intake, to advise on weight management, to detect problems related to genetic conditions, family history, substance use, chronic diseases and infectious diseases, to advise on vaccinations, family planning, psychosocial concern, domestic violence, and housing. Preconception care is the provision of biomedical, behavioral and social health interventions to women and couples before the occurrence of conception to improve their health status. There is poor maternal and child health and lack of knowledge in developing countries about preconception care. Therefore, this study needs to assess women's knowledge and associated factors in preconception care.

OBJECTIVES: -

To assess the pre-test and post-test knowledge regarding pre-conception care among females of reproductive age (18-45 yrs.) in selected Girls College.
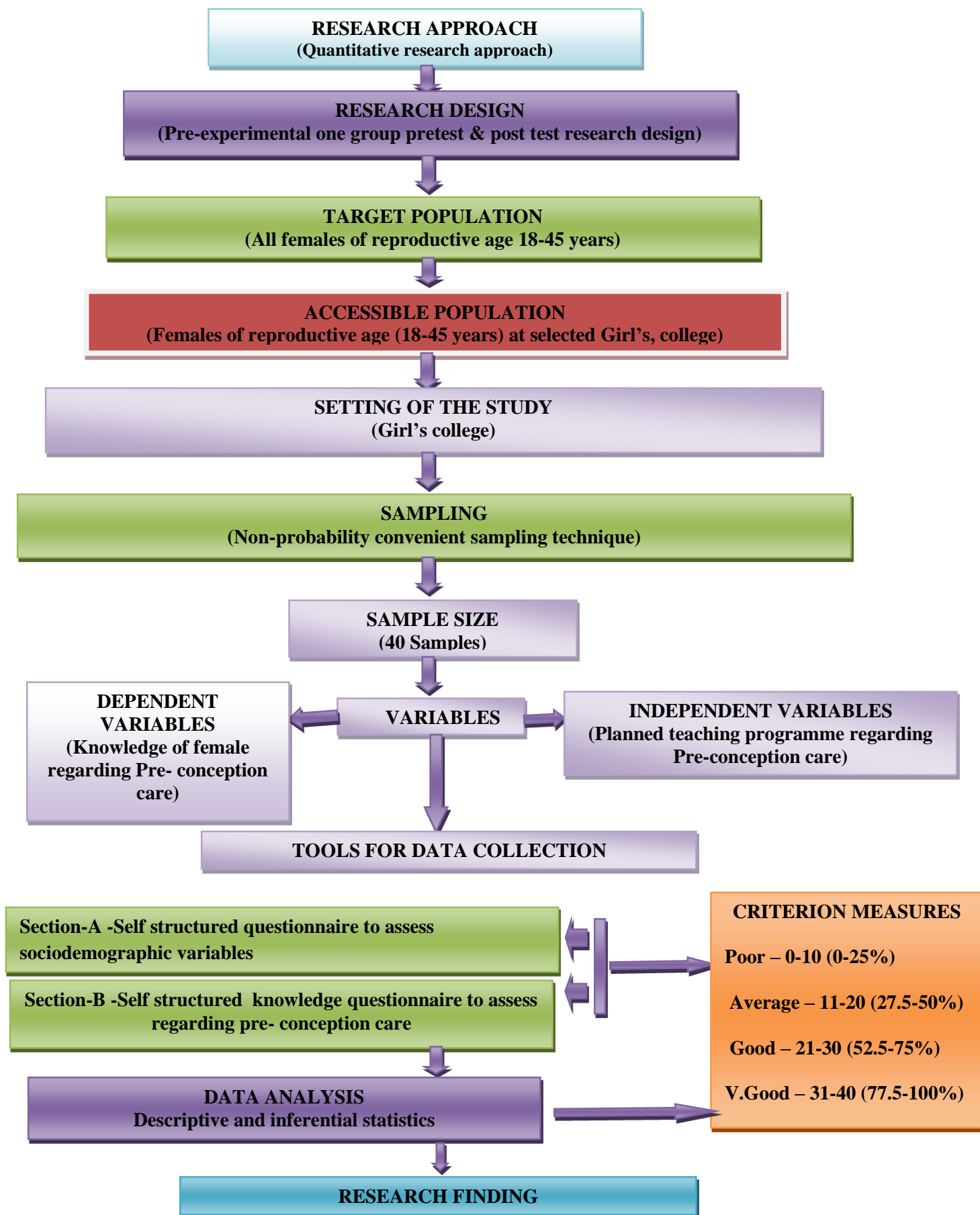
METHODOLOGY: -

METHODOLOGY

RESEARCH APPROACH
(Quantitative research approach)

RESEARCH DESIGN
(Pre-experimental one group pretest & post test research design)

TARGET POPULATION
(All females of reproductive age 18-45 years)

ACCESSIBLE POPULATION
(Females of reproductive age (18-45 years) at selected Girl's, college)

SETTING OF THE STUDY
(Girl's college)

SAMPLING
(Non-probability convenient sampling technique)

SAMPLE SIZE
(40 Samples)

DEPENDENT VARIABLES
(Knowledge of female regarding Pre- conception care)

VARIABLES

INDEPENDENT VARIABLES
(Planned teaching programme regarding Pre-conception care)

TOOLS FOR DATA COLLECTION

Section-A -Self structured questionnaire to assess sociodemographic variables

Section-B -Self structured knowledge questionnaire to assess regarding pre- conception care

CRITERION MEASURES

Poor – 0-10 (0-25%)

Average – 11-20 (27.5-50%)

Good – 21-30 (52.5-75%)

V.Good – 31-40 (77.5-100%)

DATA ANALYSIS
Descriptive and inferential statistics

RESEARCH FINDING

FIG: -1 SCHEMATIC REPRESENTATATION OF RESEARCH DESIGN

CHAPTER-IV

SECTION-I

DISTRIBUTION OF SUBJECT ACCORDING TO SOCIO DEMOGRAPHIC VARIABLES BY USING

FREQUENCY AND PERCENTAGE

TABLE NO 1

Frequency and percentage distribution of subjects according to age

N=40

S.NO.	AGE (IN YEARS)	FREQUENCY	PERCENTAGE
1.	18-22	9	22.5
2.	23-27	21	52.5
3.	28-32	8	20
4.	32 or more	2	5
	TOTAL	**40**	**100**
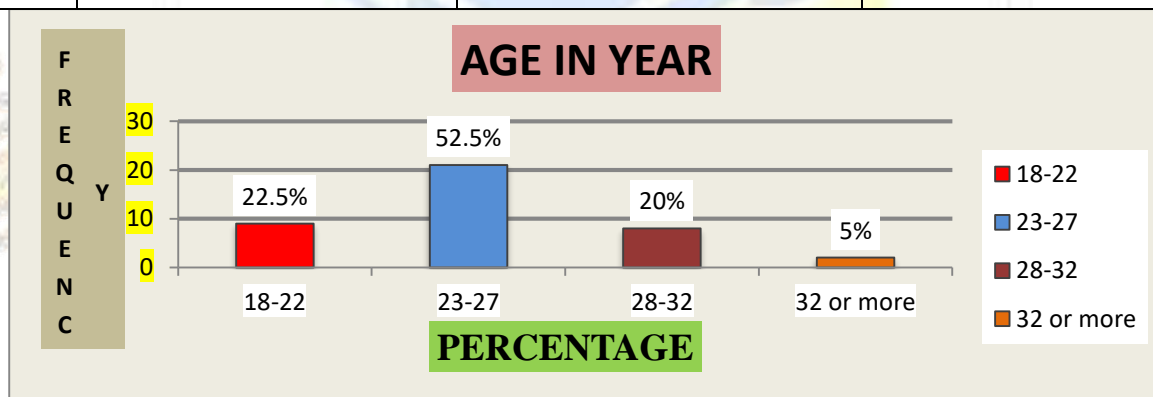
Figure1 Clustered column diagram showing the frequency and percentage distribution of the age groups. **Table 1 (fig. 2)** It depicts that maximum females 21 (52.5%) belonged to age group (23-27) years, 9 (22.5%) belonged to age group 18-22 years, 8 (20%) belonged to age group 28-32 years, 2 (5%) belonged to age group 32 or more years.

