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"A STUDY TO ASSESS THE EFFECTIVENESS OF INTERVENTIONAL PACKAGE REGARDING PRECONCEPTION HEALTH CARE AMONG GIRL STUDENTS OF SELECTED DEGREE COLLEGES AT HAROHALLI"

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ABSTRACT

Background: A developing country like India, preconception care is a new area and is not practiced widely. Promoting the health of women, men and families before pregnancy is an important aspect of family centered maternal and new born care, but in our country many people are unaware of it. The health of the mother prior to her pregnancy is vital to the ultimate health of the baby[1]. The previous studies showed that women's health status before pregnancy or preconception would affect the health and safety of mothers and babies during pregnancy and the child birth process, and also on postpartum period. A lot of women enter the conception period or pregnancies with lacking self-awareness, knowledge, attitudes, and behavior related to preconception health which influenced their overall health.

Objectives:

- To assess the pre-intervention knowledge score regarding pre-conception health care among selected degree college student at Harohalli.
- To evaluate the effectiveness of interventional package regarding pre-conception health care among selected degree college student at Harohalli.
- To find an association between the pre intervention knowledge score of degree college student at

Harohalli and their selected socio demographical variables.

Method: The approach adopted for the study is descriptive approach, the sample of the research is of that 60 student at degree college at Harohalli. Non probability convenient sampling technique was use to draw the sample for the study.

Results: Among 60 students, in pre-test 42(70.0%) respondents had inadequate knowledge, 18(30%) respondents had moderate knowledge and non-of the respondents had adequate knowledge. In post-test, non-of the respondent had inadequate knowledge, 20(33.3%) respondents had moderate knowledge and 40(66.7%) respondents had adequate knowledge.

Conclusion: The research findings reveals that the respondents had inadequacy in their knowledge regarding preconception health care. Providing interventional package would be effective in increasing knowledge of respondents.

Keywords: Interventional package, Preconception health care, Degree college student.

CHAPTER-1 INTRODUCTION

Preconception care is the provision of biomedical, behavioural, and social health interventions to women and couples before conception. Objective is to ensure that a woman enters pregnancy with an optimal state of health which would be safe both for herself and the foetus. It will also minimize behavioural, individual, and environmental factors that contribute to poor maternal and child health outcomes[2]. There are wide inter and intrastate variations in under-five mortality and neonatal mortality. The common causes of neonatal mortality are preterm birth, birth asphyxia, and infection. The indirect causes are unplanned pregnancies, maternal undernutrition, pregnancies in adolescents, poor quality services, or inability to access care during the antenatal period, most notably intrapartum care and the neonatal period, etc. Hence, WHO recommended the rollout of preconception care (PCC) in all the countries in 2013.[3]Evidence has shown that unintended and unwanted pregnancies have been associated with increased risk of adverse pregnancy outcomes, and almost half of all pregnancies in the developed world is unintended, with about 52% of these women having at least one risk factor that could have a negative impact on pregnancy outcomes, including factors like obesity, diabetes mellitus, smoking, and alcohol consumption. Moreover, interventions provided during the inter-conception period may reduce risks during subsequent pregnancies[3,4].

Pregnancy outcomes and the risk of maternal and child complications. Preconception care (PCC) is a method of enhancing pregnancy outcomes by optimizing women's health through biomedical and behavioural improvements before conception. PCC seeks to improve the long-term health of newborns by reducing the risk of adverse pregnancy outcomes prior to conception and during the first trimester[5].

Preconception health is about people having and remaining healthy overall across their lives, and this can help any woman. Safe motherhood starts before conception and continues with proper prenatal care, resulting in the prevention and treatment of complications and ensuring safe delivery of the baby and a healthy postpartum period[6].

Majority of pregnancy and childbirth complications could be prevented if adequate PCC is given[7]. Iron supplementation decreases the risk of anaemia by 27% in non-pregnant reproductive-age women. Prenatal

folic acid supplementation prevents neural tube defects in 72% of cases and reduces the risk of recurrence in 68% of cases. Prenatal multivitamin supplementation reduces congenital defects by 42%–62% and pre-eclampsia by 27%. Preconception counselling about contraception reduces first-time teenage pregnancy by 15% and repeat adolescent pregnancy by 37%[8]. In addition, good blood sugar regulation before and after pregnancy decreases the risk of pre-eclampsia, foetal macrosomia, congenital malformations, and stillbirth in women with diabetes[9].

Despite its importance in endorsing maternal and child health, the majority of women lack awareness of how their health before conception may influence their risk of an adverse pregnancy outcome. Therefore, this study intended to assess knowledge of PCC and the associated factors among reproductive-age women[10].

A developing country like India faces challenges in implementing preconception care widely. Promoting the health of women, men, and families before pregnancy is a crucial aspect of family-cantered maternal and newborn care. However, many people in India are unaware of the importance of preconception care. The health of the mother before pregnancy plays a vital role in determining the overall health of the baby[1].

Preconception care focuses on enhancing health before conception through risk assessment, health promotion, and effective interventions integrated into routine healthcare. In many low-income settings, maternal healthcare only begins well into pregnancy, often after more than half of the pregnancy has passed[12]. Unfortunately, this delay in prenatal care contributes to global issues of poor pregnancy outcomes and maternal and child health complications.

The period leading up to the first prenatal checkup is critical for foetal development. However, many women are unable to address risks to their own and their baby's health because they often don't realize they are pregnant until after this important period. Since most pregnancies occur before women are aware of them, preconception care can have a significant impact if it involves all reproductive-age couples, regardless of whether they are actively considering pregnancy[13].

Every pregnant woman faces a baseline risk of 2-3% for giving birth to a baby with physical defects or mental retardation. In some areas, like Karnataka in 2007, there was a notably higher incidence of neural tube defects[14].

Investing in preconception care is essential for achieving optimal maternal, birth, and neonatal health outcomes[15]. Unfortunately, there is a lack of comprehensive preconception care policies and guidelines that extend from preconception through childbirth to the postnatal period. This gap presents an opportunity to improve the care system, especially for young girls entering them reproductive years and women who are not yet pregnant[16].

NEED FOR STUDY

The World Health Organization (WHO) recently stated that globally four out of 10 women report that their pregnancies were unplanned. As a result, 40% of pregnancies miss the essential health interventions required prior to pregnancy[17]. The Center for Disease Control (CDC) recommends risk assessment and counseling for

all women of childbearing age as part of primary health care visits in order to improve pregnancy outcomes[18]. But unfortunately, millions of women in the world do not have access to pre-pregnancy, pregnancy health services and childbirth with suitable equality, especially poor, illiterate women or those in deprived areas[19].

In 2012, WHO has organized a meeting to develop a global consensus on preconception care to reduce maternal and childhood mortality and morbidity[20].

Low income and minority women age 18-24 are the most likely experience and unintended pregnancy and this are the women least likely to receive preconception care[21].

Majority of women who become pregnant do not sick prenatal care and advice until the middle of first trimester. By that time, organogenesis is well advance and it may have been affected by the client lifestyle, both healthy and unhealthy. Knowledge of preconception care has the potential for changing behavior, modifying risk and improving the health status of potential parents. The target for preconception advice should be all individuals of reproductive age particularly who are contemplating in the near future and young school children. The prevention should be started before the occurrence. Knowledge regarding preconception care should be given to the young instead of married women so that they can have plenty of time to prepare their body and mind for the conception[22].

Anju (2010) conducted a quasi-experimental study to assess the effectiveness of planned teaching programmed on knowledge and attitude regarding preconception care among women at Bangalore. The study revealed that 78.6% had adequate level of knowledge. Thus the study concluded that the planned teaching programmed was effective in improving the knowledge of women regarding preconception care[23].

Nestle Nut Inst Workshop Ser conducted a study on Nutrition Education during the Preconception Period. A few controlled studies have evaluated the benefits of NEC prior to conception, mainly in developed country settings, and focused on promoting the consumption of folic acid supplements. Although there is global awareness to promote preconception care, further work is needed to evaluate the benefits of NEC using different platforms, such as daycare centre, schools, health facilities, and worksites especially in resource-limited settings[24].

Varalakshmi (2010) conducted an experimental study on ‘effectiveness of planned teaching programme on knowledge regarding selected area of safe motherhood among the female second year pre university students, at Udupi’ (n=30). Among the six areas of safe motherhood, one was about preconception health. Findings showed that gain in knowledge was comparatively less and the researcher concluded that there is much scope for improving knowledge in the area of preconception health[25].

The prevention should be started before the occurrence. Knowledge regarding preconception care should be given to the young instead of married women so that they can have plenty of time to prepare their body and mind for the conception[26].

CHAPTER-2 OBJECTIVES

Objectives are the guiding force for researcher throughout the study. Explicit description of objectives is essential to come out with the meaningful research. This chapter deals with the statement of research problem, objectives of the study, operational definitions, hypothesis, variables made in the study and conceptual framework. The statement of the problem and the objectives for the current study are as follows.

PROBLEM STATEMENT:

"A study to assess the effectiveness of interventional package regarding pre- conception health care among girl students of selected Degree College at Harohalli."

OBJECTIVES:

- To assess the pre intervention knowledge score regarding pre-conception health care among selected degree college student at Harohalli
- To evaluate the effectiveness of interventional package regarding pre-conception health care among selected degree college student at Harohalli
- To find an association between the pre intervention knowledge score of degree college student at Harohalli and their selected socio demographical variables.

OPERATIONAL DEFINITION:

EFFECTIVENESS: It refers to extent to which the pre conception health care will achieve the desire result in improving the knowledge among degree college student.

INTERVENTIONAL PACKAGE: It refers to the package consist of Demonstration of specific physical excises, Administration of nutrition and dietary supplement and knowledge about general and sexual health which will be administer for the degree college student.

PRE-CONCEPTION HEALTH CARE: Pre conception health care is an intervention starting from adolescent until near conception. It helps in improving the behavioral practices of women related to pre conception health.

DEGREE STUDENTS: In this study degree students refers to the students intending to take degree in selected courses.

HYPOTHESIS:

H0 – There will be no significant difference between pre intervention and post intervention score of degree students regarding pre conception health care.

H1 - There will be a significant increase in the mean post intervention score regarding pre conception health care among degree students of selected degree college at Harohalli.

H2 – There will be a significant association between pre intervention score regarding pre conception health

care with their socio demographic variables.

ASSUMPTION:

Interventional package will be effective for gaining awareness on pre conception health care among degree students. Proper knowledge regarding pre conception health care will have a positive impact on Development.

LIMITATIONS:

- The study is limited to 60 sample.
- The study is limited for only girls.
- The researcher limited the research to degree students.

CHAPTER-3 REVIEW OF LITERATURE

It refers to activities on in identifying and developing a comprehensive picture of the state of knowledge regarding topic. The purpose of review of literature is to gain and inside into various aspects of problem such as design, measures and technique of data collection that may prove useful in proposed study. The review was done by studying text books reviewing studies conducted by many authors, journals, articles and reports.

A cross sectional study was conducted on Prevalence of Preconception risk factors for adverse pregnancy outcome among women from tribal and non-tribal blocks in Nashik district, India. This was a community-based cross-sectional study in two tribal and two non-tribal blocks each in Nasik district, Maharashtra, India. The study included married women desiring to conceive within 1 year. The study conducted that health risks, namely younger age, illiteracy, high parity, consumption of tobacco, low protein, and calorie intake, were quite prevalent, and the risks were significantly more among women from tribal areas. "Continuum of care" must comprise preconception care inclusive of behavioral change communication, particularly for easily modifiable risk factors and specially for tribal women[27].

A randomized controlled trail was conducted on Impact of a package of health, nutrition, psychosocial support, and Wash interventions delivered during preconception, pregnancy, and early childhood periods on birth outcomes and on linear growth at 24 months of age in India. 13500 women were randomized to receive preconception interventions (n=6722) or routine care (n=6778). 2652 and 2269 pregnant women were randomized again to receive pregnancy and early childhood interventions or routine care. The study concluded an intervention package delivered during preconception, pregnancy and early childhood substantially reduced low birth weight and stunting at 24 months. Pregnancy and early childhood interventions alone had lower but important effects on birth outcomes and 24 months outcomes. Preconception interventions alone had an important effect on birth outcomes but not on 24 months outcomes[28].

A qualitative study was conducted on focus group discussions on Meager Perception of Preconception Care among women desiring pregnancy in rural areas in India. From each of the four blocks, two villages having

sub center were selected for conducting FGD. A house-to-house survey was conducted by Accredited Social Health Activist (ASHA) to enlist women who desire a baby in 1 year and invite them to sub center for FGDs which were conducted in June 2018.The study was conducted that Women neither have the knowledge nor adopt behaviors or accessed services related to PCC. Roll out of PCC among them may help in further reduction of maternal and neonatal morbidity and mortality in India[29].

A nonrandomized controlled trail was conducted on effect of preconception care intervention on maternal nutritional status and birth outcome in a low resource setting in India. Two rural field areas of Khordha district, Odisha, will be selected for conducting the study. The study will enroll 782 married women between the ages of 18 and 35 years with their spouses, with 391 women in each group. The study conducted that through preconception care and counseling, the eligible couples will recognize, embrace, and implement the actions to improve their preconception health. Finally, it is expected that maternal and paternal health will have a significant impact on enhancing maternal nutritional status and birth outcomes[30].

A Randomized controlled trail was conducted on Preconception nutrition intervention improved birth length and reduced stunting and wasting in newborns in South Asia. This was a secondary analysis of combined newborn anthropometric data for the South Asian sites (India and Pakistan) in the Women First Preconception Maternal Nutrition Trial. Participants were 972 newborn of mothers who were poor, rural, unselected on basis of nutritional status. The study was conducted that point estimates for both continuous and binary anthropometric outcomes were consistently more favorable when maternal nutrition supplements were commenced ≥3 months prior to conception indicating benefits to fetal growth of improving women's nutrition in this population[31].

A non-experiment descriptive study was conducted on Nutrition Education during the Preconception Period in India. Two large case studies from Egypt and India have demonstrated the benefits of combining NEC with weekly iron supplementation to reduce the burden of anemia among adolescent girls, but effects on later birth outcomes have not been assessed. A few controlled studies have evaluated the benefits of NEC prior to conception, mainly in developed country settings, and focused on promoting the consumption of folic acid supplements. The study was conducted that there is global awareness to promote preconception care, further work is needed to evaluate the benefits of NEC using different platforms, such as daycare centers, schools, health facilities, and worksites especially in resource-limited settings[32].

A non-experimental study was conducted on Food insecurity and nutritional status of preconception women in a rural population of North Karnataka, India. A total of 770 preconception women were enrolled across a district in Karnataka from selected primary health center areas by a cluster sampling method. Data on socioeconomic status, food insecurity and obstetric history were collected by trained research assistants, interviewing women at home. The study conducted that the nutritional status of preconception women was poor and anemia was more prevalent in low-socioeconomic and food insecure population[33].

