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"A STUDY TO ASSESS THE EFFECT OF PLANNED TEACHING PROGRAM ON KNOWLEDGE REGARDING CONGENITAL ANOMALIES AMONG ELIGIBLE COUPLES AT SELECTED URBAN AREAS OF AHMEDABAD CITY."

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ABSTRACT

STATEMENT: "A study to assess the effect of planed teaching program on knowledge regarding congenital anomalies among eligible couples at selected urban areas of Ahmedabad city."

Congenital anomalies can be defined as structural or functional anomalies that occur during intrauterine life. Also called birth defects, congenital disorders, or congenital malformations, these conditions develop prenatally and may be identified before or at birth, or later in life.

OBJECTIVE:

1.To assess the pre-test knowledge score regarding congenital anomalies among eligible couples at selected areas of Ahmedabad city.

2.To assess the post-test knowledge score regarding congenital anomalies among eligible couples at selected areas of Ahmedabad city.

3.To evaluate the effectiveness of planned teaching program regarding congenital anomalies in terms of knowledge among eligible couples in selected areas of Ahmedabad city.

4.To find out the association between selected demographic variable and pre-test knowledge score among eligible couples in selected areas of Ahmedabad city.

HYPOTHESIS

H_0- There will be no significant change in pre-test and post-test knowledge score regarding congenital anomalies among eligible couples residing in selected urban areas of Ahmedabad city.

H_1- The mean post-test knowledge score of eligible couples residing in selected urban areas regarding

congenital anomalies will be significantly higher than their mean pre- test knowledge scores determined by structured knowledge questionnaire at 0.05 levelof significance.

H_2- There will be significant association between pre-test knowledge score of the eligible couples regarding congenital anomalies with selected demographic variables.

RESEARCH METHODOLOGY:

RESEARCH APPROACH: A quantitative research approach.

RESEARCH DESIGN: Pre-Experimental One Group Pre-test Post-test ResearchDesign.

RESEARCH SETTING: Selected urban areas of Ahmedabad city.

POPULATION:

Target Population: Eligible couples.

Accessible Population: Accessible population is the practical representation of the target population. It is the aggregate of cases that conform to designated criteria and are also accessible as subjects for the study.

VARIABLES:

Independent variable:

Independent Variable is the variables that are purposely manipulated orchanged by the researcher.

In this study, the independent variable is planned teaching program oncongenital anomalies.

Dependent variable:

Dependent variable is the variable that changes as the independent variable ismanipulated by the researcher.

In this study, the dependent variable is knowledge regarding congenitalanomalies among eligible couples.

Demographic variables:

These are the characteristics and attributes of the study subjects which the researcher even tries to establish relation with the research variable sometime.

In this study, Demographic variable includes age, gender, H/O substance use, highest qualification, source of information, H/O congenital anomalies.

SAMPLE TECHIQUE: Non Probability convenient.

SAMPLE SIZE: 40

METHOD OF DATA COLLECTION: Questioning (Self-report)

TOOL: Structured knowledge questionnaire (multiple choice question).

DATA COLLECTION AND INTERPRETETATION: Descriptive and InferentialStatistics.

MOJOR FINDINGS:

As regards to Age, maximum 20 (50.0%) samples belong to the age group of 18-24 years and minimum 1 (2.5%) sample was in 39-45 years. As regards to Gender, maximum 28(70.0%) samples were female and minimum 12(30.0%) samples were male. As regards to History of substance use, maximum 31(77.5%) samples were not having any history of substance use were as minimum 9(22.5%) samples were having history of substance use. As regards to Qualification, maximum 20(50.0%) samples were having primary qualification, 10(25.0%) samples were equally having secondary and higher secondary qualification. As regards to Sources of Information, maximum 29(72.5%) samples were not having any previous information regarding congenital anomalies whereas minimum 2(5.0%) samples were already having knowledge about

congenital anomalies through In-services education. As regards to History of congenital anomalies maximum 37(92.5%) samples were not having history of congenital anomalies whereas minimum 3(7.5%) samples were already having historyof congenital anomalies in their family.