TABLE NO. 2

Distribution of subject according to religion

N=40

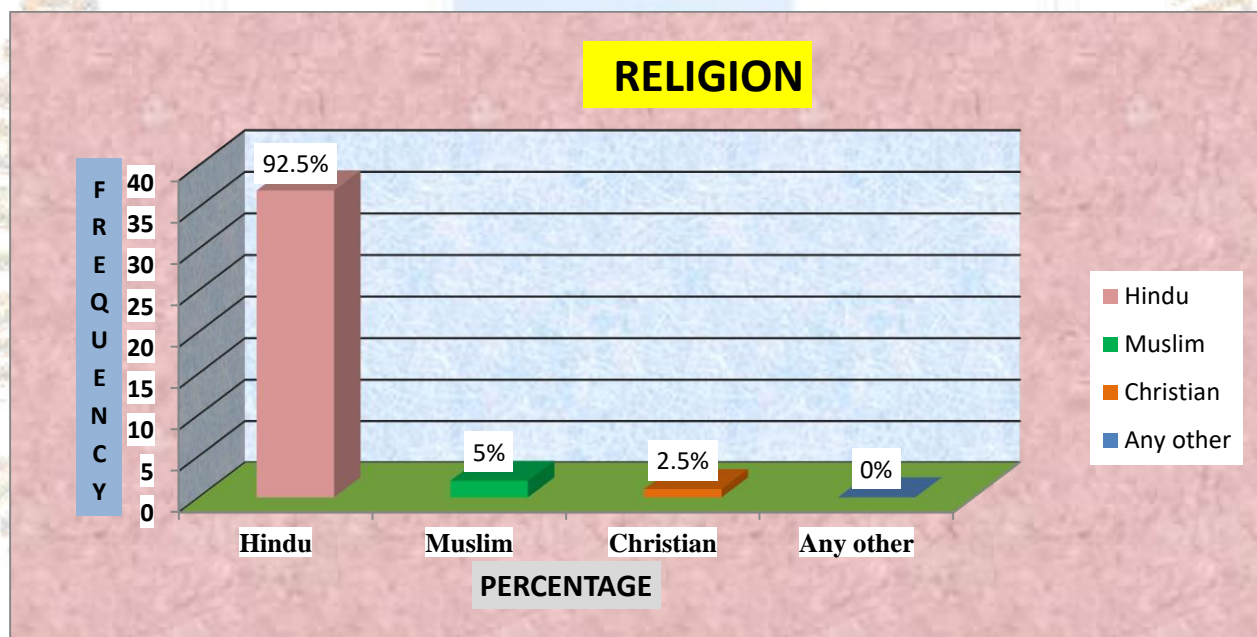| S.NO.	RELIGION	FREQUENCY	PERCENTAGE
1.	Hindu	37	92.5
2.	Muslim	2	5
3.	Christian	1	2.5
4.	Any other	0	0
	TOTAL	**40**	**100**

Figure 3 Cluster cylinder diagram showing frequency and percentage distribution according to religion.

Table 2 (fig. 3), It depicts the maximum females 37 (92.5%) were Hindu, 2 (5%) were Muslim,   1 (2.5%) were Christian, and nobody belong to any other.

TABLE NO. 3

Distribution of subjects according to present course

N=40

S.NO.	PRESENT COURSE	FREQUENCY	PERCENTAGE
1.	Graduation 1st year	9	22.5
2.	Graduation 2nd year	29	72.5
3.	Graduation 3rd year	2	5
4.	Post graduation previous year	0	0
5.	Post graduation final year	0	0
	Total	**40**	**100**
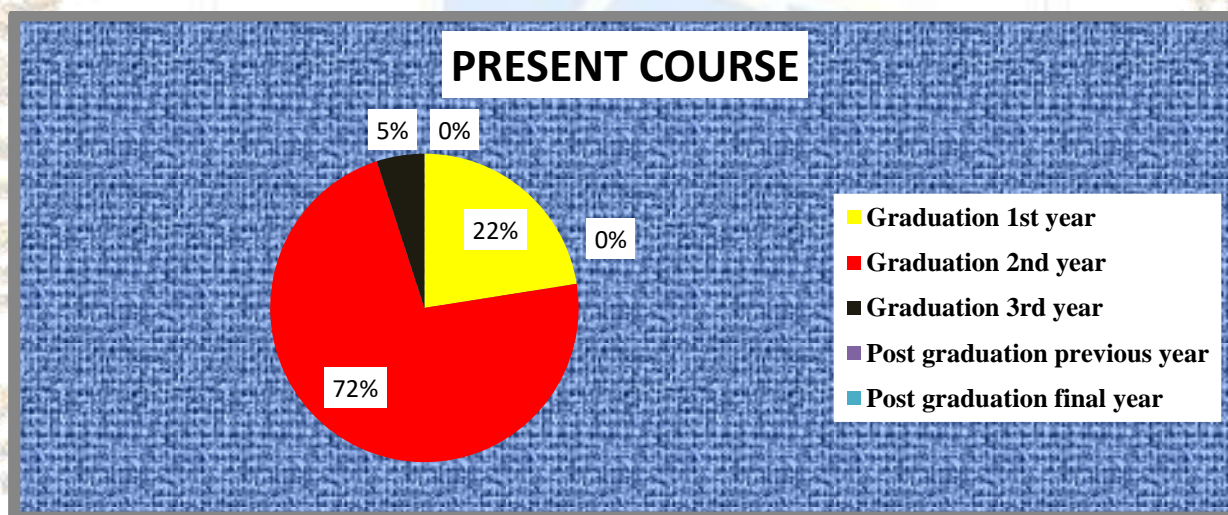
Figure 4 Pie diagram showing percentage distribution according to present course.

Table 3 (fig. 4) It depicts that maximum females 29 (72.5%) were studying in graduation 2nd year, 9 (22.5%) were studying in graduation 1st year, 2 (5%) were studying in graduation 3rd year, and nobody belong to post graduation previous year and post-graduation final year.

TABLE NO. 4

Distribution of subjects according to discipline

N=40

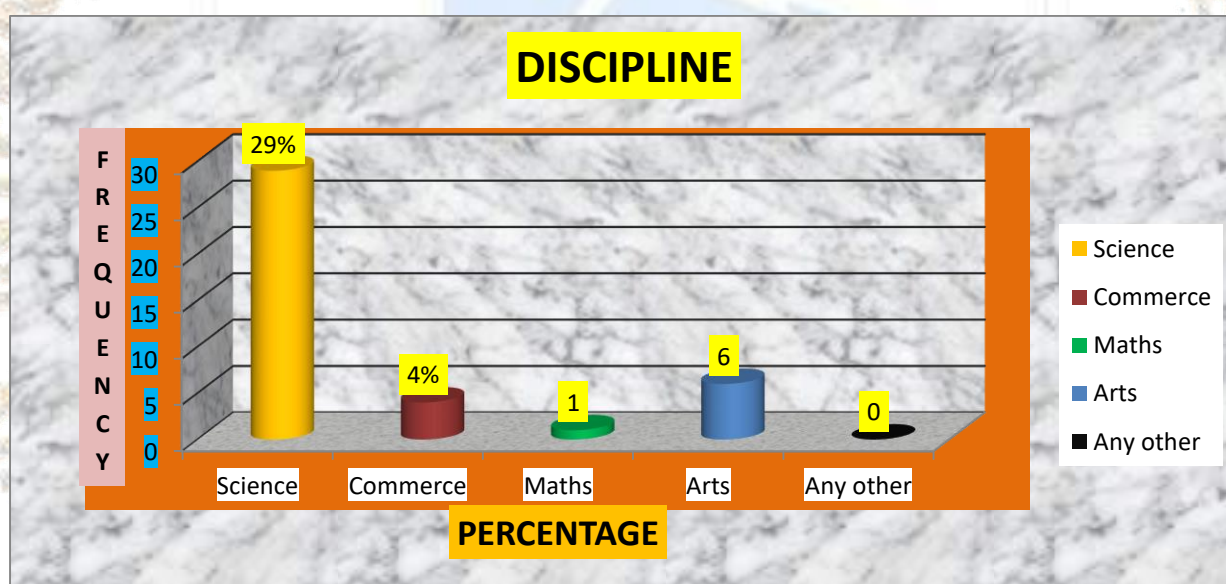| S.NO.	DISCIPLINE	FREQUENCY	PERCENTAGE
1.	Science	29	72.5
2.	Commerce	4	10
3.	Maths	1	2.5
4.	Arts	6	15
5.	Any other	0	0
	Total	**40**	**100**

Figure 5 3D cone diagram showing frequency and percentage distribution of females according to discipline.

TABLE 4 (fig. 5), It depicts that maximum females 29 (72.5%) were science students, 6 (15%) were arts students , 4 (10%) were commerce students, and 1 (2.5%) were math's students , and nobody belong to any other discipline.