A Cohort study was conducted on design of a Preconception cohort from parent adolescence to offspring childhood. Victorian adolescent health cohort participants with children born between 2006 and 2013 were recruited to VIHCS and invited to participate during trimester 3 at 2 months postpartum, and 1 year

postpartum. The study concluded that Victorian Intergenerational Health Cohort Study is a prospective cohort of 1030 children with up to nine waves of preconception parental data and three waves of perinatal parental and infant data. These will allow examination of continuities of parental health and health risks from the decades before pregnancy to offspring childhood and the contributions of exposures before pregnancy to offspring outcomes in childhood[34].

A descriptive qualitative study was conducted on exploring preconception health beliefs amongst adults of childbearing age in the UK. A descriptive qualitative focus group study was undertaken with healthy males and females of childbearing age (18-45 years) between October 2018 and July 2019. Two groups were held in a rural location and three groups held in an urban location with a range of males and females, with and without children. The study concluded that a lack of detailed awareness surrounding the importance of preconception health, despite general agreement that health status should be optimal at this time. It identified a willingness to learn more about preconception health, creating an opportunity to improve preconception healthcare awareness via evidence-based education, social media campaigns, and within healthcare systems in a life course approach[35].

A Cross sectional study was conducted on preconception health behaviors among women with planned pregnancies. A cross-sectional study with a probabilistic sample of 264 women between 18 and 49 years of age who had or were undergoing planned pregnancies and were users of two School Health Centers in the city of São Paulo. The study concluded that Preconception care has a strong social determination, as women with more favorable social profiles are more likely to perform it. Experience with infertility is also instrumental in the likelihood of preconception care[36].

A systematic literature review study was conducted on dietary guideline adherence during preconception and pregnancy. It includes men or women (aged ≥18 years) who identified as trying/intending to conceive or were pregnant. The findings of this review suggest pregnant women may not be meeting the minimum requirements stipulated in dietary guidelines and/or nutritional recommendations. This could have potential adverse consequences for pregnancy and birth outcomes and the health of the offspring. Major knowledge gaps identified in this review, which warrant further investigation, are the dietary intakes of men during preconception, and the predictors of guideline adherence[37].

A systematic review study was conducted on Implementation strategies to improve preconception and antenatal care for tobacco smoking, alcohol consumption and weight management: a systematic review protocol. We will be eligible for inclusion if they have a parallel control group. We will include studies that either compare an implementation strategy to usual practice or compare two or more strategies. Participants may include any health service providing preconception or antenatal care to women and/or the health professionals working within such a service. The primary outcome will be any measure of the effectiveness of implementation strategies to improve preconception and/or antenatal care for tobacco smoking, alcohol consumption and/or weight management (including care to improve nutrition and/or physical activity). Secondary outcomes will be willing to abandon unhealthy habits[38].

A quantitative, non-experimental description study design was conducted on Primary health care nursing students' knowledge of and attitude towards the provision of preconception care in KwaZulu Natalh total population from three sites selected, based on their geographical location were all invited to participate in the study. Questionnaire was used to collect data which was subsequently analyzed using the Statistical Package for Social Sciences (SPSS) version 24. The study conducted that PHC nursing students were knowledgeable and had a favorable attitude towards PCC, but the absence of PCC resources in many practices have hindered them to a greater extent. It is recommended that for proper implementation of PCC to occur, health care workers should be provided with the necessary resources[39].

A cross sectional design study was conducted on Mothers' utilization and associated factors in preconception care in northern Ethiopia: a community based cross sectional study. A community based cross sectional design was conducted among 564 recently delivered mothers in Micelle City, Northern Ethiopia. A multi stage cluster sampling technique was employed. Data was collected using a pre-tested, structured interviewer questionnaire and was entered in to Epi-Info Version 7 and analyzed using SPSS Version
20.0. Descriptive, bivariable and multivariable logistic regression was used to identify the association. The study conducted that mother utilization of preconception care is low. Mother's knowledge on preconception care, experience of adverse birth outcome, having chronic health problems and husband support increases utilization of preconception care. However, mothers who experienced challenges in visiting a health facility showed decrease preconception care utilization. Therefore, increased efforts are need in terms of advocating for involvement of husband's and awareness creation respecting preconception care services for all women[40].

A descriptive study on was conducted on Preconception care: do we have to care? we provide data to suggest that modern preconception care should become a key component of reproductive medicine, not only to improve implantation and pregnancy rates, but also, to reduce perinatal morbidity and mortality, further optimizing the health for mothers and children and setting the stage for the child's adult life. The study concluded that the preconception period should be regarded as an actionable "window of opportunity" for child health promotion, not only because of this gene-environment interaction and the opportunity to identify women's genetic risks, but also because it represents a time when women are moiling to abandon unhealthy habits[41].

A descriptive study was conducted on preconception care in mental health services: planning for a better future. It is increasingly recognized that the preconception period is a window of opportunity to intervene to improve outcomes for women and the next generation. The importance of preconception mental health and comorbidity problems have not traditionally been taken into account by policy makers or mental health service providers. The study conducted that we argue that by addressing preconception physical and mental health in men and women, medical health professionals could improve health outcomes across the whole life course[42].

A descriptive study on was conducted on Preconception and prenatal predictors of early experiences of risk and protection among Alaska children the 2012-2014 Alaska child understanding behaviors survey. We used latent class analysis and Vermunt's three-step approach to examine predictors of latent classes of risk and protective factors among Alaska children. The study concluded that results can inform eligibility criteria for prenatal home visiting programs and prenatal screening in Alaska to ensure prevention programming and referrals are directed to families most in need of additional support[43].

A cross sectional study was conducted to investigate Awareness of Pre-conceptional care and its related factors in women of child-bearing age with type 1 diabetes in Guangdong, China. This cross-sectional survey recruited female participants of child- bearing age from the cohort of Guangdong Type 1Diabetes Translational Medicine Study conducted between June 2011 and December 2017. The participants were asked to fill out a questionnaire on the awareness of Preconception care, their frequency of self-monitoring of blood glucose (SMBG) and other related variables. The study concluded that Child- bearing age women with T1DM in Guangdong had poor awareness of preconception care, with a much lower SMBG frequency than recommendation[44].

A randomized control trail was conducted on intervention in contraceptive counselling increased the knowledge about fertility and awareness of preconception health- a randomized controlled trial in Orebro, Sweden. Women in the IG increased their knowledge about fertility: age and fertility, chances of getting pregnant, fecundity of an ovum and chances of having a child with help of IVF. They also increased their Awareness of factors affecting preconception health, such as to stop using Tobacco, to refrain from alcohol, to be of normal Weight, and to start with folic. The most commonly used contraceptive method was combined acid before pregnancy oral contraceptives, followed by long-acting reversible contraception. Three out Of four women (768) in the IG stated that the RLPC should be part of the routine in contraceptive counselling. The study concluded that knowledge about fertility and awareness of preconception health in increased after intervention. The RLPC can and be uses as tool in contraceptive counselling[45].

A cohort study was conducted on Technology-Based Model for Delivery in the Primary Care Setting Supported by Public Health in Canada. The PCH intervention was designed as a cohort study using a mixed method approach, 300 women aged 15-49 years participated across seven primary care sites. The intervention was implemented using a three-part model. The RA screened for 34 PCH risk factors. The number of risks identified per participant ranged from, 4 to 24., averaging 15. The majority reported a positive experience using the RA and could recommend the intervention. PCPS reported many practice benefits. The study highlights the positive influence that PCPs have around PCH[46].

A quasi-experimental was conducted on Faculty of Nursing. Universities Indonesia. Depok, west Java, Indonesia conducted a quasi-experimental to identify effectiveness of preconception education on unmarried women. Pre and post-test with control group study included 92 unmarried women in West Java. Indonesia, which were selected by consecutive sampling. Each respondent in the intervention group was provided a preconception education consisting of preconception physical health. Nutrition and lifestyle topic

with a booklet. The study concluded that this preconception education help to increase the knowledge related to preconception health of the unmarried women whether they plan to have a child soon or postpone the pregnancy after marriage[47].

CHAPTER-4 METHODOLOGY

According to Sharma (1990), research methodology involves the systemic procedure by which the researcher starts from initial identification of the problems to its final conclusions.

This chapter deals with the type of research approach used, setting of the study, population, sampling technique, sample selection, the inclusion and exclusion criteria, development of the tool, pilot study, procedure of data collection and the plan for data analysis. This chapter deals with the method adopted for the present study, which includes source of data, research approach, research design, variables of the study, setting of the study, population, sample, sampling technique, sampling criteria, instruments used for the study, tool validation and reliability, pilot study, data collection procedure and plan for data analysis.

SOURCE OF DATA

- The data was collected among the Selected Degree college at Harohalli.

RESEARCH APPROACH.

- The selection of research problem is the basic procedure for the research enquiry. The research approach helps the investigator to determine how to collect the data and analyze the data. It also suggests possible conclusions to be drawn from the data. The nature of the problem selected for the study is to evaluate the "Effectiveness of interventional package regarding preconception health care among girl students of selected Degree College at Harohalli.". An evaluative approach was considered appropriate to accomplish the objectives.

RESEARCH DESIGN

- Polit and Hungler (1999) stated that research design incorporates the most important methodological decisions that a researcher makes in concluding a research study. It depicts the overall plan for organization of scientific investigation. Pre experimental with one group pre-test and post-test design was selected in order to evaluate the "Effectiveness of interventional package regarding preconception health care among girl students of selected degree colleges at Harohalli.

STUDY DESIGN: Pre experimental one group pre-test and post-test design.

GROUP	PRE-TEST (01)	INTREVENTION (X)	POST TEST (O2)
Degree college at Harohalli	DAY-1 Structure knowledge questionnaire	DAY-1 Interventional package.	DAY-7 Structured knowledge questionnaire

Keys:

O1: Assessment of pre-test knowledge level regarding preconception health care among girl students of selected Degree College at Harohalli.

X: Interventional package on preconception health care among girl students of selected degree college at Harohalli.

O2: Assessment of post-test knowledge level regarding preconception health care among girl students of degree students of selected Degree college at Harohalli.

VARIABLE

- Independent variable:

Independent variable will be interventional package regarding preconception health care.

- Dependent variable:

Dependent variable will be knowledge level of degree students on pre conception health care

SETTING OF THE STUDY

"Setting" refers to the area where the study is conducted. The setting of the study is selected Degree college at Harohalli.

TARGET POPULATION

Population is a group whose members possess specific attributes that researcher is interested to study. In the study the population comprises of students who are studying in selected Degree College at Harohalli.

SAMPLE AND SAMPLING TECHNIQUE

A sample is a subset of a population selected to participate in a research study. The sample of this study comprise of 60 students. In this study the samples students who are studying in selected Degree college at Harohalli. In this study the sample will be convenient sampling technique.

CRITERIA FOR SELECTION OF SAMPLE

A. Inclusion criteria.

1)Degree student female genders 2)Available during the study

3)Willing to participate

B. Exclusion criteria

1)Degree students who are absent at the time of data collection.

2)Sick during the time of study.

SELECTION AND DEVELOPMENT OF TOOL

To meet the objectives of the study the tool was developed by the investigator. The tool used for the study comprised of structured knowledge questionnaire regarding preconception health care.

SELECTION OF THE TOOL

Structured knowledge questionnaire was selected for the study. It was considered the most appropriate instrument to elicit the response from subjects.

DEVELOPMENT OF THE TOOL

A structured knowledge questionnaire was developed to assess the knowledge of degree college student at Harohalli, after exclusive and systematic review of literature. The following steps were carried out in preparing the tool.

a. Literature review

b. Preparation of PowerPoint

c. Consultation with Guide, subject expert of Community Health nursing

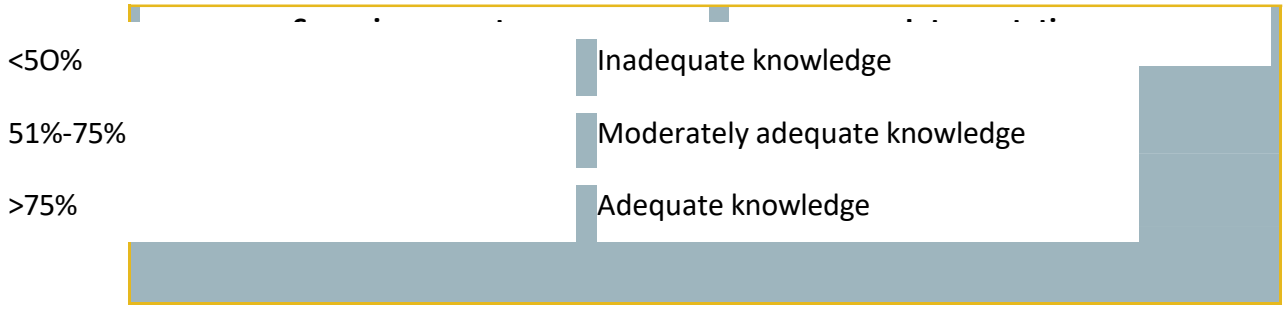
d. Establishment of validity and reliability.

DESCRIPTION OF TOOL

Structured knowledge questionnaire was developed to evaluate the effectiveness of interventional package on knowledge regarding Preconception health care. The Structured knowledge questionnaire consists of two parts:

Section A: It consists of 09 items related to socio- demographic data of subject.

Section B: Structured knowledge questionnaire consisted of 40 items on knowledge of degree college student regarding Preconception health care. Each item of the questionnaire has one correct answer. Each correct answer was given a score of 'one' and for wrong answer a score of 'zero'.



CONTENT VALIDITY

The experts were requested to give their opinion and suggestions regarding the relevance of the tool. There were 100% agreement on all the items in the tool. Modifications suggested for some questions were incorporated in the tool. After consulting with the guide there were 100% agreement for structured questionnaires.

RELIABILITY OF THE TOOL

Reliability of an instrument is the degree of consistency with which it measures the attribute it is supposed to measure. Split Half Method formula was used to test the reliability of the tool. The reliability of the tool for structured knowledge questionnaire was 0.70. Hence it was found to be statistically significant and thus reliable.

ETHICAL CLEARANCE

Formal permission was obtained from the Principal of degree college at Harohalli.

DEVELOPMENT OF INTERVENTIONAL PACKAGE

Interventional package on knowledge regarding Preconception health care is developed based on literature review, consulting with experts and research guide.

The steps adopted in the development of interventional package were:

- Preparation of first draft of interventional package content.
- Development of criteria checklist to evaluate the interventional package content.
- Content validity of interventional package.
- Preparation of final draft of interventional package.

PREPARATION OF FIRST DRAFT OF INTERVENTIONAL PACKAGE

Interventional package regarding preconception health care was prepared on the basis of review of literature. Following steps were carried out in preparation of interventional package which include:

1. Identification and stating of behavioral terms

The teaching objectives were classified as general objectives and specific objectives and written in behavioral terms depending on the needs of the learner.

2. Selection of the content

The content of Preconception health care was selected through literature search, internet and in consultation with the experts. Then content was analyzed in to sub topics and sub topics were broken down in to elements.

3. Organization of the content

The content was organized under following headings.

- Introduction of Preconception health.
- Definition Preconception health care
- Aims of Preconception health care
- Risk factor
- Components includes nutrition, general health and sexual health and exercise.

CONTENT VALIDITY OF THE INTERVENTIONAL PACKAGE

The initial draft of interventional package was given to experts and guide from nursing field along with the tool. The suggestions given by the experts were incorporated in the interventional package

PILOT STUDY

A pilot study was carried out in degree college at Harohalli from 21/06/2023 to 28/06/2023. The purposes of the pilot study were to:

- Evaluate the effectiveness of interventional package.
- Find out the feasibility of conducting the final study
- Determine the method of statistical analysis.

Students in degree college Harohalli, were selected by using Non probability convenient sampling technique. On day 1, students were given structured knowledge questionnaire and pre-test was conducted. On the same day interventional package was administered. After seven days, the post-test was administered with same structured knowledge questionnaire to evaluate the effectiveness of interventional package regarding knowledge on Preconception health care among degree college students at Harohalli.

PROCEDURE FOR DATA COLLECTION

a) Permission from the concerned authority

Formal permission was obtained from the Principal of degree college to conduct main study.

b) Period of Data collection

The main study was carried out in Degree college at Harohalli from 21/06/2023 to 28/06/2023.

c) Pretest (O1)

The need for the study and objectives were explained to the students and confidentiality was assured and oral consent was obtained. Pre-test was performed on 21/06/2023. Pre- test of 60 students was carried out by using structured knowledge questionnaire each day. Each sample took around 45-60 minutes to complete a structured knowledge questionnaire.

d) Administration of interventional package

After pre-test, interventional package was given to the degree students.

e) Post-test (O2) -

Post-test was conducted from 28/06/2023 to find out the effectiveness of interventional package in terms of increase in their knowledge. 60 students were administered with structured knowledge questionnaire. Each sample took about 40-60 minutes to complete the post-test. All the participants cooperated well in both pre-test and post-test sessions. The data collection process was terminated by thanking the subjects for their co-operation.

f) Plan for data analysis

The data obtained was analyzed in terms of achieving the objectives of the study using descriptive and inferential statistics.

DESCRIPTIVE STATISTIC:

- Frequency and percentage distribution to analyze the socio-demographic variable.
- Mean, mean percentage and standard deviation to assess the pre-test and post-test competency level of nursing tutors.

INFERENTIAL STATISTICS:

- Paired 't' test use to ascertain whether there is significant difference in mean knowledge score of pre-test and post-test values

- Association of level of knowledge on pre-conception health care and their selected socio demographic variables was selected by chi-square test.

CHAPTER-5 RESULT

The purpose of this analysis is to reduce the data to a manageable and interpretable form so that the research problems can be studied and the hypothesis can be tested. The data collected were analyzed by suitable descriptive and inferential analysis and interpreted.

This chapter deals with the analysis and interpretation of data collected in order to evaluated the "effectiveness of interventional package regarding preconception health care among girl students at selected degree college at Harohalli".

OBJECTIVES OF THE STUDY

1.To assess the existing knowledge regarding pre-conceptional health care among selected degree college at Harohalli.

2.To evaluate the effectiveness of interventional package regarding pre-conceptional health care among selected degree college at Harohalli.

3.To find and association between the pre intervention knowledge score of degree college student at Harohalli and their socio demographical variables.

HYPOTHESIS

H0 - There will be no significant difference between pre-intervention and post-intervention score of degree students regarding pre-conception health Care.

H1 - There will be a significant increase in the mean post intervention score regarding pre- conceptional health care among selected degree college at Harohalli.

H2 – There will be a significant association between pre-intervention score regarding pre- conception health care with their socio-demographic variables.

ORGANIZATION OF DATA

The finding of the study was grouped and analyzed under the following session.

Section A: Socio-demographic characteristics of respondents under study.

Section B: Overall aspect wise knowledge scores of respondents.

Section C: Association between demographic variables and pre-test knowledge level on pre-conception health care.

SECTION-A TABLE-1

Classification of respondents by Age, Gender and Marital status

Characteristics	Category	Respondents	
		Number	Percent
Age group (years)	18-20	56	93.3
	21-23	4	6.7
Gender	Male	0	0.0
	Female	60	100.0
Marital status	Married	3	5.0
	Unmarried	57	95.0
Total		60	100.0

The above table reveals that majority 56(93.3%) respondents belongs to the age group of 18-20 years, 4(6.7%) respondents belong to the age groups of 21-23 years. The table depicts that 0(0.0%) respondent were Male and remaining 60(100.0%) respondents were Female.It shows that majority 57(95.0%) respondent were single and 3(5.0%) respondents were married.

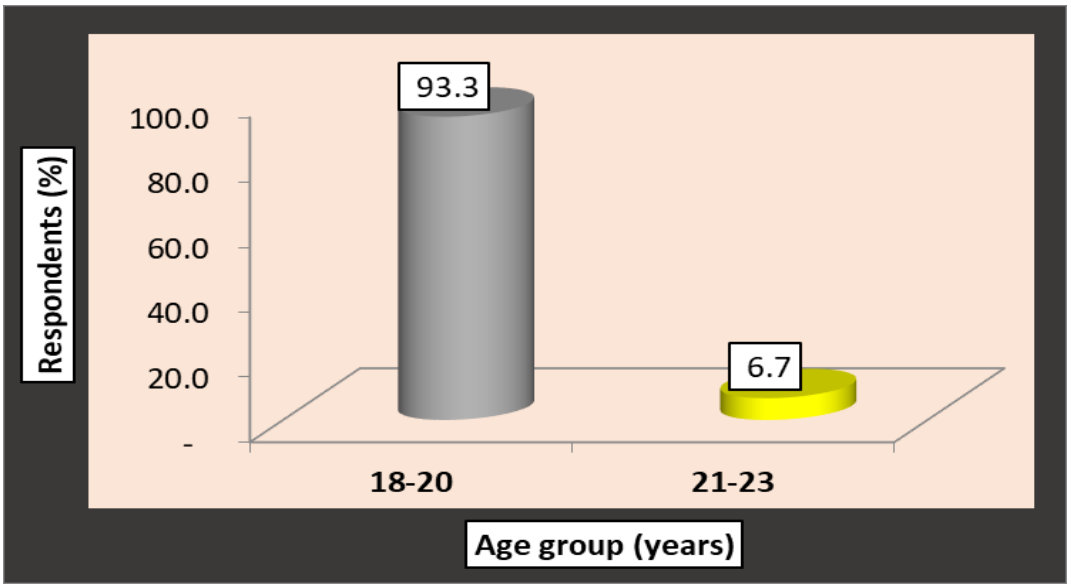


Figure 1: Classification of Respondents by Age group.

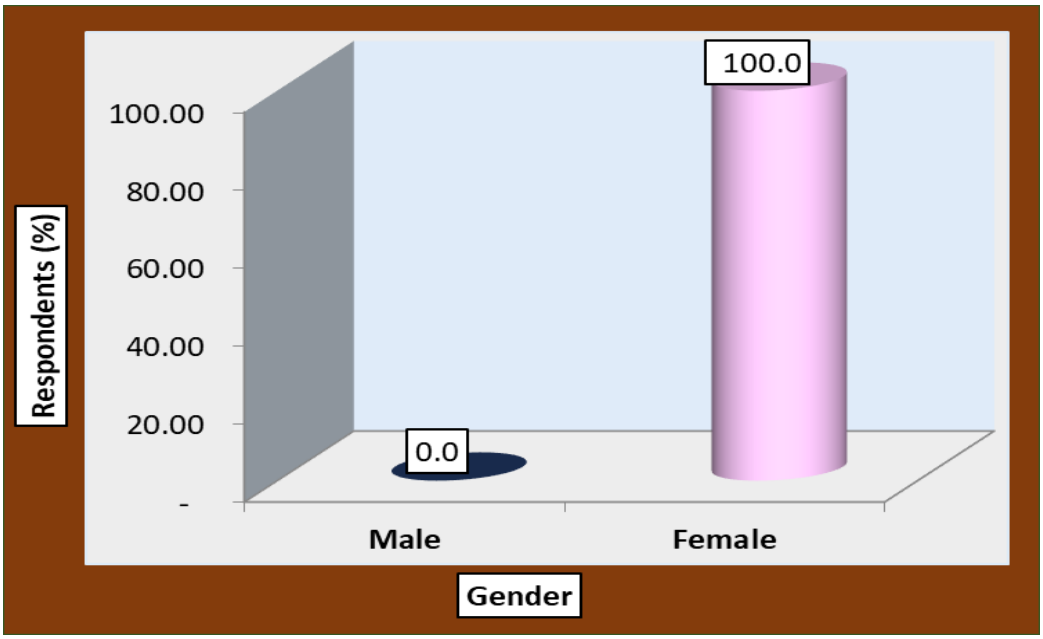


Figure 2: Classification of Respondents by Gender.

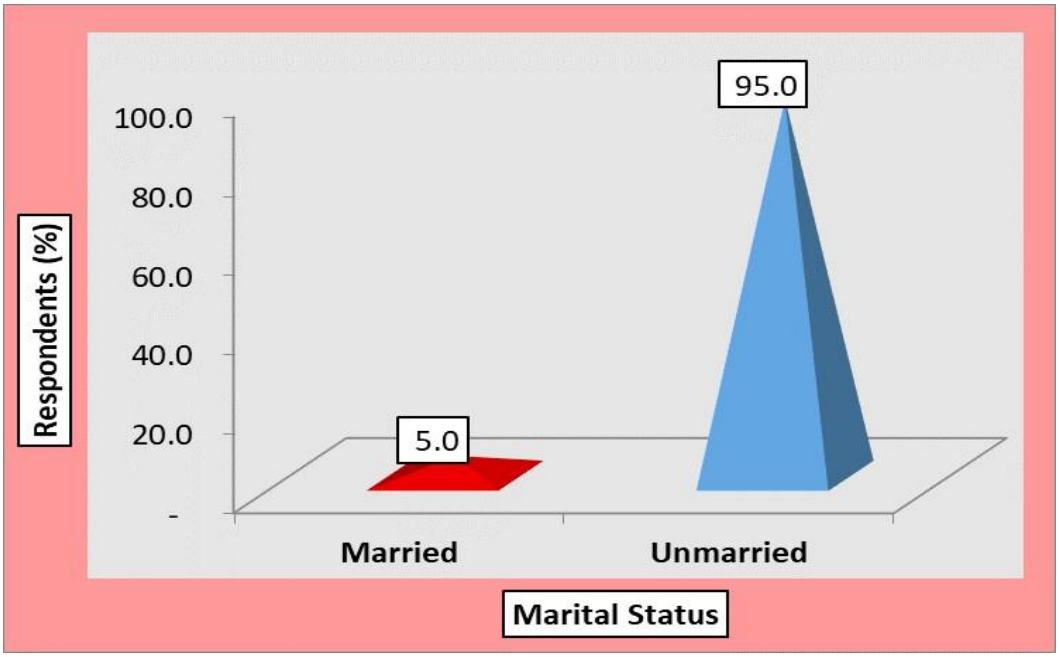


Figure.3: Classification of Respondents by Marital status.

TABLE – 2

Classification of Respondents by Education, Course and Previous education

N=60

Characteristics	Category	Respondents	
		Number	Percent
Educational level	1st Semester	37	61.7
	2nd Semester	18	30.0
	3rd Semester	5	8.3
Course studying	BA	18	30.0
	BCom	42	70.0

Previous education on preconception health care	Yes	39	65.0
	No	21	35.0
Total		**60**	**100.0**

The above table shows that majority 37(61.7%) respondents were 1st semester,18(30.0%) respondent was 2nd semester,5(8.3%) respondent were 3rd semester. The table shows that 18(30.0%) respondents were BA student, 42(70.0%) respondents were BCOM. It shows that 39(65.0%) respondents were getting previous education on preconception health care,21(35.0%) respondents were not getting previous education on preconception health care.

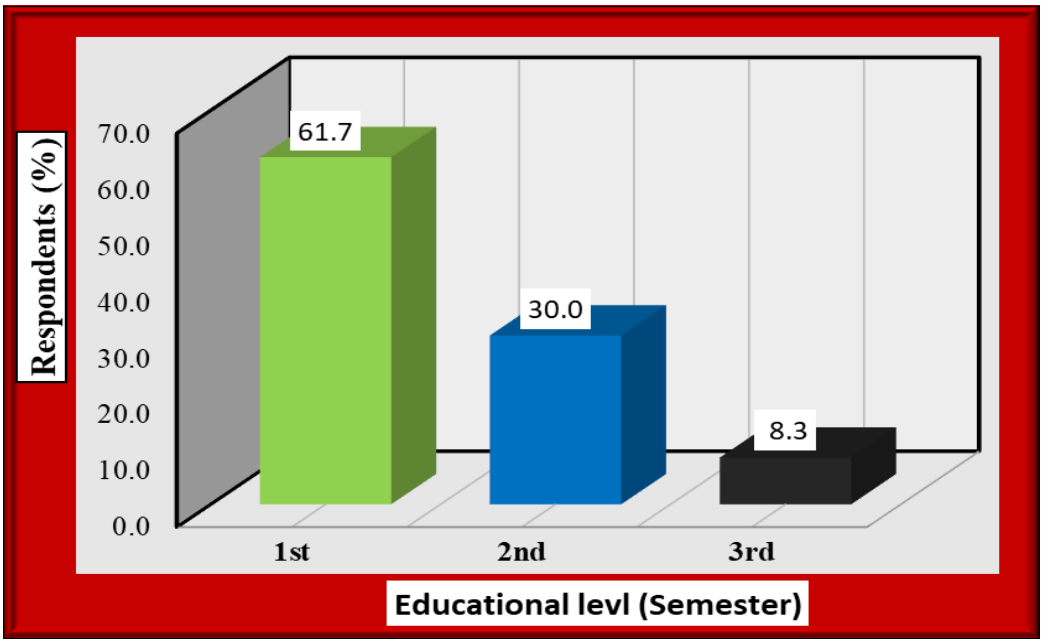


Figure 4: Classification of Respondents by Educational level.