TABLE NO. 5

Distribution of subjects according to area of living

N=40

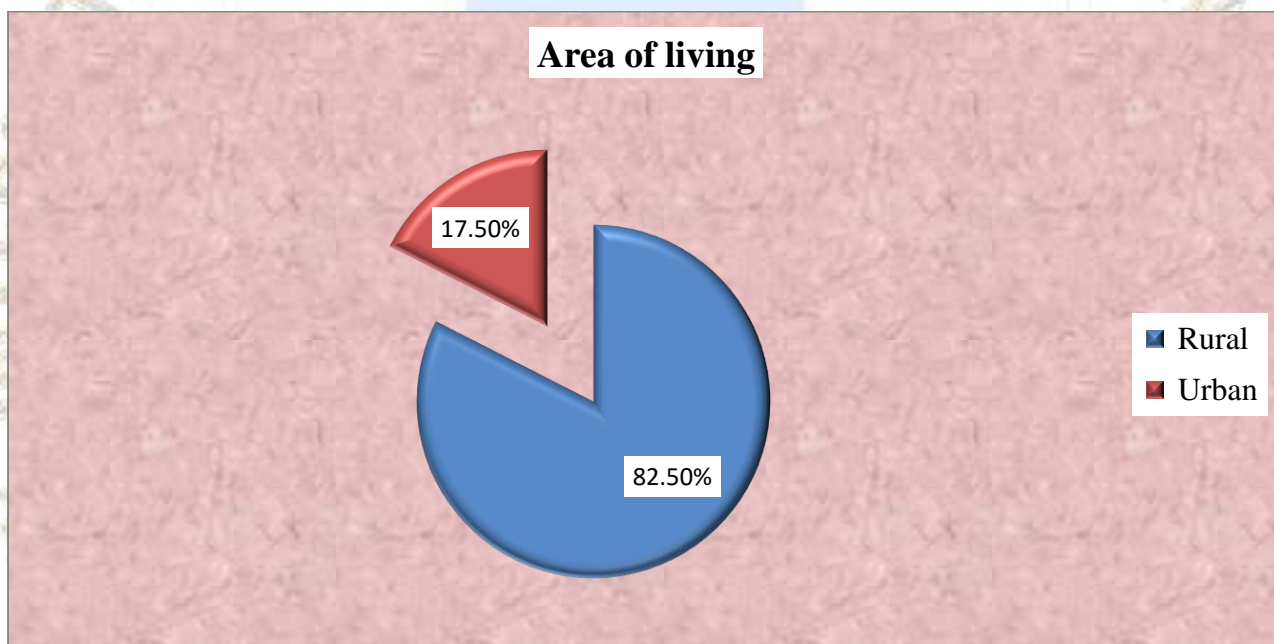| S.NO.	AREA OF LIVING	FREQUENCY	PERCENTAGE
1.	Rural	33	82.5
2.	Urban	7	17.5
	Total	**40**	**100**

Figure 6 Exploded pie 3-D diagram showing percentage distribution according to area of living.

Table 5 (fig. 6) It depicts that maximum females 33 (82.5%) were living in rural areas, 7 (17.5%) were living in urban areas.

TABLE NO. 6

Distribution of subjects according to education of the father

N=40

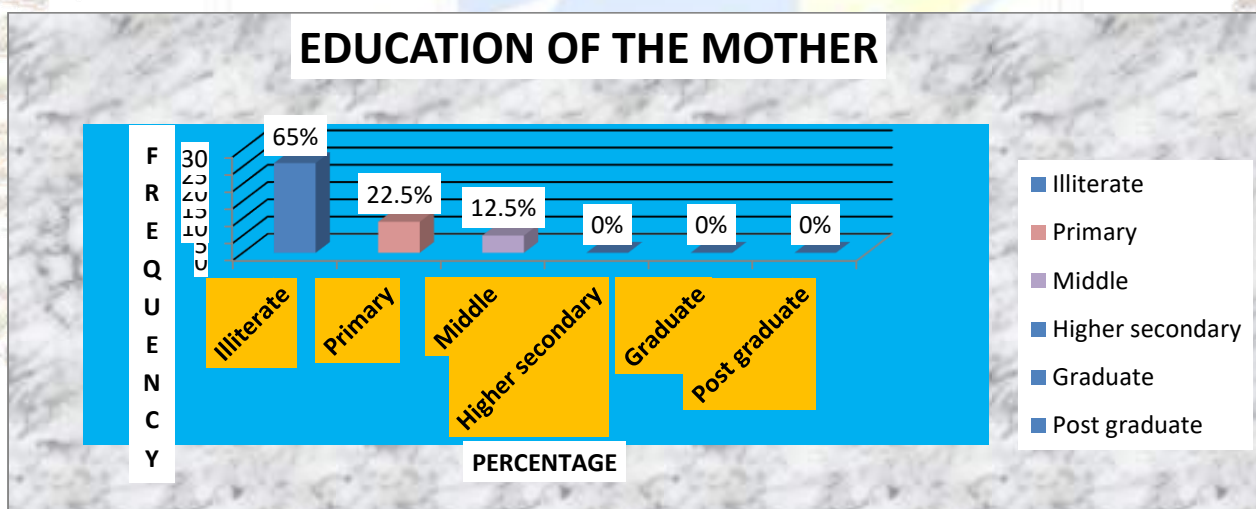| S.NO.	EDUCATION OF THE FATHER	FREQUENCY	PERCENTAGE
1.	Illiterate	10	25
2.	Primary	10	25
3.	Middle	12	30
4.	Higher secondary	6	15
5.	Graduation & above	2	5
	Total	**40**	**100**
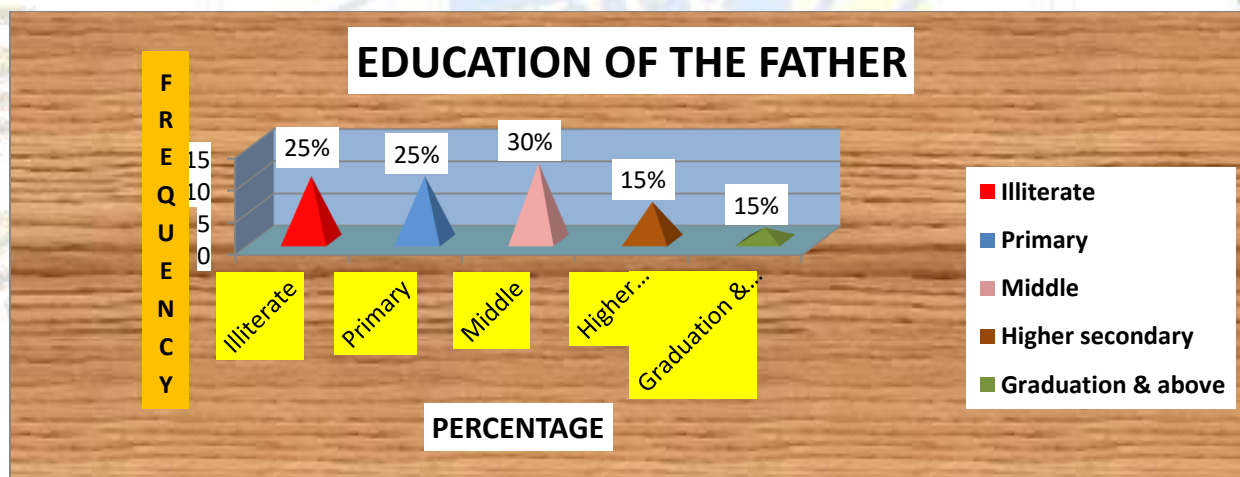
Figure 7 Clustered cone diagram showing frequency and percentage distribution according to education of the father.

Table 6(fig. 7) It depicts that maximum females 12 (30%) were educated up to middle education, and 10 (25%) were educated up to illiterate, and 10 (25%) were educated up to primary education, 6 (15%) were educated up to higher secondary education and 2 (5%) were educated up to graduation and above.

TABLE NO. 7

Distribution of subjects according to education of the mother

N=40

S.NO.	EDUCATION OF THE MOTHER	FREQUENCY	PERCENTAGE
1.	Illiterate	26	65
2.	Primary	9	22.5
3.	Middle	5	12.5
4.	Higher secondary	0	0
5.	Graduate	0	0
6.	Post graduate	0	0
	Total	**40**	**100**

Figure 8 Clustered pyramid diagram showing frequency and percentage distribution according to education of the mother.

Table 7 (fig. 8) It shows majority of females 26 (65%) were educated up to illiterate and 9 (22.5%) were educated up to primary education, 5 (12.5%) were educated up to middle education, and nobody belong to higher secondary, graduation, and post-graduation.