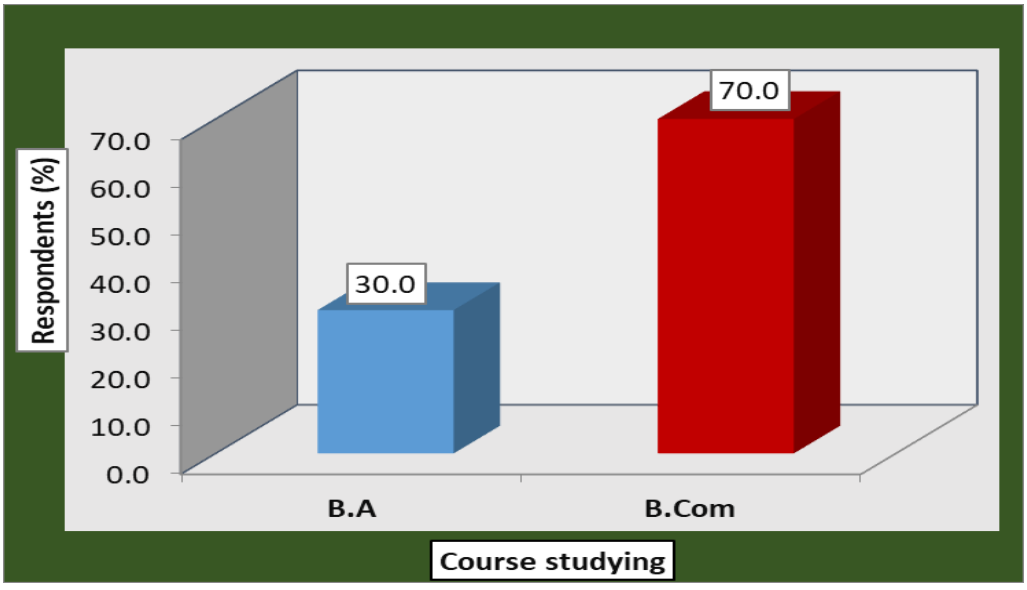


Figure 5: Classification of Respondents by Course studying.

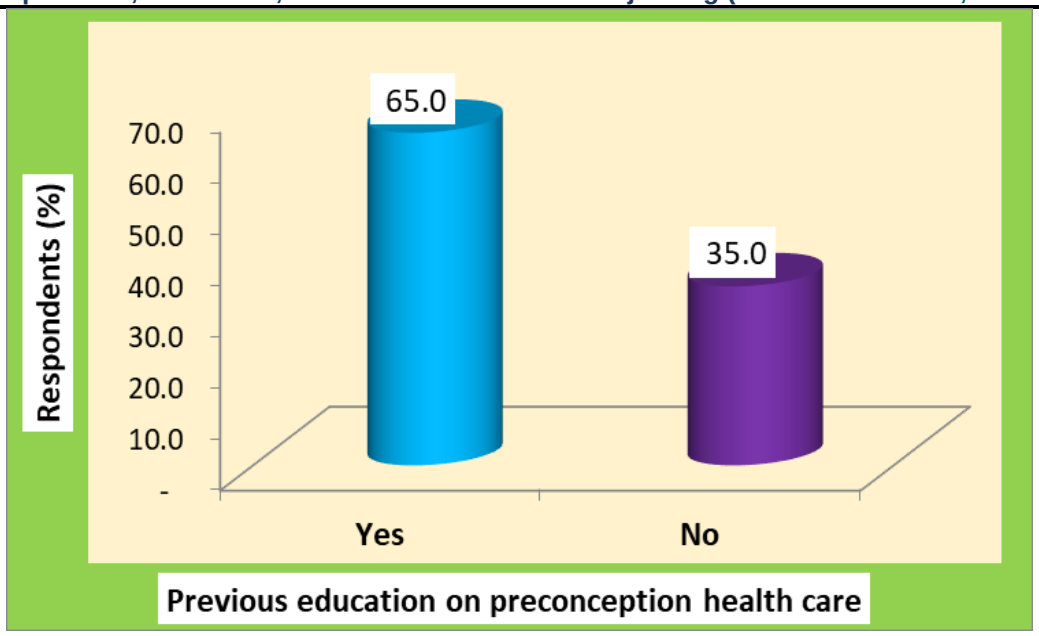


Figure 6: Classification of Respondents by Previous education on preconception health care.

TABLE – 3

Classification of Respondents by Family Characteristics

Characteristics	Category	Respondents	
		Number	Percent
Income/month	<Rs.20,000	44	73.3
	Rs.20,000-40,000	7	11.7
	Rs.40,000-60,000	9	15.0
Religion	Hindu	56	93.3
	Christian	4	6.7
Residence	Rural	55	91.7
	Urban	5	8.3
Nationality	Indian	60	100.0
	Others	0	0.0
Total		**60**	**100.0**

The above table shows that majority 44 (73.3%) had less than 20,000 income/month, 7(11.7%) had 20000-40,000, and 9(15.0%) had more than 40,000/month. The table shows that majority of respondents 56(93.3%) were Hindu and 4(6.7%) respondents were Christian. Majority of the respondents 55(91.7) were from rural and 5(8.3) were from urban. Majority of the respondents 60(100.0%) were Indian nationality.

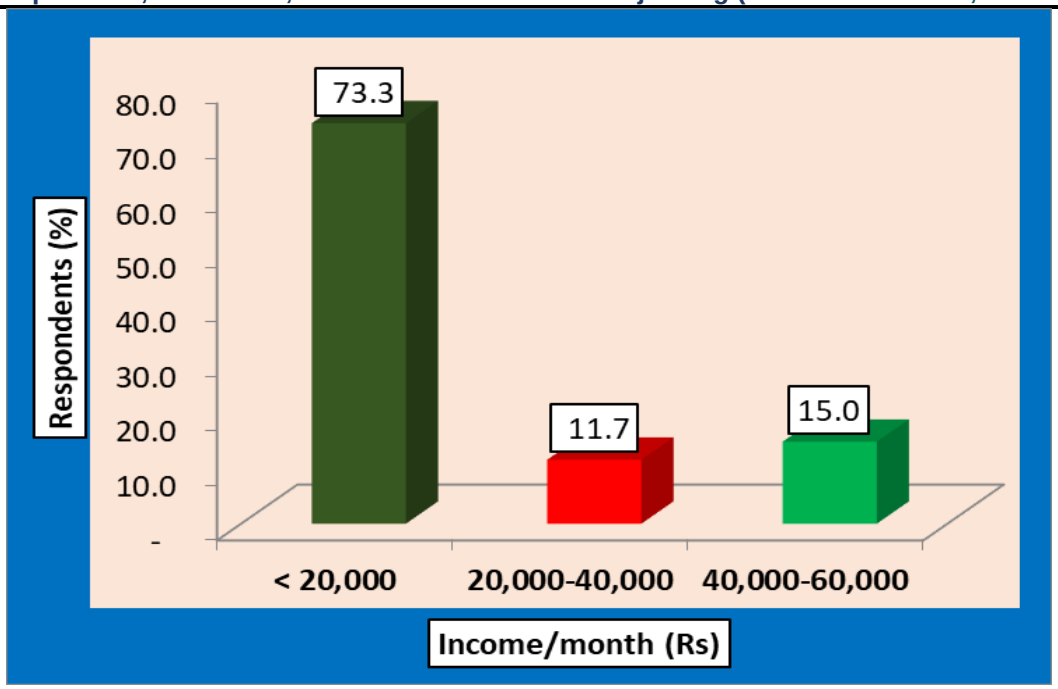


Figure 7: Classification of Respondents by Income.

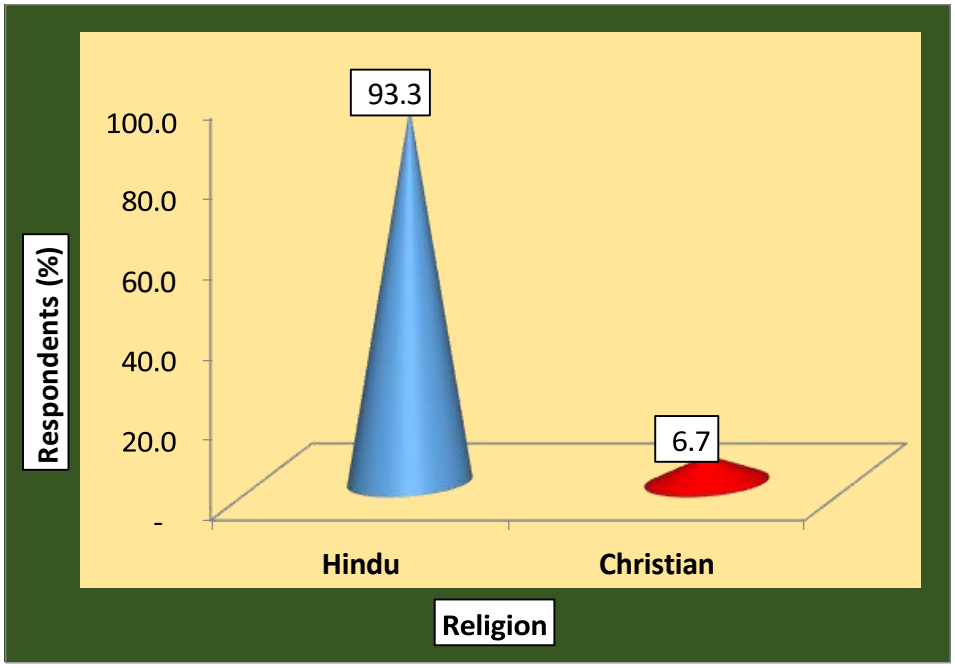


Figure . 8 : Classification of Respondents by Religion

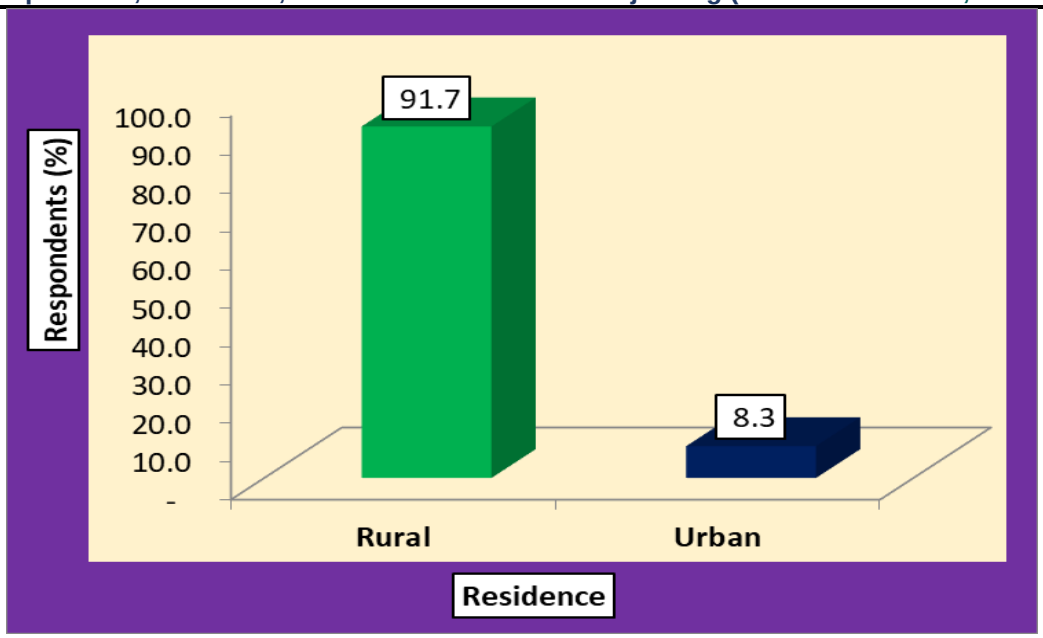


Figure 9: Classification of Respondents by Residence.

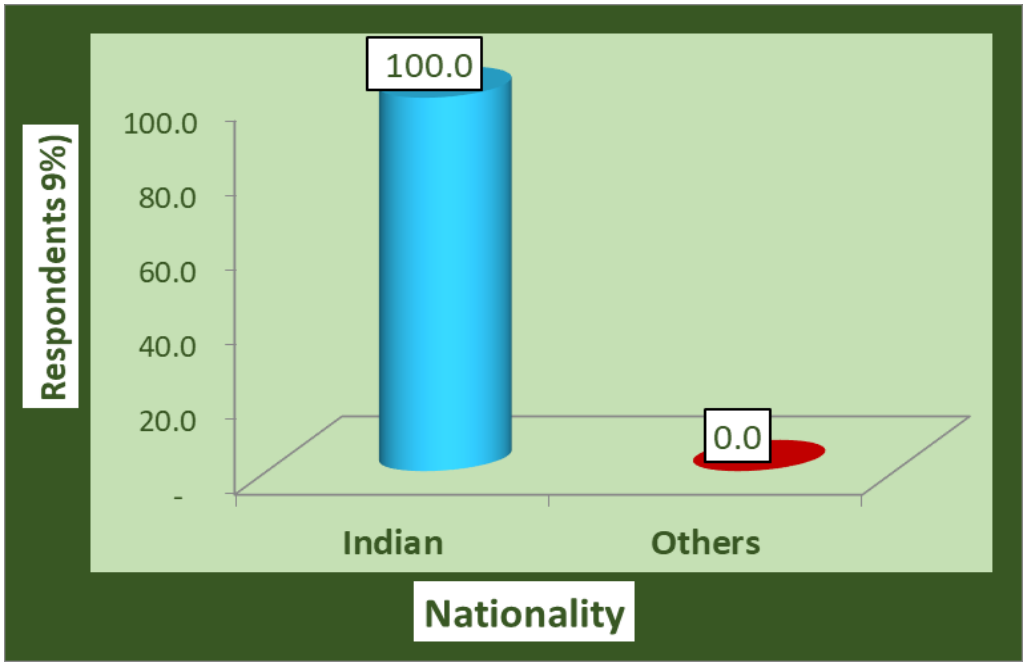


Figure 10: Classification of Respondents by Nationality.

SECTION– 2a: Overall and Aspect wise Pre-test Knowledge level on Preconception health care.

TABLE-4

Classification of Respondent Pre-test Knowledge level on Preconception health care

Knowledge Level	Category	Respondents	
		Number	Percent
Inadequate	≤ 50 % Score	42	70.0
Moderate	51-75 % Score	18	30.0
Adequate	> 75 % Score	0	0.0
Total		60	100.0

The above table shows that 42(70.0%) of the respondents had inadequate knowledge,18(30.0%) of the respondents had moderately knowledge and 0(0.0%) of the respondents had adequate knowledge regarding preconception health care.

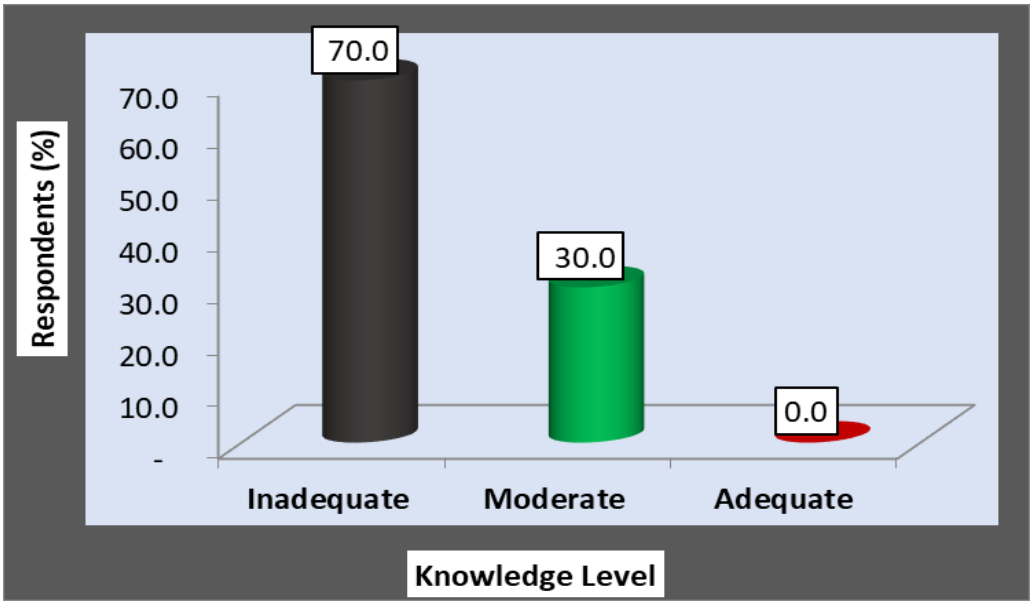


Figure 11: Classification of Respondent Pre-test Knowledge level on Preconception health care.

TABLE -5

Aspect wise Pre-test Mean Knowledge scores on Preconception health care

N=60

No.	Knowledge Aspects	State ments	Max. Score	Knowledge Scores			
				Mea n	SD	Mean (%)	SD (%)
I	Pre conception health	10	10	5.33	1.43	53.3	14.3
II	Sexual health	10	10	4.70	1.31	47.0	13.1
III	Nutrition	10	10	4.25	1.36	42.5	13.6
IV	Exercise	10	10	2.95	1.69	29.5	16.9
	Combined	**40**	**40**	17.2 3	**3.12**	**43.1**	**7.8**

The above table reveals that the aspects wise pre-test knowledge of respondents regarding preconception health care. The highest mean pre-test knowledge percentage was seen in the aspect of Pre conception health was 53.3%. The mean pre-test knowledge percentage was seen in the aspect of Sexual health was 47.0% and the mean pre-test knowledge percentage was seen in the aspect nutrition was of 42.5% and the lowest pre-test mean knowledge was seen in aspect of exercise was 29.5%.

SECTION– 2b: Overall and Aspect wise Post test Knowledge level on Preconception health care.

TABLE -6

Classification of Respondents of Post test Knowledge level on Preconception health care.

Knowledge Level	Category	Respondents	
		Number	Percent
Inadequate	≤ 50 % Score	0	0.0
Moderate	51-75 % Score	20	33.3
Adequate	> 75 % Score	40	66.7
Total		60	100.0

The above table shows that non (0.0%) of the respondents had inadequate knowledge,20(33.3%) of the respondents had moderately knowledge and 40(66.6%) of the respondents had adequate knowledge regarding preconception health care.

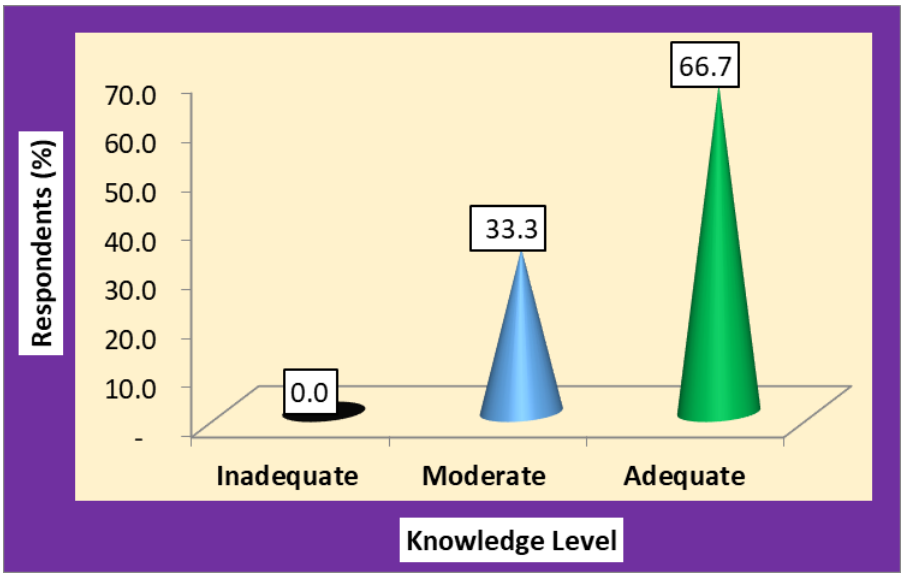


Figure 12: Classification of Respondents of Post test Knowledge level on Preconception health are.

TABLE -7: Aspect wise Post test Mean Knowledge scores on Preconception health care

N=60

No	Knowledge Aspects	Statements	Max Score	Knowledge Scores			
				Mean	SD	Mean (%)	SD (%)
I	Pre conception health	10	10	8.68	1.08	86.8	10.8
II	Sexual health	10	10	8.52	1.30	85.2	13.0
III	Nutrition	10	10	8.35	1.22	83.5	12.2
IV	Exercise	10	10	8.45	1.21	84.5	12.1
	Combined	**40**	**40**	**17.23**	**3.12**	**43.1**	**7.8**

The above table reveals that the aspects wise post-test knowledge of respondents regarding preconception health care. The highest mean post-test knowledge percentage was seen in the aspect of Pre conception health was 86.8% The mean post-test knowledge percentage was seen in the aspect of Sexual health was 85.2% and the mean post-test knowledge percentage was seen in the aspect nutrition was of 83.5%and the lowest post- test mean knowledge was seen in aspect of exercise was 84.5%.

SECTION– 2c: Overall and Aspect wise Pre-test and Post-test Knowledge scores on Preconception health care.

TABLE – 8: Over all Pre-test and Post test Mean Knowledge scores on Preconception health care.

N=60

Aspects	Max. Score	Knowledge Scores				Paired 't' Test
		Mean	SD	Mean (%)	SD (%)	
Pre test	40	17.23	3.12	43.1	7.8	31.82*
Post test	40	34.00	3.67	85.0	9.2	
Enhancement	40	16.77	4.09	41.9	10.2	

* Significant at 5% level, t (0.05,59df) = 1.96

The above table shows that in pre-test 43.1% mean knowledge respondent on pre- conception health care, post-test 85.0% mean knowledge respondent on pre-conception with enhancement of 41.9% with paired "t" test value of 31.82* which is significant at 0.05 level as calculated value is greater than table value.

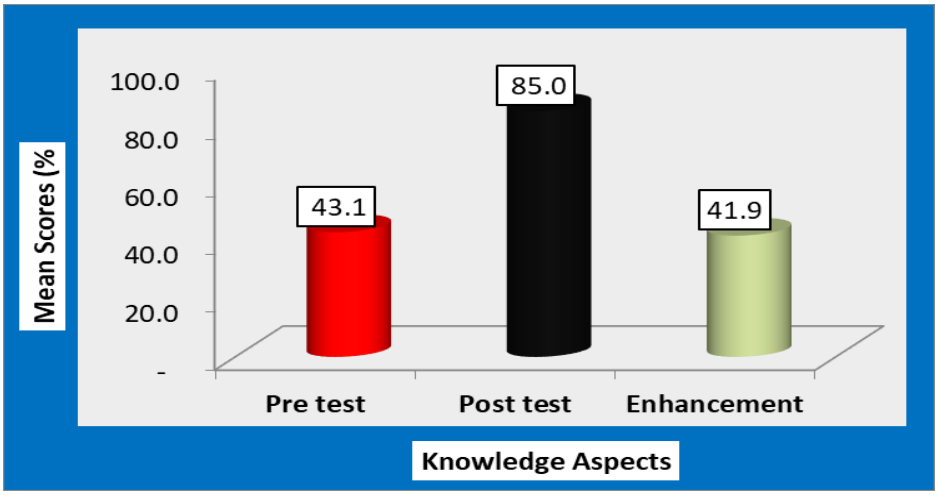


Figure. 13: Over all Pre-test and Post test Mean Knowledge scores on Preconception health care.

TABLE – 9

Aspect wise Mean Pre-test and Post test Knowledge scores on Preconception health care.

N = 60

No.	Knowledge Aspects	Respondents Knowledge (%)						Paired 't' Test
		Pre test		Post test		Enhancement		
		Mean	SD	Mean	SD	Mean	SD	
I	Pre conception health	53.3	14.3	86.8	10.8	33.5	15.9	16.32*
II	Sexual health	47.0	13.1	85.2	13.0	38.2	15.0	19.73*
III	Nutrition	42.5	13.6	83.5	12.2	41.0	16.2	19.60*
IV	Exercise	29.5	16.9	84.5	12.1	55.0	18.4	23.15*
	Combined	43.1	7.8	43.1	7.8	41.9	10.2	31.82*

*Significant at 5% level. t (0.05,59df) = 1.96

The above table reveals that the aspects wise mean pre-test and post-test and knowledge score on preconception health care. The mean pre-test score regarding pre conception health was 53.3% and post-test mean and knowledge score on preconception health care 86.8% with enhancement of 33.5%. The mean pre-test knowledge score regarding sexual health was 47.0%, and post-test mean knowledge was 85.2% with enhancement of 38.2%. The mean pre-test knowledge score regarding nutrition was 42.5% and post-test mean knowledge was 83.5% with enhancement of 41.0. The mean pre-test knowledge score regarding exercise was 29.5% and post-test mean knowledge score was 84.5% with the enhancement of 18.4%.

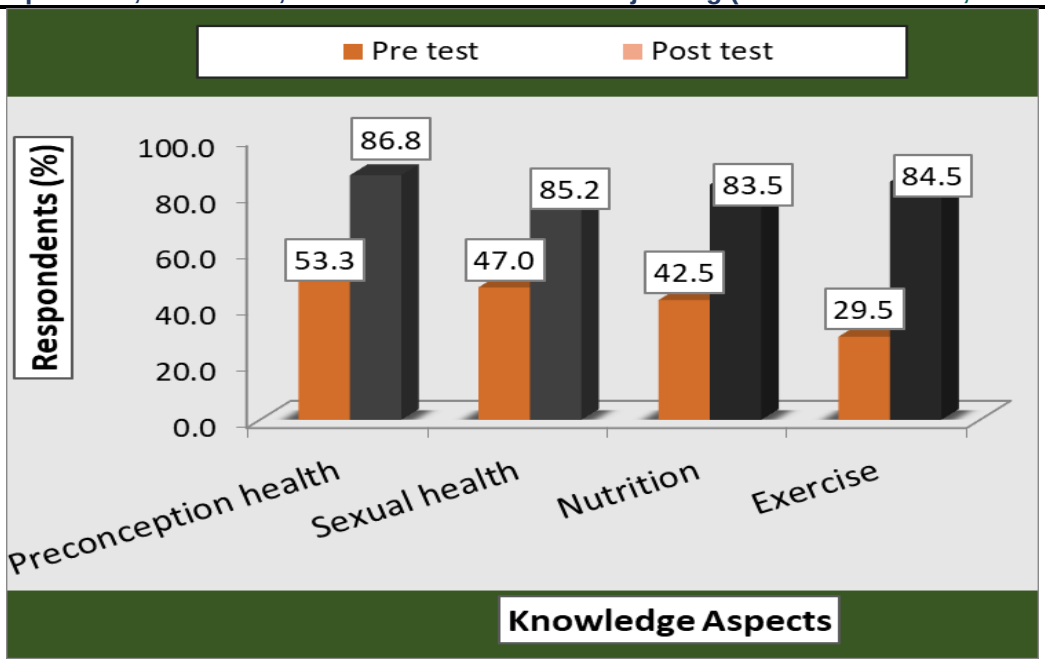


Figure. 14: Aspect wise Mean Pre-test and Post test Knowledge scores on Preconception health care.

TABLE – 10

Classification of Respondents on Pre-test and Post test Knowledge level on Preconception health care.

Knowledge Level	Category	Classification of Respondents				χ^2 Value
		Pre test		Post test		
		N	%	N	%	
Inadequate	≤ 50 % Score	42	70.0	0	0.0	82.11*
Moderate	51-75 % Score	18	30.0	20	33.3	
Adequate	> 75 % Score	0	0.0	40	66.7	
Total		60	100.0	60	100.0	

* Significant at 5% level, χ^2 (0.05,2df) = 5.991 The above table depicts that in pre-test 42(70.0%) respondents had inadequate knowledge, 18(30%) respondents had moderate knowledge and non-of the respondents had adequate knowledge. In post-test, non-of the respondent had inadequate knowledge, 20(33.3%) respondents had moderate knowledge and 40(66.7%) respondents had adequate knowledge.

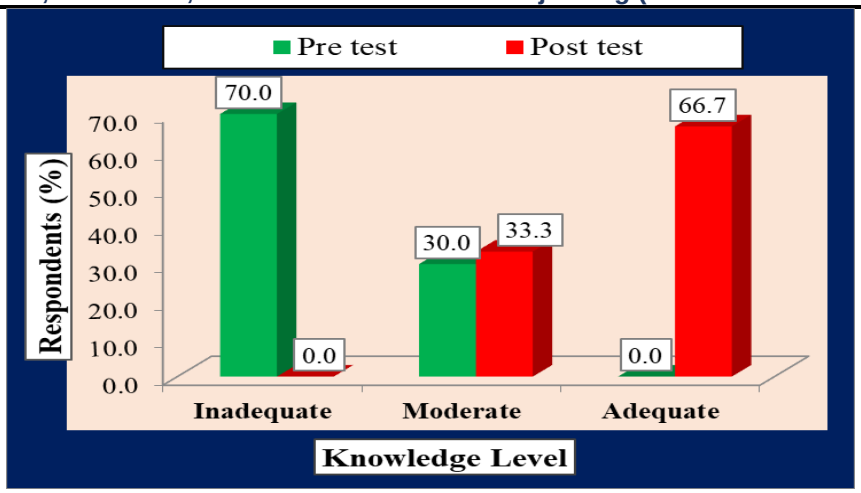


Figure. 15: Classification of Respondents on Pre-test and Post test Knowledge level on Preconception health care.

SECTION – 3: Association between Demographic variables and Pre-test Knowledge level on Preconception health care.