TABLE NO. 8

Distribution of subjects according to family monthly income

N=40

S.NO.	FAMILY MONTHLY INCOME	FREQUENCY	PERCENTAGE
1.	Below Rs. 10,000	9	22.5
2.	10,001-20,000	21	52.5
3.	20,001-30,000	8	20
4.	Above Rs. 30,000	2	5
	Total	**40**	**100**
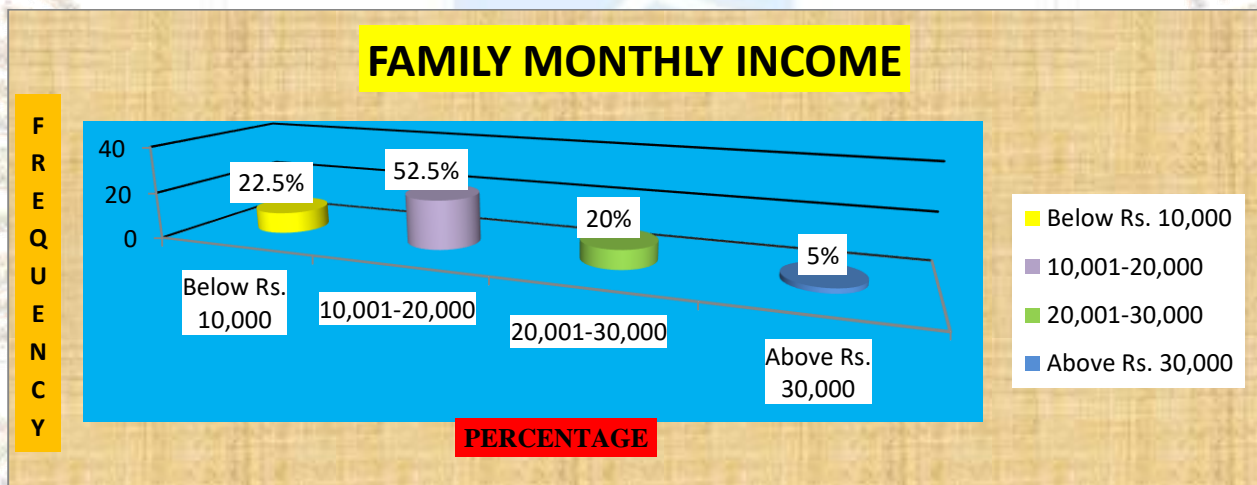
Fig 9 3 D cylinder diagram showing frequency and percentage distribution according to monthly income.

Table 8 (fig. 9) It depicts that maximum females 21(52.5%) were having family monthly income 10,001-20,000 , 9(22.5%) were having family monthly income below rs. 10,000, 8(20%) were having family monthly income below 20,001-30,000, 2(5%) were having family monthly income above rs. 30,000.

TABLE NO. 9

Distribution of subjects according to types of family

N=40

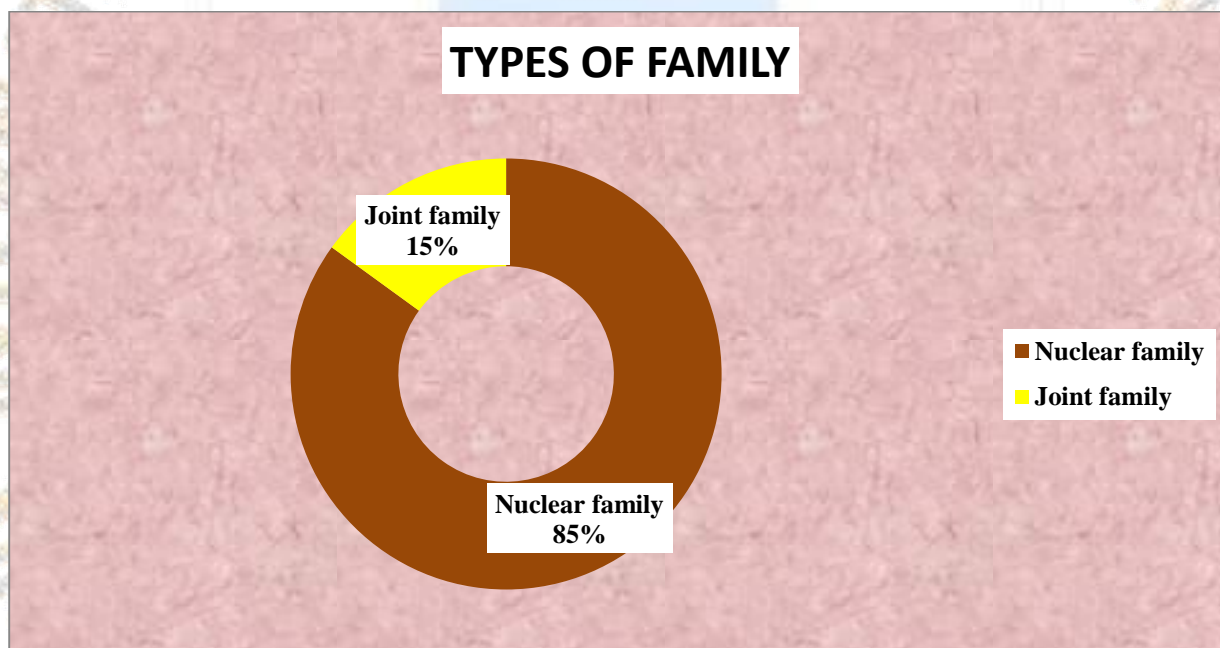| S.NO.	TYPES OF FAMILY	FREQUENCY	PERCENTAGE
1.	Nuclear family	34	85
2.	Joint family	6	15
	Total	**40**	**100**

Figure 10 Doughnut diagram showing percentage distribution according to types of family.

Table 9 (fig. 10) It depicts that maximum females 34 (85%) were living in nuclear family , 6 (15%) were living in joint family.

TABLE NO. 10

Distribution of subjects according to marital status

N=40

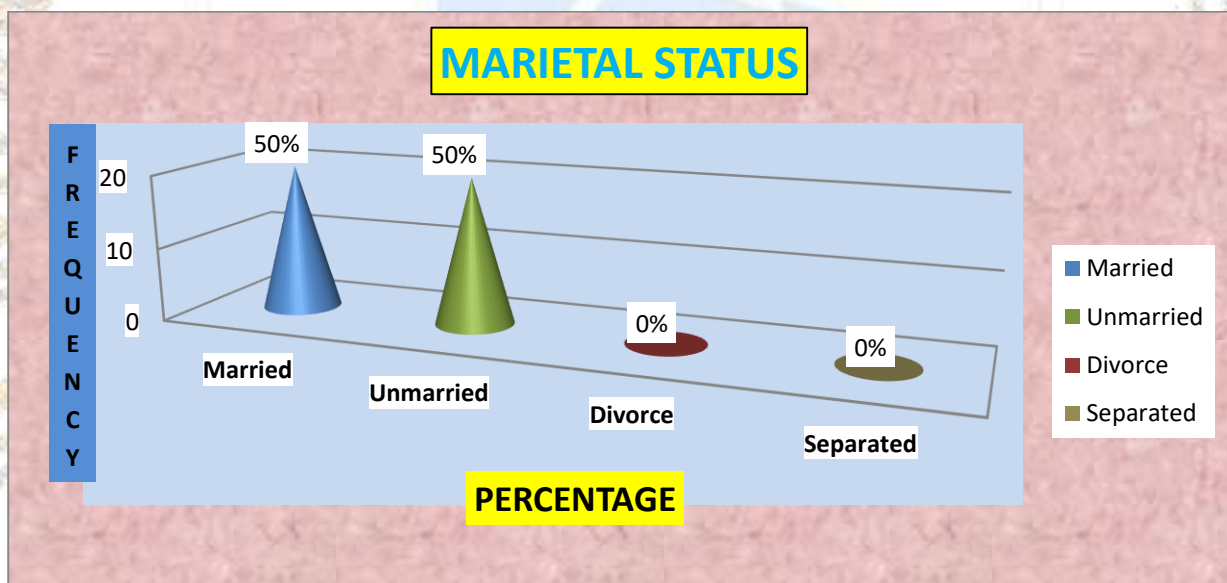| S.NO.	MARIETAL STATUS	FREQUENCY	PERCENTAGE
1.	Married	20	50
2.	Unmarried	20	50
3.	Divorce	0	0
4.	Separated	0	0
	Total	**40**	**100**

Figure 11 3 D clustered column diagram showing frequency and percentage distribution of females according to marital status.

Table 10 (fig. 11) It depicts that maximum females 20 (50%) were unmarried, 20 (50%) were married.

TABLE NO. 11

Distribution of subjects according to previous knowledge

N=40

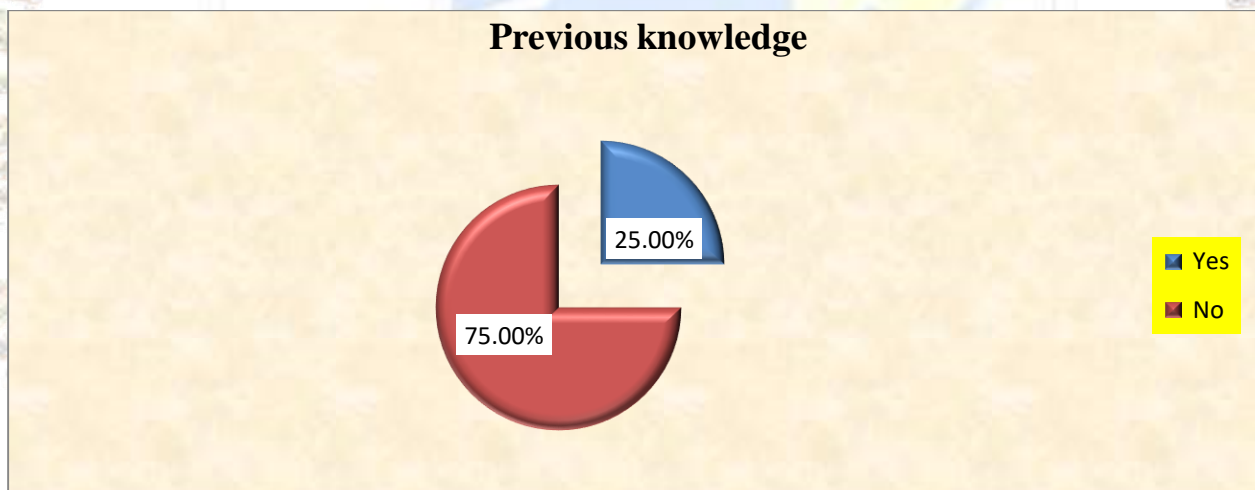| S.NO.	PREVIOUS KNOWLEDGE OF PRE-CONCEPTION CARE	FREQUENCY	PERCENTAGE
1.	Yes	10	25
2.	No	30	75
	Total	**40**	**100**

Figure 12 Exploded pie 3-D diagram showing percentage distribution according to previous knowledge.