TABLE – 11

Association between Demographic variables and Pre-test Knowledge level on Preconception health care.

n=60

Demographic Variables	Category	Sample	Knowledge Level				χ^2 Value	P Value
			Inadequate		Moderate			
			N	%	N	%		
Age group (years)	18-20	56	41	73.2	15	26.8	4.13*	P<0.05 (3.841)
	21-23	4	1	25.0	3	75.0		
Marital status	Married	3	0	0.0	3	100.0	7.37*	P<0.05 (3.841)
	Unmarried	57	42	73.7	15	26.0		
Educational level	1st Semester	37	26	70.3	11	29.7	2.66 NS	P>0.05 (5.991)
	2nd Semester	18	14	77.8	4	22.2		
	3rd Semester	5	2	40.0	3	60.0		
Course studying	B. A	18	12	66.7	6	33.3	0.14 NS	P>0.05 (3.841)
	B. Com	42	30	71.4	12	28.6		
Previous education	Yes	39	31	79.5	8	20.5	4.78*	P<0.05 (3.841)
	No	21	11	52.4	10	47.6		
Income/month	<Rs.20,000	44	34	77.3	10	22.7	6.88*	P<0.05 (5.991)
	Rs.20,000-40,000	7	2	28.6	5	71.4		
	Rs.40,000-60,000	9	6	66.7	3	33.3		
Religion	Hindu	56	39	69.6	17	30.4	0.05 NS	P>0.05 (9.488)
	Christian	4	3	75.0	1	25.0		
Residence	Rural	55	38	69.1	17	30.9	0.26	P<0.05

	Urban	5	4	80.0	1	20.0	NS	(5.991)
Combined		**60**	**42**	**70.0**	**18**	**30.0**		

* Significant at 5% Level. NS: Non-significant, Note: Figures in the parenthesis indicate Table value

The above table shows that:

1.With regards to age the chi square shows significant association with knowledge level ($\chi 2$= 4.13, p= 3.841)

2.With regards to marital status chi square shows square shows significant association with knowledge level ($\chi 2$-7.37, P= 3.841)

3.With regards to education level, chi square shows no significant association with knowledge level ($\chi 2$=2.66, P= 5.991)

4.With regards to course studying, chi square shows no significant association with knowledge level ($\chi 2$=0.14, P= 3.841)

5.With regards to previous education, chi square shows significant association with knowledge level ($\chi 2$=4.78, P= 3.841)

6.With regards to income per month, chi square shows significant association with knowledge level ($\chi 2$=6.88, P=5.991)

7.With regards to religion, chi square shows no significant association with knowledge level ($\chi 2$=0.05, P= 9.488)

8.With regards to residence, chi square shows no significant association with knowledge level ($\chi 2$=0.26, P=5.991)

Hence the stated hypothesis H1 is found to be significant for age group, marital status, income and non-significant for the other demographic variable such as educational level, course studying, religion and residence.

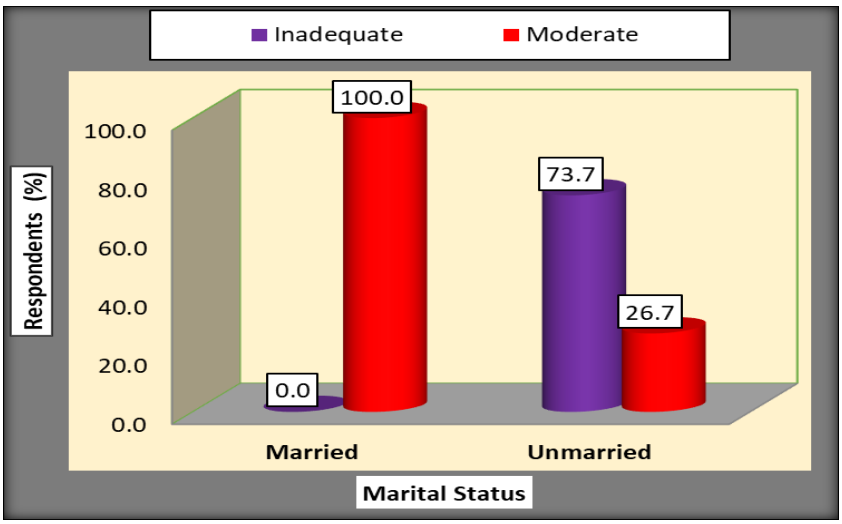


Figure. 17: Association between Marital status and Pre-test Knowledge level on Preconception health care.

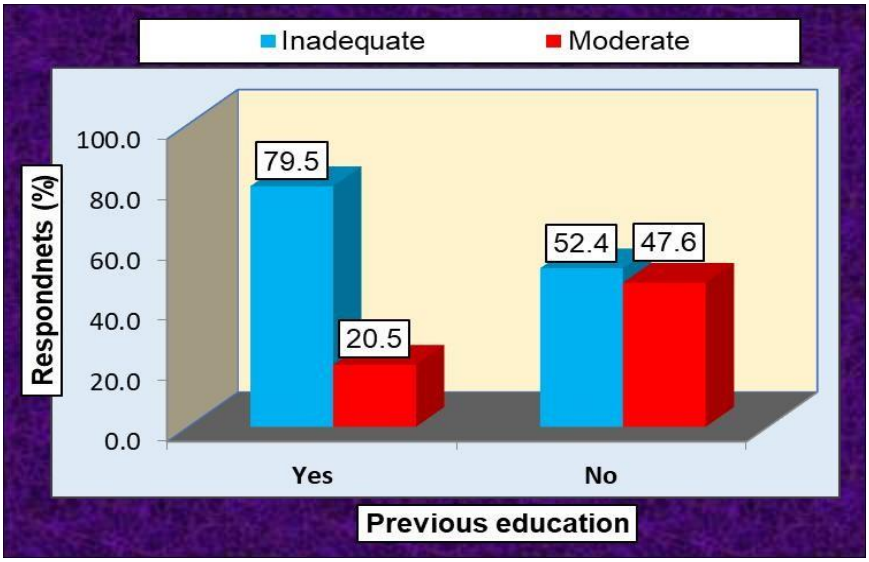


Figure. 18: Association between Previous education and Pre-test Knowledge level on Preconception health care.

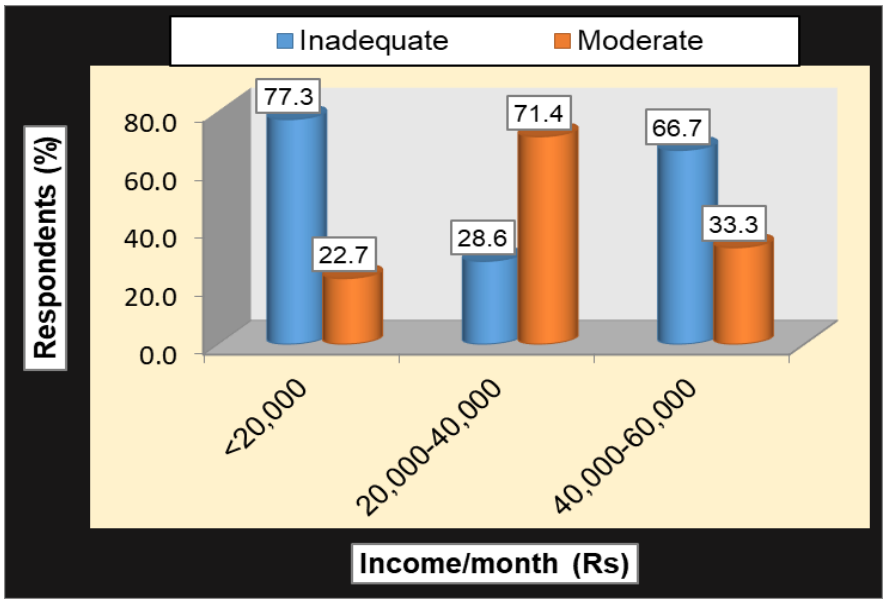


Figure. 19: Association between Income and Pre-test Knowledge level on Preconception health care.

CHAPTER -6 DISCUSSION

This chapter deals with the discussion of the study with appropriate literature review, statistical analysis and findings of the study base on the objectives of study. A report of findings is never sufficient to convey their significance. The meaning that researchers give to the results play a rightful and important role in the report. The discussion section is devoted to a thoughtful and insightful analysis of the findings, leading to discussion of their clinical and theoretical utility.

The present study is to evaluate the “Effectiveness of interventional package regarding preconception health care among girl students of selected degree college at Harohalli”.

OBJECTIVES:

1.To assess the pre-intervention knowledge score regarding pre-conception health care among selected degree college student at Harohalli.

2.To evaluate the effectiveness of interventional package regarding pre-conception health care among degree college student at Harohalli.

3.To find an association between the pre intervention score of degree college student at Harohalli and their selected socio-demographic variables.

HYPOTHESIS:

H1 - There will be a significant increase in the mean post-intervention score regarding pre-conception health care among girl students of degree colleges at Harohalli.

H2 – There will be a significant association between pre-intervention score regarding pre- conception health care with their socio-demographic variables.

Objective 1: The first objective was to assess the pre-intervention knowledge score regarding pre-conception health care among selected degree college student at Harohalli.

The structured knowledge questionnaire was prepared by researcher for collecting data from the degree students at Harohalli. The present study found that the knowledge level among 60 students, 42(70%) were having inadequate level of knowledge regarding preconception health care,18(30.0%) was having moderate level of knowledge and 0% of students were found to have adequate level of knowledge towards pre-conception health care.

Objective 2: The second objective was to evaluate the effectiveness of interventional package regarding pre-conception health care among degree college student at Harohalli.

The findings of the study reveals that there was a significant difference between mean pre-test and mean post-test knowledge scores. The pre-test mean percentage (43.1%) knowledge scores regarding preconception health care were found to be less than post-test mean percentage (85.0%) knowledge score.

Objective 3: The third objective is to find an association between the pre-test intervention score of degree college student at Harohalli and their selected socio-demographic variables.

The findings of the study shows that there was no significant association between pre- test intervention score and their selected socio demographic variable ($p<00.5$).

This result of the study was supported by the finding of the study conducted by Doke PP which proved that there was no association between pre-test knowledge score and selected socio demographic variables.

CHAPTER-7 CONCLUSION

The present study was design to assess the effectiveness of interventional package regarding pre-conception health care among selected degree college at Harohalli.

The data was collected from 60 students from degree college at Harohalli. Non probability convenient sampling technique was used to select the sample, structured knowledge questionnaire was use to assess the level of knowledge.

AIM: The main aims of the present study were to assess the effectiveness of interventional package regarding pre-conception health care among girl students at selected degree college at Harohalli.

The following conclusion was drawn on the basis of the results.

The findings of the study are

➢ The present study found that the knowledge level among 60 students, 42(70%) were having inadequate level of knowledge regarding preconception health care,18(30.0%) was having moderate level of knowledge and 0% of students were found to have adequate level of knowledge towards pre-conception health care.

➢ The overall mean score of knowledge on preconception health was 9.63 mean percentage was 96.7%, standard deviation was 0.52 overall mean score of knowledge on sexual health 7.83 mean percentage was 78.3%, standard deviation was 0.98 overall mean score of knowledge on nutrition 7.00 mean percentage was 70.0% standard deviation was 2.10 overall mean score of knowledge on exercise 8.33, mean percentage was 83.3% and standard deviation was 1.51.

➢ The analysis of mean and SD of the knowledge scores in the pre-test and post-test revel that mean pre-test knowledge score was 17.23(43.1%) whereas mean post-test knowledge score was 34.00(85.0%). This high mean difference 16.77(41.9%) regarding preconception health care among selected degree college student at Harohalli show the effectiveness of interventional package. Hence, it is concluded that the respondents had inadequacy in their knowledge regarding preconception health care. Providing interventional package would be effective in increasing knowledge of respondents.

NURSING IMPLICATION

The finding of the study has implication in the field of Nursing practice, Nursing education, Nursing administration and Nursing research.

NURSING PRACTICE

- The interventional package helps the health care professionals to gain an insight to the benefits of pre-conceptional health care.
- Nursing professionals can conduct health teaching programmed to college student regarding

preconception health care.

- Nurses should share the information related to preconception health.

NURSING EDUCATION

- As a nurse educator, there are abundant opportunity for nursing professionals to educate the nursing students and health personnel regarding preconception health care

NURSE ADMINISTRATION

- The nursing administration can take part in developing protocol, procedure and standing orders related to preconception health.
- The nurse should maintain good rapport with the college student and act as referralagents.

NURSING RESEARCH

- There are only few studies done in India about preconception health. This study can use for further research.
- Nurse researcher should conduct research on ways to improve the knowledge about the preconception health.
- Nurse researcher should conduct workshop seminar and should publish research findings in journals and newspapers to communicate the findings.

LIMITATIONS

- The study is limited to 60 sample.
- The study is limited for only girls.
- The researcher limited the research to degree students.

RECOMMENDATIONS

- A similar study can be replicated on a large sample to generalized the findings.
- A similar study can be conducted in different setting with the control group.
- An experimental study can be undertaken with a control group for effective comparison of the result.
- A similar study can be conducted to assess the level of knowledge and attitude regarding preconception health care.
- A study can be carried out to evaluate the effectiveness of structure knowledge programmed, pamphlets, leaflets, and video assisted teaching regarding preconception health care among Degree college.

CHAPTER-8 SUMMARY

This chapter deals with the statement of the problem, objective of the study, hypothesis to meet the objectives, limitation of the study and conceptual framework which provides a frame of reference. The statement of the problem selected for the study and its objectives are as follows

Statement of the problem:

"A study to assess the effectiveness of interventional package regarding preconception health care among girl students of selected Degree College at Harohalli."

Objectives:

- To assess the pre intervention knowledge score regarding preconception health care among girl students of selected degree colleges at Harohalli.
- To evaluate the effectiveness of interventional package regarding preconception health care among girl students of selected degree college at Harohalli.
- To find an association between the pre intervention knowledge score of degree college student at Harohalli and their selected socio-demographical variables.

Hypothesis:

H0 – There will be no significant difference between pre intervention and post intervention score of degree students regarding pre conception health care.
H1 - There will be a significant increase in the mean post intervention score regarding pre conception health care among girl students of degree college at Harohalli.
H2 – There will be a significant association between pre intervention score regarding pre conception health care with their socio-demographic variables.

Review of literature:

The review of literature helped the investigator to collect the appropriate and relevant information to support the research methodology, development of tool and analysis of the data.

Research method:

The approach adopted for the study is descriptive approach, the sample of the research is of that 60 student at degree college at Harohalli. Non probability convenient sampling technique was use to draw the sample for the study.

TOOL:

The tool developed and used for the data collection was structured knowledge questionnaire.

The structure knowledge questionnaire consisted of two (2) section:

Section A: It consists of 09 items related to socio- demographic variables likes age, gender, income, religion, residence, nationality, marital status, previous education regarding preconception health care and course of studying.

Section B: Structured knowledge questionnaire consisted of 40 items on knowledge of degree college student regarding Preconception health care. Each item of the questionnaire has one correct answer. Each correct answer was given a score of 'one' and for wrong answer a score of 'zero'.

Major findings of the study:

The major findings of the study were as follows:

Findings related to demographic characteristics of the subject

- Majority 56(93.3%) respondents belongs to 18-20 age group.
- Majority 57(95.0%) respondents are unmarried.
- Majority 37(61.7%) respondents are from 1st semester .
- Majority 42(70%) respondents are studying B.com.
- Majority 39(65%) respondents had previous education history on preconception health care.
- Majority 44(73.3%) respondents had less than 20000/ month income.
- Majority 56(93.3%) respondent are Hindu religion.
- Majority 55(91.7%) respondent are from rural residence.

Findings related to pre and post-test mean percentage knowledge score of degree college student at Harohalli.

- The mean post-test knowledge percentage was found to be higher 85.0% than the mean pre-test 43.1%. with enhancement of 41.9%.
- Finding related to association between demographic variables and post-test mean percentage knowledge score
- The socio demographic variables in the presence study such as age 4.13*, marital status

7.37* educational level 2.66*, BA courses study 0.14*, previous education on 4.78*, income per month 6.88*, religion 0.05* and residence 0.26*.