Table 11 (Fig. 12) It shows majority of females 10 (25%) were having previous knowledge, whereas 30 (75%) were not having previous knowledge.

TABLE NO. 12

Distribution of subjects according to sources of information

N=40

S.NO.	SOURCES OF INFORMATION	FREQUENCY	PERCENTAGE
A	Mass media	4	10
B	Family & friends	3	7.5
C	Health education/educational program	3	7.5
D	Other (please specify)	0	0
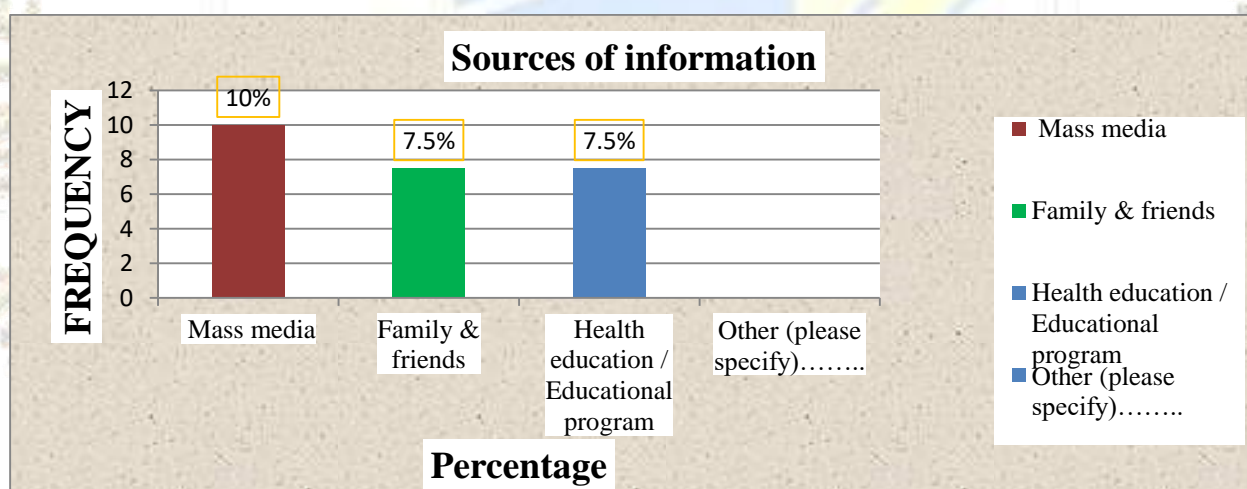
Figure 13 Clustered column diagram showing frequency and percentage distribution according to sources of information.

Table 12 (Fig. 13) It shows majority of females 4 (10%) were having mass media information, whereas 3 (7.5%) were having family & friends' information and 3 (7.5%) were having health education information of previous knowledge.

SECTION II

Findings related to objective-I

Objective I - To assess the pre-test and post-test knowledge regarding Pre-conception care among females of reproductive age (18-45 years) in selected colleges, Durg (C.G.)

Analysis of overall knowledge regarding pre-conception care.

TABLE-13

N=40

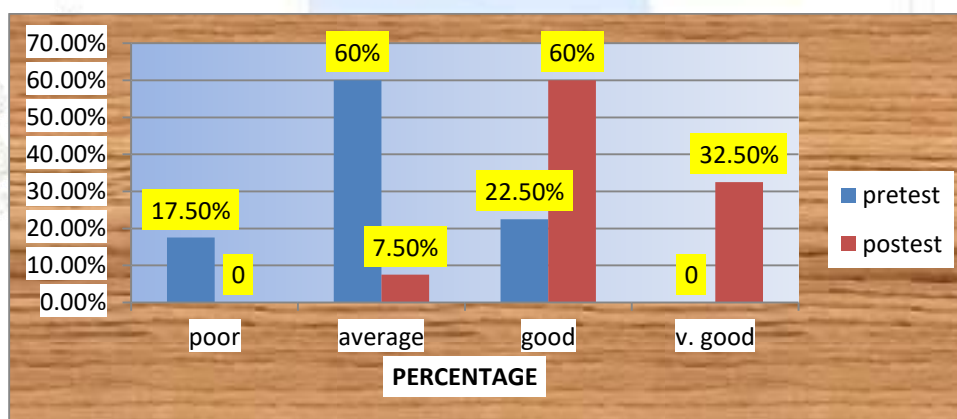| S.NO.	CATEGORY	KNOWLEDGE SCORE			
		PRE TEST		POST TEST	
		(f)	(%)	(f)	(%)
1.	Poor (0-10)	7	(17.5%)	0	0
2.	Average (11-20)	24	(60%)	3	(7.5%)
3.	Good (21-30)	9	(22.5%)	24	(60%)
4.	Very Good (31-40)	0	0	13	(32.5%)
	Total	**40**	**100**	**40**	**100**

Fig 14 Multiple bar diagram showing percentage distribution of overall knowledge score.

Table 13 and figure 14, shows knowledge score of reproductive age (18-45 years) females regarding pre-conception care. In pre-test 7 (17.5%) are having poor knowledge score, 24 (60%) are having average knowledge

score, 9 (22.5%) are having good knowledge score. In posttest 3(7.5%) are having average knowledge score, 24(60%) are having good knowledge score, 13(32.5%) are having very good knowledge score.

Analysis of difference knowledge score among females reproductive age (18-45 years).

Table 14- Mean score, mean score percentage and standard deviation of knowledge score.

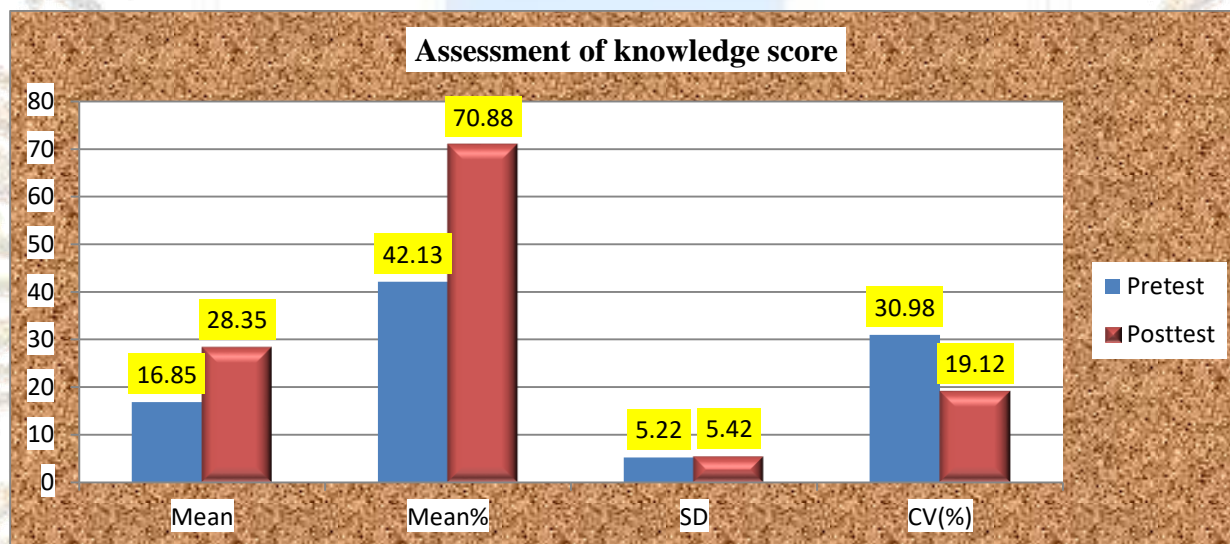|	Knowledge score					
	Max score	**Range**	**Mean**	**Mean%**	**SD**	**CV (%)**
Pretest	40	6-28	16.85	42.13	5.22	30.98
Posttest	40	17-37	28.35	70.88	5.42	19.12

Table no. 14 and figure 15 Multiple bar diagram shows overall difference between pretest and posttest knowledge score by using range mean, mean percentage, standard deviation and coefficient variation.

Table 15 - Area wise analysis of pre-test and post-test knowledge score.

Posttest	Objective content	Max score	Pretest		Posttest		DF/Critical value/Paired t test/Significance
			Mean	SD	Mean	SD	
1.	General awareness regarding pre-conception care	13	5.6	2.04	9.88	1.65	39/3.57/11.77/P<0.001
2.	Goal of pre-conception care	1	0.53	0.51	0.68	0.47	39/2.05/2.20/P<0.05
3.	Aims of pre-conception care	1	0.35	0.48	0.53	0.51	39/2.42/2.53/P<0.02
4.	Purpose of pre-conception care	2	0.78	0.8	1.23	0.77	39/3.57/5.17/P<0.001 HS
5.	Components of pre-conception care & promotion of a women for healthy pregnancy	15	6.3	2.48	10.38	2.65	39/3.57/7.91/P<0.001
6.	Pre-conception care for men	4	1.63	0.87	2.85	1.05	39/3.57/7.07/P<0.001
7.	Benefits of pre-conception care	3	1.23	0.8	2.15	0.74	39/3.57/6.25/P<0.001

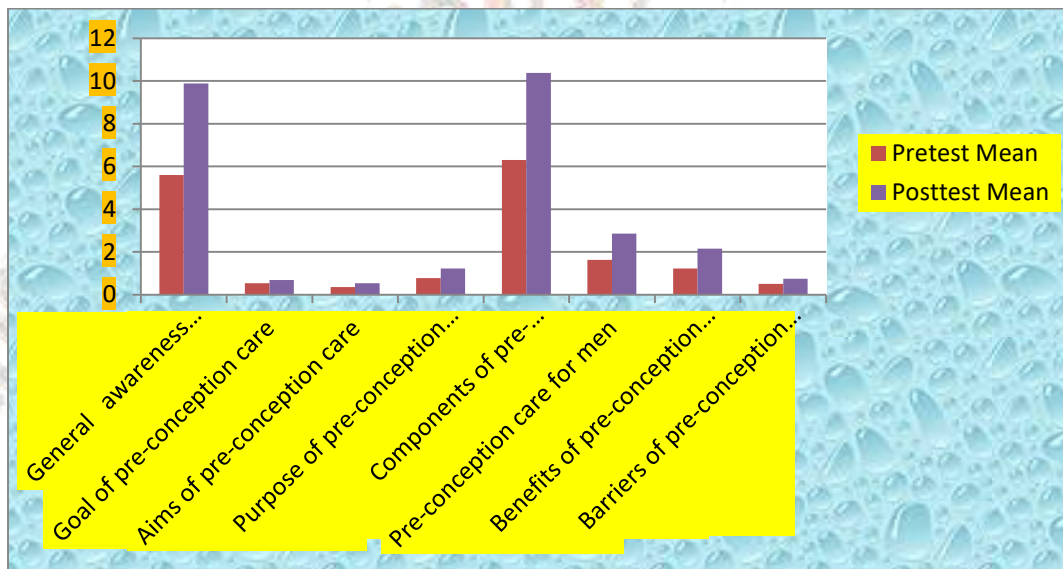| 8.	Barriers of pre-conception care	1	0.5	0.51	0.75	0.44	39/2.70/3.23/P<0.01
	Total	40	16.85	5.22	28.35	5.42	39/3.57/10.69/P<0.001 HS

Figure 16 Multiple bar diagram representing area wise analysis of pre-test and post-test knowledge scores

Table 15 (fig. 16) Shows the pre-test knowledge regarding meaning and general awareness regarding pre-conception care the maximum score is 13 and mean 5.6, SD (2.04), goal of pre-conception care the maximum score is 1 and mean 0.53, SD (0.51), aims of pre-conception care the maximum score is 1 and mean 0.35, SD (0.48), purpose of pre-conception care the maximum score is 2 and mean 0.78, SD (0.8), components of pre-conception care & promotion of a women for healthy pregnancy the maximum score is 15 and mean 6.3, SD (2.48), pre-conception care for men the maximum score is 2 and mean 1.63, SD 0.87, benefits of pre-conception care the maximum score 3 and mean 1.23, SD (0.8), barriers of pre-conception care the maximum score 1 and mean is 0.5, SD (0.51).

Post test knowledge regarding meaning and general awareness regarding pre-conception care the maximum score is 13 and mean 9.88, SD (1.65), goal of pre-conception care the maximum score is 1 and mean 0.68, SD (0.47), aims of pre-conception care the maximum score is 1 and mean 0.53, SD (0.51), purpose of pre-conception care

the maximum score is 2 and mean 1.23, SD (0.77), components of pre-conception care & promotion of a women for healthy pregnancy the maximum score is 15 and mean 10.38, SD (2.65), pre-conception care for men the maximum score is 2 and mean 2.85, SD 1.05, benefits of pre-conception care the maximum score 3 and mean 2.15, SD (0.74), barriers of pre-conception care the maximum score 1 and mean is 0.75, SD (5.42).

Hence, it is concluded that purpose of pre-conception care and barriers of pre-conception care were highly significant.

DISCUSSION

In this section the investigator interpretively discusses the result of the study. In the discussion researchers ties together all the loose end of the study. The result and discussion of the study are the researcher's opportunity to examine the logic of the theoretical frame work, the methods and analysis of data.

Distribution of subjects according to socio demographic variables using frequency and percentage from 1-12

Distribution of subjects according to age Table 1 (fig 3) It depicts that maximum females 21 (52.5%) belonged to age group (23-27) years, 9 (22.5%) belonged to age group 18-22 years, 8 (20%) belonged to age group 28-32 years, 2 (5%) belonged to age group 32 or more years.

Distribution of subjects according to religion Table 2 (fig 4) It depicts the maximum females 37 (92.5%) were Hindu, 2 (5%) were Muslim, 1 (2.5%) were Christian, and no body belong to any other.

Distribution of subjects according to present course Table 3 (fig 5) It depicts that maximum females 29 (72.5%) were studying in graduation 2nd year, 9 (22.5%) were studying in graduation 1st year, 2 (5%) were studying in graduation 3rd year, and no body belong to post graduation previous year and post graduation final year.

Distribution of subjects according to discipline Table 4 (fig 6) It depicts that maximum females 29 (72.5%) were science students, 6 (15%) were arts students , 4 (10%) were commerce students, and 1 (2.5%) were maths students , and nobody belong to any other discipline.

Distribution of subjects according to area of living Table 5 (fig 7) It depicts that maximum females 33 (82.5%) were living in rural areas, 7 (17.5%) were living in urban areas.

Distribution of subjects according to education of father Table 6 (fig 8) It depicts that maximum females 12 (30%) were educated up to middle education, and 10 (25%) were educated up to illiterate, and 10 (25%) were educated up to primary education, 6 (15%) were educated up to higher secondary education and 2 (5%) were educated up to graduation and above.

Distribution of subjects according to education of mother Table 7 (fig 9) It shows majority of females 26 (65%) were educated up to illiterate and 9 (22.5%) were educated up to primary education, 5 (12.5%) were educated up to middle education, and nobody belong to higher secondary, graduation, and post graduation.

Distribution of subjects according to family monthly income Table 8 (fig 10) It depicts that maximum females 21(52.5%) were having family monthly income 10,001-20,000 , 9(22.5%) were having family monthly income below rs. 10,000, 8(20%) were having family monthly income below 20,001-30,000, 2(5%) were having family monthly income above rs. 30,000.

Distribution of subjects according to family monthly income Table 9 (fig 11) It depicts that maximum females 34 (85%) were living in nuclear family , 6 (15%) were living in joint family.

Distribution of subjects according to marietal status Table 10 (fig 12) It depicts that maximum females 20 (50%) were unmarried, 20 (50%) were married.

Distribution of subjects according to previous knowledge Table 11 (fig 13) It shows majority of females 10 (25%) were having previous knowledge, whereas 30 (75%) were not having previous knowledge.

Distribution of subjects according to sources of information Table 12 (fig 14) It shows majority of females 4 (10%) were having mass media information, whereas 3 (7.5%) were having family & friends' information and 3 (7.5%) were having health education information of sources of information.

SUMMARY :-

Pre- conception care is the provision of biomedical, behavioral and social health interventions to women and couples before conception occurs.The important of pre-conception care has reduce maternal and child mortality, prevent unintended pregnancies, prevent complications during pregnancy and delivery, prevent still births, pre-term birth, and low birth weight, prevent birth defects, prevent neonatal infections, lower the risks of some forms of childhood cancers.It was found that females of reproductive age (18-45 years) having some knowledge

regarding pre-conception care .It was found that there is significant difference between pre test and post test knowledge regarding pre-conception care.

IMPLICATION: -

The finding of the study here implication for nursing education ,nursing administration and nursing research.

1.IMPLICATION OF NURSING EDUCATION

a. Pre-conception care is a part of basis nursing education ,yet here is a need to emphasis one chapter on pre-conception care .