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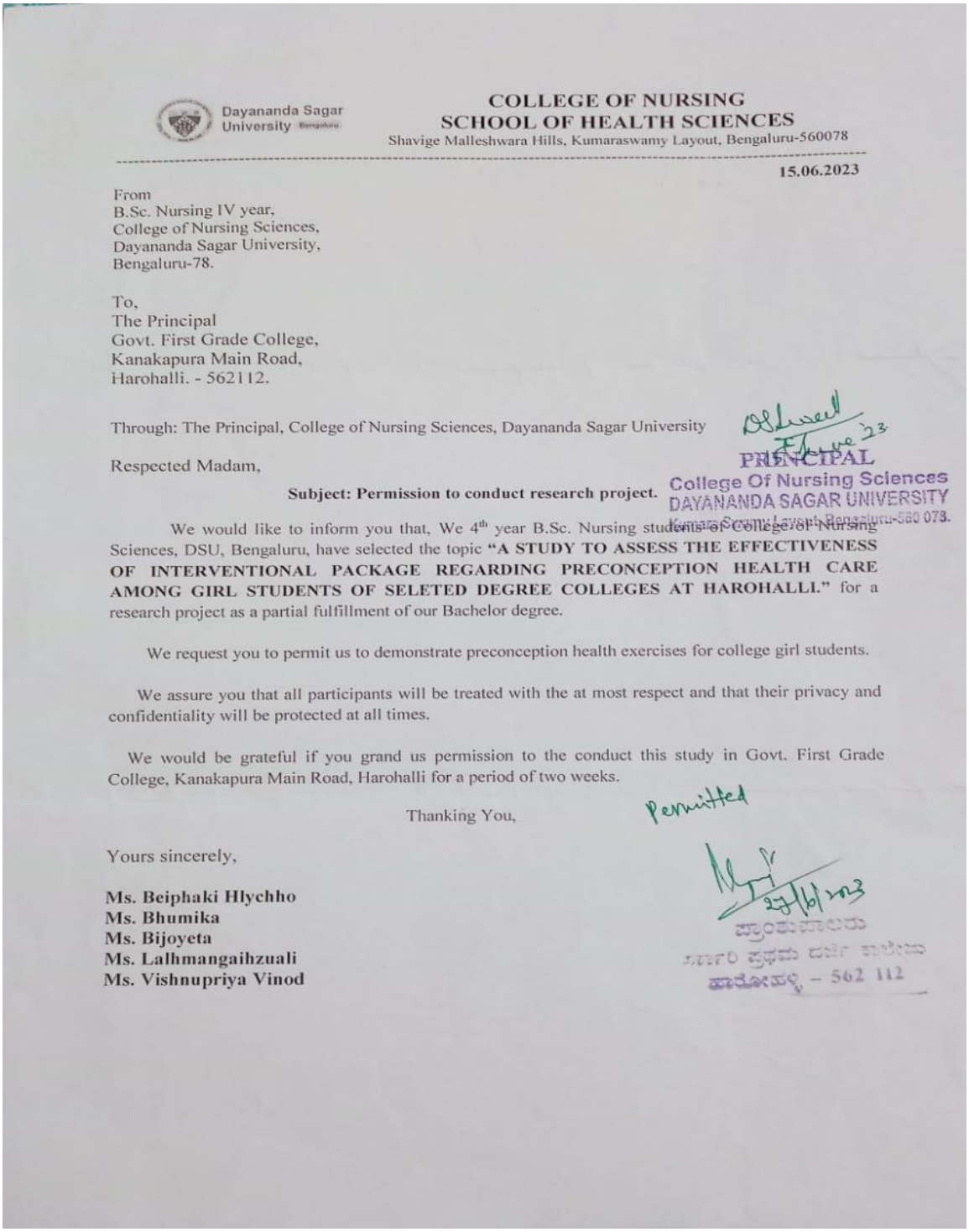
CHAPTER-10

ANNUXURE-1



Dayananda Sagar University

COLLEGE OF NURSING
SCHOOL OF HEALTH SCIENCES
Shavige Malleshwara Hills, Kumaraswamy Layout, Bengaluru-560078

15.06.2023

From
B.Sc. Nursing IV year,
College of Nursing Sciences,
Dayananda Sagar University,
Bengaluru-78.

To,
The Principal
Govt. First Grade College,
Kanakapura Main Road,
Harohalli. - 562112.

Through: The Principal, College of Nursing Sciences, Dayananda Sagar University

PRINCIPAL
College Of Nursing Sciences
DAYANANDA SAGAR UNIVERSITY
Kumaraswamy Layout, Bengaluru-560 078.

Respected Madam,

Subject: Permission to conduct research project.

We would like to inform you that, We 4th year B.Sc. Nursing students of College of Nursing Sciences, DSU, Bengaluru, have selected the topic **"A STUDY TO ASSESS THE EFFECTIVENESS OF INTERVENTIONAL PACKAGE REGARDING PRECONCEPTION HEALTH CARE AMONG GIRL STUDENTS OF SELETED DEGREE COLLEGES AT HAROHALLI."** for a research project as a partial fulfillment of our Bachelor degree.

We request you to permit us to demonstrate preconception health exercises for college girl students.

We assure you that all participants will be treated with the at most respect and that their privacy and confidentiality will be protected at all times.

We would be grateful if you grand us permission to the conduct this study in Govt. First Grade College, Kanakapura Main Road, Harohalli for a period of two weeks.

Thanking You,

Permitted

Yours sincerely,

Ms. Beiphaki Hlychho
Ms. Bhumika
Ms. Bijoyeta
Ms. Lalhmangaihzuali
Ms. Vishnupriya Vinod

ANNEXURE-2

LETTER SEEKING EXPERT OPINION IN VALIDATING TOOLS AND CONTENT

From

Ms. Beiphaki Hlychho Ms. Bhumika

Ms. Bijoyeta Roy

Ms. Lalhmangaihzuali Ms. Vishnupriya Vinod 4th year B. Sc nursing

College of Nursing Sciences Dayananda Sagar University Bangalore

To

_____

_____

_____

Forward through the Principal

Respected Madam/Sir,

We, Ms. Beiphaki Hlychho, Ms. Bhumika, Ms. Bijoyeta Roy, Ms. Lalhmangaihzuali, Ms. Vishnupriya Vinod, 4th year B. Sc nursing student, have undertaken a research project in partial fulfillment for degree of B. Sc Nursing Programmed.

The research topic and objective of the study are as follows.

"A study to assess the effectiveness of interventional package regarding pre- conception health care among girl students at selected Degree College at Harohalli."

OBJECTIVES:

❖ To assess the pre-intervention knowledge score regarding pre-conception health care among selected degree college student at Harohalli.
❖ To evaluate the effectiveness of interventional package regarding pre-conception health care among degree college student at Harohalli.
❖ To find an association between the pre intervention score of degree college student at Harohalli and their selected socio-demographic variables.

We request you to kindly give your valuable suggestions and expert comment on the content of the tool. We also request you kindly put your signature on the certificate of validation stating you have validated the tool. Please suggest modifications wherever applicable.

Place: Bangalore Your faithfully

Date: Ms. Beiphaki Hlychho

Ms. Bhumika Ms. Bijoyeta Roy

Ms. Lalhmangaihzuali

Ms. Vishnupriya Vinod

Signature of the Principal (Dr. D Santham Sweet Rose Professor & Principal, CONS, DSU

Bangalore)

ENCLOSURE:

1. Tools

a) Demographic data(art-1)

b) Structured knowledge questionnaire (Part-2)

ANNEXURE-3

TOOLS FOR DATA COLLECTION

Tool consists of two parts

SECTION A: Socio demographic

SECTION B: Structure knowledge questionnaire to assess the effectiveness of interventional package regarding preconception health care among selected Degree College at Harohalli.

SECTION A -DEMOGRAPHIC DATA

1. AGE

a) 18-20

b) 21-23

c) 24-26

d) 27-30

2. GENDER

a) Male

b) Female

c) Other

3. INCOME

a) 10000

b) 20000-40000

c) 50000-1000000

d) >100000

4. RELIGION

a) Hindu

b) Muslim

c) Christian

d) Others

5.RESIDENCE

a) Rural

b) Urban

6.NATIONALITY

a) Indian

b) Others

7.MARITAL STATUS

a) Married

b) Unmarried

8.EDUCATION

a) 1st Semester

b) 2nd Semester

c) 3rdSemester

d) 4th Semester

9.PREVIOUS EDUCATION REGARDING PRECONCEPTION HEALTH CARE.

a) Yes

b) No

10. COURSE

a) B.A

b) B.COM

c) B. Sc

d) Other

SECTION –B---------- QUESTIONNAIRE

1) PRECONCEPTION HEALTH:

1.What is pre conception health care?

a) Medical care provided during pregnancy

b) Care taken after conception

c) Lifestyle and medical intervention before pregnancy

d) Care provided during childbirth

2.Which of the following is a component of pre conception health care?

a) Exercise regimen during pregnancy

b) Genetic counseling

c) Vaccinations for the baby

d) Breastfeeding technique

3.Why is pre-conception health care important for mental health?

a) Improve mental health

b) Prevent nutritional deficiency

c) Prevent infection

d) Prevent toxin exposure

4.Mental health issue related to pre-conception health care?

a) Mental retardation

b) Depression

c) Autism

d) Schizophrenia

5.Which of the following lifestyle choices can negatively impact preconception health?

a) Consistent exposure to environmental toxin

b) Adequate dental check-ups

c) Adequate intake of omega-3 fatty acids

d) Participation in stress management activities

6.Which of the following factor can impact preconception health?

a) Nutrition

b) Irregular menstrual cycle

c) Personal hygiene

d) Lack of exercise

7.Benefits of preconception health in mental health?

a) Stress management

b) To maintain weight

c) To avoid chemical exposure

d) To avoid radiation

8.What are some lifestyle factors that can affect preconception health?

a) Smoking and alcohol consumption

b) Regular physical exercise

c) Adequate sleep and rest

d) A balance and nutritious diet

9.To whom do you approach for pre conception counselling?

a) Obstetrician

b) Paediatrician

c) Family physician

d) All of the above

10. Important steps in preconception health care for individual with HIV?

a) Avoiding all forms of contraception

b) Starting antiretroviral therapy

c) Limiting physical activity

d) Regular testing

II)SEXUAL HEALTH:

1.What is menstruation?

a) The release of egg from ovary

b) The shielding of the uterine lining

c) The fertilization of an egg by sperm

d) The implantation of fertilise egg in the uterus

2.What kind of change we see during puberty among females?

a) Hair in body

b) Mood swing

c) Difficulty in problem solving

d) Change in voice pitch

3.At what age women start period?

a) 7-9 years

b) 10-18 years

c) 19-20 years

d) 21-23 years

4.How often do women have periods?

a) Once a month

b) Once every 2 months

c) Once a year

d) Once every 5 years

5.What is prostitution?

a) A form of artistic expression

b) A type of education

c) Exchange of sexual services for money or goods

d) A legal profession in some country

6.What is masturbating?

a) A method of birth control

b) A sexual activity involving two or more people

c) Self-stimulation of one's genitals for sexual pleasure

d) A type of physical exercise

7.How can you help protect yourself from risk of getting HIV?

a) Using condoms

b) Sharing needles

c) Getting vaccinated

d) Avoiding HIV testing

8.Select the correct option below can prevent mother-to-child transmission of HIV?

a) Eating healthy diet

b) Taking folic acid supplement

c) Receiving HIV treatment before or during pregnancy

d) Engaging in regular physical activity

9.What is infertility in women?

a) The inability to get pregnant

b) The inability to carry a pregnancy to term

c) The inability to have sex

d) None of the above

10. What are some causes of infertility in women?

a) Vasectomy

b) Erectile dysfunction

c) Endometriosis

d) Polycystic ovary syndrome (PCOS)

III)NUTRITION:

1.What is the recommended daily intake of folic acid for women of reproductive age?

a) 100microgram

b) 400microgram

c) 500microgram

d) 1000microgram

2.Daily intake of iron for women of reproductive age?

a) 10milligram

b) 18milligram

c) 13milligram

d) 30milligram

3.Role of iron in preconception health care?

a) To prevent anaemia

b) To promote healthy diet

c) To promote healthy ovulation

d) To prevent infection

4.Role of folic acid in preconception health?

a) Helps in releasing ovum

b) It helps in fertilization

c) Prevent anaemia

d) Prevent neural tube defect

5.Which of the following food is good source of omega 3 fatty acids?

a) Beef

b) Apples

c) Salmon

d) White bread

6.Which food should be avoided or limited during preconception due to the risk of foodborne disease?

a) Soft cheeses

b) Fruits and vegetables

c) Lean meats

d) Whole grains

7.Maintains a healthy weight before conception is important for women?

a) True

b) False

8.Which of the following is recommended dietary guideline for preconception care?

a) Limit alcohol consumption

b) Consume high amount of processed foods

c) Avoids fruits and vegetables

d) Increase caffeine intake

9.How can a women's preconception diet influence the health of her future child?

a) It has no effect on the child's health

b) It causes birth defects

c) It effected the child hair colour

d) It determined child gender

10. Which vitamin is crucial for the absorption of iron in the body?

a) Vitamin D

b) Vitamin E

c) Vitamin K

d) Vitamin C

IV)EXERCISES:

1.Why exercise is important?

a) Prevent diseases

b) Decrease energy

c) No impact on overall well being

d) Improve cardiovascular health

2.What exercise come under preconception health?

a) Kegel exercise

b) Barre exercise

c) Hip hinges exercises

d) All of the above

3.What is Kegel exercise?

a) Exercise that workout your abs

b) Exercise that workout your pelvic floor muscle

c) Exercise that workout your biceps

d) None of the above

4.Who can benefit from doing Kegel exercises?

a) Men

b) Women

c) Both

d) None

5.What is primary benefits from doing Kegel exercises?

a) To improve posture

b) Reduce stress

c) Increase flexibility

d) Improve bladder control

6.What is Barre exercises?

a) Type of cardio workout

b) A form of yoga

c) A ballet-inspired fitness class

d) A weight lifting exercise

7.Benefits of Barre exercises?

a) To improve balance and flexibility

b) To increase muscle strength

c) Improve posture

d) All of the above

8.What is Hip-hinges exercises?

a) A stretching technique for hip joints

b) A squat

c) A type of aerobic exercise

d) A form of dance movement for hip mobility

9.Benefits of Hip-Hinges?

a) To improve posture and core strength

b) Increase flexibility and mobility

c) To increase massage strength

d) Both A &C

10. How often should you engage in moderate intensity physical activity during pre- conception?

a) Once a week

b) Three times a week

c) Five times a week

d) everyday

ANNEXURE-4 ANSWER KEY

QUESTION NUMBER	ANSWER KEY	SCORE	QUESTION NUMBER	ANSWER KEY	SCORE
	Preconception health			**Nutrition**	
1	c	1	1	b	1
2	b	1	2	b	1
3	a	1	3	a	1
4	b	1	4	d	1
5	a	1	5	c	1
6	d	1	6	a	1
7	a	1	7	a	1
8	a	1	8	b	1
9	d	1	9	b	1
10	b	1	10	d	1
	Sexual health			**Exercise**	
1	b	1	1	d	1
2	a	1	2	d	1
3	b	1	3	b	1
4	a	1	4	b	1
5	c	1	5	d	1
6	c	1	6	c	1
7	a	1	7	d	1
8	c	1	8	a	1
9	a	1	9	d	1
10	d	1	10	a	1