2.IMPLICATION OF NURSING ADMINISTRATION

a. Nursing administration should facilitate and encourage nursing personnel and females of reproductive age (18-45 years) to update their knowledge regarding pre-conception care.

3. IMPLICATION FOR NURSING RESEARCH

a. Nursing research should be conducted to prepare education material for females of reproductive age (18-45 years).

b. Nursing administration.

LIMITATION

The present study has following limitation:

➢ The study was conducted as a small sample to 40.

➢ Time span of the study was short.

➢ The present study was limited to only one group pre-test and post-test.

➢ A self-structured knowledge questionnaire was developed as no standardized tool was available.

➢ **SECTION-A**

➢ **SOCIODEMOGRAPHIC VARIABLES**

➢ **INSTRUCTION:- CHOOSE THE CORRECT OPTIONS AND PUT TICK (√)**

➢ **1. Age in years**

➢ (a)18-22

➢ (b)23-27

➢ (c)28-32

➢ (d) More than 32

➢ **2. Religion**

➢ (a)Hindu

➢ (b)Muslim

➢ (c)Christian

➢ (d) Any other

➢ **3. Present course**

➢ (a) Graduation 1st year

➢ (b) Graduation 2nd year

➢ (c) Graduation 3rd year

➢ (d) Post graduation previous year

➢ (e) Post graduation final year

➢ **4. Discipline**

➢ (a) Science

➢ (b) Commerce

➢ (c) Maths

➢ (d) Arts

➢ (e) Any other (Please specify)……

5. Area of living

(a) Rural

(b) Urban

6. Education of the father

(a) Illiterate

(b) Primary

(c) Middle

(d) Higher secondary

(e) Graduate & above

7. Education of the mother

(a) Illiterate

(b) Primary

(c) Middle

(d) Higher secondary

(e) Graduate

(f) Post graduate

8. Family monthly income

(a) Below Rs. 10,000

(b) Rs. 10,001 – Rs. 20,000

(c) Rs. 20,001 – Rs. 30,000

(d) Above Rs. 30,000

9. Types of family

(a) Nuclear family

(b) Joint family

10. Marietal status

(a) Married

(b) Unmarried

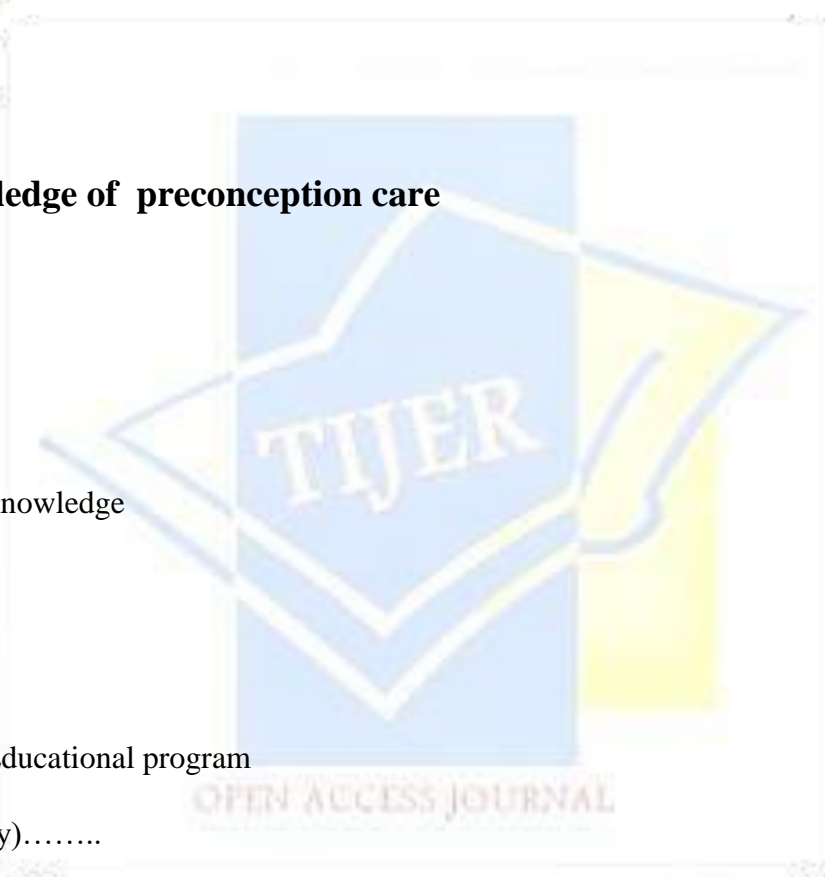(c) Divorce

(d) Separated/ Widow

11. Previous knowledge of preconception care

(a) Yes

(b) No

If yes than sources of knowledge

- Mass media

- Family & friends

- Health education / Educational program

- Other (please specify)……..

SECTION-B

Knowledge questionnaire to assess the knowledge regarding preconception care

INSTRUCTIONS:- Attempt all the questions (each question carries 1 marks)

1.What is preconception care ?

a. It is seeking of information that can help & prepare an individual physically & emotionally for pregnancy and parenthood

b**.** It is a method for conceiving a baby

c. It is a information to the parents about disease condition

d. None of the above

2.Which age is considered best for pregnancy?

a.20 years

b.22 years

c.25 years

d.27 years

3. Reproductive age for female is:-

a.18-25

b. 18-30

c. 18-40

d. 18-55

4.Who is the practitioners of preconception care ?

a. Midwives, naturopaths and medical practitioners

b. Psychologist

c. Gynecologist

d. Dais

5.Why preconception care is an integral part of well women health care?

a. Early identification of risk factors

b. Fetus condition

c. Knowledge assessment

d. Fetal amenable or intervention

6. The best definition of preconception care is:-

(a) There are a number of health care practitioners now providing preconception care.

(b) A set of interventions that aim to identify and modify biomedical, behavioral and social risks to the woman's

(c) Potentially renders mother and fetus amenable to intervention

(d) To educate women on risk prevention before pregnancy

7.What is the correct statement about preconception care?

a. It reduces risk factor that could affect a future pregnancy or fetus

b. It Promotes mother health condition

c. It ensures fetal growth

d. It provides information about family planning

8.Which are the goal of preconception except?

a. To enhance knowledge and improve attitudes and value for health care prior to conception**.**

b. To identify reversible health risks to pregnancy outcome.

c. To educate women on risk prevention before pregnancy.

d. To reduce fertility rate .

9.What are the aims of preconception care excluding ?

a. Increases the chances of conception but increase the prenatal death and congenital anomalies.

b. To ensure that the women and her partner are in optimal state of physical and emotional health at the onset of pregnancy .

c. To promote the prenatal health which include developing positive attitude about sexuality, womenhood and child bearing

d, Providing knowledge about antenatal care

10.Which one is not included in the components of preconception care?

a. Adequate nutrition

b. Avoiding of substance abuse

c. Use of safe sex practices

d. Urinalysis

11. What is the purpose of preconception care?

a. Conceive a pregnancy without necessary risk factors

b. To enhance knowledge & improve attitudes & value for health care during pregnancy

c. To educate women on risk prevention after conception

d. To identify reversible health risks to pregnancy outcome during pregnancy

12.Which is the risk factor assessment in preconception care except?

a. Medical history

b. Reproductive history

c. Financial resources

d. Pelvic structure

13.Which test is required for the preconception care?