DAYANADA SAGAR UNIVERSITY

COLLEGE OF NURSING SCIENCES

RESEARCH
ON
"PRECONCEPTION HEALTH CARE

GUIDED BY:

M/s. ASHWINI A

LECTURER

"COMMUNITY DEPARTMANT"

COLLEGE OF NURSING SCIENCES, DSU

DONE BY: BIJOYETA ROY

BEIPHAKI HLYCHHO BHUMIKA LALHMANGAIHZUALI VISHNUPRIYA VINOD

INTERVENTIONAL PACKAGE ON PRECONCEPTION HEALTH CARE

Name of the student investigator -Ms. Lalhmangaihzuali, Ms. Bijoyeta, Ms. Bhumika

Ms. Vishnupriya Vinod¸ Ms. Beiphaki Hlychho

Topic - Interventional package

Group - Degree student

Size of group -60

Method of teaching -Video assisted teaching programmed

Teaching aids -Audio visual image

Duration -45 minutes

Place -Harohalli

GENERAL OBJECTIVES:

At the end of the video assisted programmed the participants will gain knowledge regarding preconception health care

SPECIFIC OBJECTIVES:

Student nurses will be able to

- Define preconception health care
- Describe the aims of preconception health care
- List the risk factors of preconception health care
- Enlist the components of preconception health care
- Describe Nutrition supplement
- Discuss importance of General health and sexual health
- Enlist the important types of exercise
- Demonstrate different types of exercise

Time	Specific objectives	CONTENT	Teacher activity	Learner activity	AV aids	Evaluation
2		**Introduction** Preconception care can make a positive difference to health and the health of the child. It is now popular to seek information and health care prior to trying to conceive a baby. This seeking of information can help prepare physically and emotionally for pregnancy and parenthood.	Investigator Introduce the topic	Listens	Video and chart	

Time	Specific objectives	CONTENT	Teacher activity	Learner activity	AV aids	Evaluation
2	Define preconception health care	**DEFINITION** Pre conception health care is an intervention starting from adolescent until near conception.	Investigator introduce the topic	Listen		What is preconception health?

Time	Specific objectives	CONTENT	Teacher activity	Learner activity	AV aids	Evaluation
3	Describe the aims of preconception health care	**AIMS** • The aim of preconception care is to prepare the body for pregnancies, birth and beyond. • To ensure optional health and nutritional condition not only improves the chance of conception but reduce the possibilities of prenatal death and many congenital anomalies. • To benefit women being treated for a condition such as sickle cell anemia, hypertension, heart disease diabetes that may cause a high-risk pregnancy.	Investigator describe the aims	Listen	Video and chart	What is aim of preconception health care?

Time	Specific objectives	CONTENT	Teacher activity	Learner activity	AV aids	Evaluation
2	List the risk factors of preconception health care	**RISK FACTORS** 1. Maternal pre pregnancy weight: • Overweight. • Underweigh t. 2. Substance use: • Smoking. • Alcohol. 3. Harmful environmental exposure: • Air pollution. • Exposure to toxins.	Investigator list the risk of preconception health care	Observe and listen carefully	 	What is the risk factor of preconcept health care?

Time	Specific objectives	CONTENT	Teacher activity	Learner activity	AV aids	Evaluation

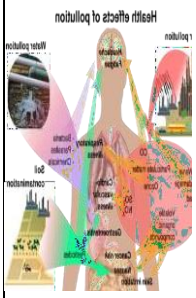
		COMPONENTS GENERAL AND SEXUAL HEALTH NUTRITION EXERCISE				

Time	Specific objectives	CONTENT	Teacher activity	Learner activity	AV aids	Evaluation
10	Describe Nutrition supplement	**NUTRITION: Supplement that may be recommended include:** IRON FOLIC ACID ZINC CALCIUM OMEGA3 FATTY ACID MULTIVITAMIN	Investigator describe nutrition supplement	Observe and listen carefully	 	What is nutrition supplement ?

Time	Specific Objectives	Learner activity	CONTENT	Teacher activity	AV aids	Evaluation
			❖Iron is a mineral that's necessary for life. ❖Iron plays a key role in the making of red blood cell which carry oxygen. **Recommendation**-18 milligram for women. **BENEFITS**: • Hemoglobin formation. • Brain function. • Treats anemia. • Restless leg syndrome. • Muscle function. • Regulation of Body temperature. • Boosts immunity.			

Time	Specific objectives	CONTENT	Teacher activity	Learner activity	AV aids	Evaluation
		FOLIC ACID SUPPLEMENT **"Folic acid"** is a type of vitamin B that is normally found in food such as dried beans, orange, whole grain product, broccoli, Sprout and spinach. ❖Recommendat ion- 400 micrograms for synthetic folic acid everyday ❖**BENEFITS**: • Helps prevent birth defects. • Promotes heart health. • Natural depression remedy. • Decrease risk of colon cancer. • May lower homocysteine levels.				

Time	Specific objectives	CONTENT	Teacher activity	Learners' activity	AV aids	Evaluation
		OMEGA 3 FATTY Building up omega 3 fatty acid stores during the preconception period may be helpful for optimizing fertility improving pregnancy, improving long term health outcomes by reducing chronic disease risk. The most well-known sources are fish oil and fatty fish such as salmon, trout and tuna fish. **Recommendation**: 500-1000 milligram per day. **BENEFITS**: • Improve mental health. • Lower high blood pressure. • Fights inflammati on. • Improve muscle activity.				

Time	Specific objectives	CONTENT	Teacher activity	Learner activity	AV aids	Evaluation
5	Discuss importance of General health.	**GENERAL HEALTH** **DEFINITION:** Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. **ENVIRONMENTA L HEALTH**: It is important aspect of pre-conception health care as environmental factors can significantly impact the health. • Exposure to harmful chemicals. • Air pollution. • Lead Exposure. • Radiation exposure. • Food and water safety. • Lifestyle factors.	Investigator Discuss importance of general health	Observe and listen carefully		What is general health?

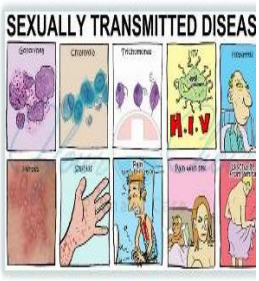
Time	Specific objectives	CONTENT	Teacher activity	Learner activity	AV aids	Evaluation
		MENTAL HEALTH **DEFINITION**: A state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community . **Common mental health issues**: Depression. Panic disorder. Anxiety.				

Time	Specific objectives	CONTENT	Teacher activity	Learner activity	AV aids	Evaluation
		Effect of mental illness: • Increase risk of preterm baby. • Low birth weight • Intrauterine growth restrictions. **Management:** • Address existing mental health condition. • Build strong support system. • Practice self-care. • Manage stress.				

Time	Specific objectives	CONTENT	Teacher activity	Learner activity	AV aids	Evaluation
5	Discuss importance of sexual health	**SEXUAL HEALTH DEFINITION**: The ability of women and men to enjoy and express their sexuality and to do so free from risk of sexually transmitted diseases, unwanted pregnancy, coercion, violence and discrimination. **FACTOR AFFECTION SEXUAL HEALTH** Biological factors: Congenital abnormalities. Sickness and injuries. Environmental factors: Change in lifestyle. .	Investigator discuss the importance of sexual health	Observe and listen carefully	 	What is sexual health?

Time	Specific objectives	CONTENT	Teacher activity	Learner activity	AV aids	Evaluation
		FACTORS AFFECTING SEXUAL HEALTH ❖**Biological factors:** • Congenital abnormalities. • Sickness and injuries. ❖**Environmental factors:** • Change in lifestyle. • Lack of proper place and privacy. ❖ **Hormones and genetic factors:** • Can affect sperm quality. • Production of ovulation (failure to ovulate, irregular cycle).				

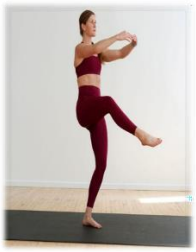
Time	Specific objectives	CONTENT	Teacher activity	Learner activity	AV aids	Evaluation
		INFERTILITY: ❖**INFERTILITY:** Infertility is defined as a failure to conceive within one or more years of regular unprotecte d coitus. ❖Causes: • Ovulation. • Uterine fibroids. • Hormone imbalance. ❖Sign and symptoms: • Irregular menstruati on period. • Hormonal imbalance d • Heavy and painful. ❖Prevention : • Say no to smoking and alcohol. • Reduce stress level. • Maintain healthy diet.			 	

Time	Specific objectives	CONTENT	Teacher activity	Learner activity	AV aids	Evaluation
		SEXUALLY TRANSMITTED INFECTIONS: ❖**STI(Sexually transmitted infections):** **"STI"** are infections transmitted from infected person to an uninfected person through sexual contact . It can be caused by bacteria, virus or parasites. ❖**Causes:** • Inconsistent condom use. • Increase number of partners. • Bacteria, virus and parasites.				

Time	Specific objectives	CONTENT	Teacher activity	Learner activity	AV aids	Evaluation
		❖**HIV / AIDS:** It is a virus that attacks the body's immune system. ❖**Causes:** • Sharing needles. • Blood transfusion. • Prostitution. ❖**Sign and symptoms:** • Fever or chills. • Fatigue and headache. • Skin rashes. ❖**Prevention:** • Using condom. • Get tested for HIV. • Safe sex.				

Time	Specific objectives	CONTENT	Teacher activity	Learner activity	AV aids	Evaluation
		HIP HINGE EXERCISE: It is the movement when the body bends downward and in half. It helps to strengthen cote muscles and improve balance. **VOLUME:** Complete 3 to 4 sets of 8 to 10 repetition, resting for 2-3 minutes between sets. **BENEFITS:** • Hip hinge will support. • Posture improvem ent.				

Time	Specific objectives	CONTENT	Teacher activity	Learner activity	AV aids	Evaluation
		KEGEL EXERCISE: Kegel exercise is performed by a woman to strengthen the pelvic floor muscles involving repetitions of both sustained and rapid voluntary contractions of the muscle and used especially to treat improve sexual function. **VOLUME:** For 3 seconds and relaxing for 3 seconds try to repeat 10 times. **BENEFITS:** • Strengthen pelvic floor muscles				

Time	Specific objectives	CONTENT	Teacher activity	Learner activity	AV aids	Evaluation
		BARRE EXERCISE: Barre is a low impact workout that focus on the entire body to help tone muscle and improve posture. **VOLUME:** 10-30 sets per week. **BENEFITS:** an lead to easier labor, shorter delivery.				

MASTER SHEET

No.	AGE	GEN	IN	REL	RES	NAT	MS	EDN	9	10	KB-G	KA-G
1	1	2	1	1	1	1	2	1	2	2	1	2
2	1	2	1	1	1	1	2	2	1	1	1	3
3	1	2	1	1	1	1	2	2	1	2	1	3
4	1	2	1	1	1	1	1	1	1	2	1	3
5	1	2	3	1	1	1	2	2	1	2	1	2
6	1	2	1	1	1	1	2	2	1	1	2	3
7	1	2	1	1	1	1	2	1	2	2	2	3
8	1	2	1	1	1	1	2	1	1	2	1	3
9	1	2	1	1	1	1	2	1	1	2	1	2
10	1	2	3	1	1	1	2	2	1	2	1	2
11	1	2	1	3	2	1	2	1	2	2	1	3
12	1	2	1	1	2	1	2	2	1	2	1	3
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18	1	2	1	1	1	1	2	1	1	2	1	2
19	1	2	2	1	1	1	2	1	1	2	1	3
20	1	2	2	1	1	1	2	1	2	2	2	3
21	1	2	3	1	1	1	2	1	1	2	1	3
22	1	2	1	1	1	1	2	1	1	2	1	3
23	2	2	1	1	1	1	2	1	2	2	2	3
24	1	2	3	1	1	1	2	1	1	2	1	3

25	1	2	1	1	1	1	2	1	2	2	1	3
26	1	2	1	1	1	1	2	1	2	2	2	3
27	1	2	1	1	1	1	2	2	1	1	1	2
28	1	2	1	1	1	1	2	2	1	1	1	3
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42	1	2	2	1	1	1	1	3	2	1	2	3
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59	1	2	1	1	1	1	2	3	2	2	1	2
60	1	2	1	1	1	1	2	1	2	2	2	3
No.	**AGE**	**GEN**	**IN**	**REL**	**RES**	**NAT**	**MS**	**EDN**	**9**	**10**	**KB-G**	**KA-G**
TOT	60	60	60	60	60	60	60	60	60	60	60	60
C-1	56	0	44	56	55	60	3	37	39	18	42	0
2	4	60	7	0	5	0	57	18	21	42	18	20
3	0	0	9	4	0	0	0	5	0	0	0	40
4	0	0	0	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0	0	0	0

PRE-TEST

No.	B.I.1	2	3	4	5	6	7	8	9	10	B.II.1	2	3	4	5	6	7	8	9	10	B.III.1	2	3	4	5	6	7	8	9	10	B.IV.1	2	3	4	5	6	7	8	9	10
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2	0	1	0	0	1	1	0	0	1	0	1	1	0	1	1	0	0	1	0	1	0	0	1	1	0	0	1	0	0	0	1	1	1	0	0	0	0	0	0	1
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57	1	0	0	1	1	0	1	0	0	1	0	0	1	0	1	0	1	0	1	0	0	0	1	0	0	1	0	0	0	1	0	0	0	0	0	0	1	0	0	0
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No.	B.I.1	2	3	4	5	6	7	8	9	10	B.II.1	2	3	4	5	6	7	8	9	10	B.III.1	2	3	4	5	6	7	8	9	10	B.IV.1	2	3	4	5	6	7	8	9	10

POST-TEST

No.	A.I.1	2	3	4	5	6	7	8	9	10	A.II.1	2	3	4	5	6	7	8	9	10	A.III.1	2	3	4	5	6	7	8	9	10	A.IV.1	2	3	4	5	6	7	8	9	10	No.
1	1	1	1	1	0	1	1	0	1	0	1	0	1	1	1	1	0	1	1	0	1	1	1	0	1	1	0	1	1	0	1	0	1	1	1	1	1	1	1	0	1
2	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	0	1	1	1	1	1	2
3	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	0	1	1	1	1	0	1	1	1	1	1	1	1	3
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No.	A.I.1	2	3	4	5	6	7	8	9	10	A.II.1	2	3	4	5	6	7	8	9	10	A.III.1	2	3	4	5	6	7	8	9	10	A.IV.1	2	3	4	5	6	7	8	9	10	No.

ANNEXURE PHOTOGRAPH