a. Renal function test

b. Sputum test

c. Pelvic structure

d. Liver function test

14. How many types of laboratory studies are required preconception care?

a. Only general

b. Only depending on risk

. General & depending on risk

d. None of the above

15. Which one is excluding for the promotion of a women for a healthy pregnancy?

a. Folic acid supplements

b. Proper immunization for the women

c. Rich fatty diet

d. Other nutritional supplements

16. In preconception care the genetic counseling is important for women with-

(a) Sickle cell disease

(b) Hernia

(c) Cataract

(d) Epistaxis

17. What is the minimum amount of folic acid supplementation a women should use while planning pregnancy?

a. 100 microgram

b. 200 microgram

c. 300 microgram

d. 400 microgram

18. How many month before pregnancy folic acid should be given in preconception care?

. 1 months

b. 2 months

c. 3 months

d. 4 months

19. Folic acid supplements before conception reduce risk for?

a. Spina bifida & neural tube defects

b. Meningitis

c. Rubella

d. Gestational diabetes

20. What are the benefits of immunization for the women?

a. It reduce the risk of chicken pox or rubella

b. It reduce the risk of tuberculosis

c. It reduce the risk of Klebsiella

d. HIV

21. Which type of behavior is harmful for the mother or fetus during pregnancy?

a. Regular physical activity

b. Healthy weight

c. Healthy diet

d. Smoking, alcohol or drug used

22. Which is excluding in nutritional supplements of preconception care?

a. Multivitamin mineral supplements

b. Iron

c. Zinc & Calcium

d. Junk food

23. Maximum requirement of water for a well balance diet?

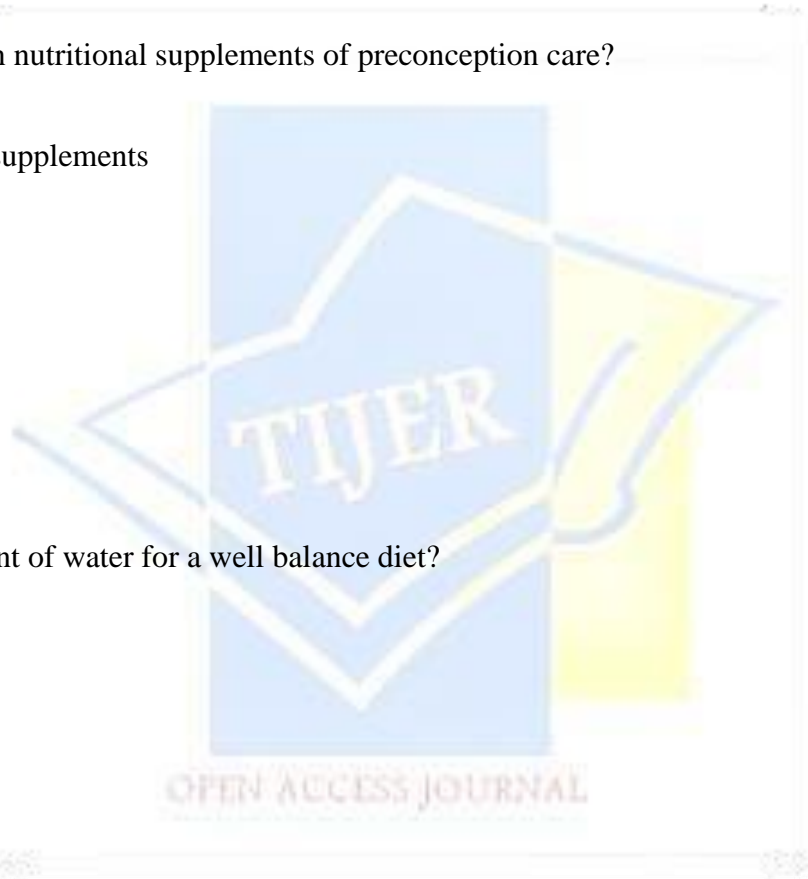a. 5-6 glasses

b. 7-8 glasses

c. 9-10 glasses

d. 10-12 glasses

24. Which investigation is most required in pregnancy?

a. Complete blood count & ferritin level

b. Typhoid test

c. Malaria test

d. Creatinine

25. Which has been shown to decrease the chances of falling pregnant?

a. Caffeine

b. Tea

c. Sugar

d. None of the above

26. Who is involved in preconception care?

a. Men

b. Women

c. Children

d. Men & women

27.Which animal can spread toxoplasmosis infection?

a. Dog

. Cat

c. Parrot

D. Monkey

28. How many months does it take place for a couple to conceive?

a. 1 months

. 2 months

c. 3 months

d. 4 months

29. Why men should avoid increased temperature around genitals?

a. Sperm quality & quantity is decreased

b. Testicles does not produce adequate amount of sperm

c. Testicles stop their work

d. A & B

30. Which medicines should avoid that impair fertility & sex desire?

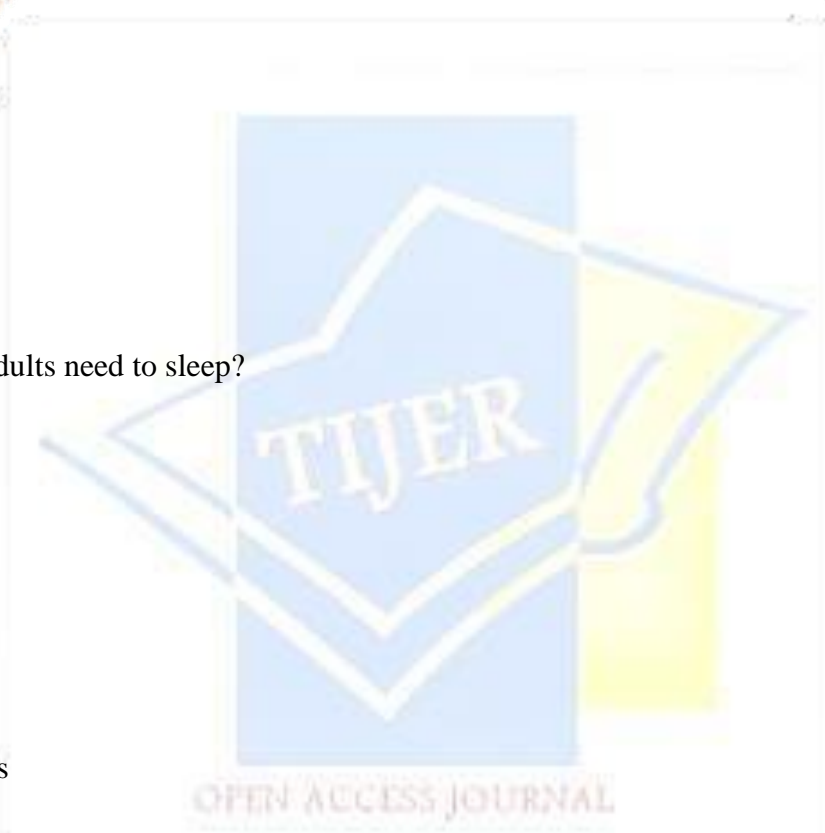. Antidepressants

b. Anticoagulants

c. Diuretics

d. Antipyretics

31. How many hours adults need to sleep?

a. Between 5-6 hours

b. Between 7-8 hours

c. Between 9-10 hours

d. Between 11-12 hours

32. Which organ is affected by the use of alcohol or addictive drugs & steroids?

a.Testis

b. Sperm

c. Kidney

d. Scrotum

33. Which factors are associated with decreased libido & fertility?

. Psoriosis (Skin disease)

b. Overweight & obesity

c. Hypertension

d. Renal disease

34. Morbidity means…

a. Sickness rate

b. Birth rate

c. Death rate

d. None of the above

35. What is the benefits of preconception care except?

a. Decrease fetal sickness rate & death rate

b. Increase fetal sickness rate & death rate

c. Conceive a pregnancy without necessary risk factors

d. Establish lifestyle behaviours to maintain optimum health

36. Mortality means..

a. Death rate

b. Fertility rate

c. Sickness rate

d. None of the above

37. Which is the barriers to preconception care except?

(a) Inadequate knowledge

(b) Education of preconception care & improved pregnancy outcome

(c) Unawareness about preconception health

(d) Ignorance about health issues

38. High rate of unintended pregnancy is-

(a) Importance of preconception care

(b) Barriers of preconception care

(c) Purpose of preconception care

(d) Benefits of preconception care

39. Exercise in preconception care should be-

(a) 10 min/day

(b) 30 min/day

(c) 60 min/day

(d) 90 min/day

40. Preconception care is good for-

(a) Only mother

(b) Only father

(c) Only fetus

(d) Both mother & fetus

APPENDIX - E

SCORING KEY OF THE TOOL

EACH RIGHT ANSWER CARRIES ONE MARK

1.	A	21.	D
2.	C	22.	D
3.	C	23.	B
4.	A	24.	A
5.	A	25.	A
6.	B	26.	D
7.	A	27.	B
8.	A	28.	C
9.	A	29.	D
10.	D	30.	A
11.	A	31.	B
12.	D	32.	B
13.	C	33.	B
14.	C	34.	A
15.	C	35.	A
16.	A	36.	A
17.	D	37.	B
18.	C	38.	B
19.	A	39.	B
20.	A	40.	D

Criterion measures:-

Remarks	Measures	Percentage
Poor knowledge	**0-10**	**0-25%**
Average knowledge	**11-20**	**27.5-50%**
Good knowledge	**21-30**	**52.5-75%**
Very good knowledge	**31-40**	**77.5-100%**

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QUESTIONNAIRE

"A PRE-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME REGARDING KNOWLEDGE OF PRE-CONCEPTION CARE AMONG FEMALES OF REPRODUCTIVE AGE (18-45 YRS) IN SELECTED COLLEGE, DURG (C.G.)."

S.NO.	OBJECTIVE CONTENT	KNOWLEDGE	APPLICATION	TOTAL	%
1.	General awareness regarding pre-conception care	1,2,3,4,6,7,21,23,25,26,31,37,40		13	32.5
2.	Goal of pre-conception care	8		1	2.5
3.	Aims of pre-conception care	9		1	2.5
4.	Purpose of pre-conception care	5,11		2	5
5.	Components of pre-conception care & promotion of a women for healthy pregnancy	10,12,13,14,15,16,17,18,19,20,22,24,27,30,39		15	37.5
6.	Pre-conception care for men	28,29,32,33		4	10
7.	Benefits of pre-conception care	34,35,36		3	7.5
8.	Barriers of pre-conception care	38		1	2.5
	Total	40		40	100

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