

Effectiveness of Planned Teaching Programme on Knowledge Regarding Prevention of Unsafe Abortion among ANM Students

M. S. Shalini¹, Prof. Dr. Madhusoodan², Mr. Parashram³, Ishwar Das Vairagi⁴

PhD Scholar, Shri Jagdishprasad Jhabarmal Tibrewala University, Jhujhnu, Rajasthan, India¹

Principal, MLB Government Paramedical Training College, Jhansi, UP, India²

Associate Professor, SRMS College of Nursing, Bareilly UP, India³

Tutor, MLB Government Paramedical Training College, Jhansi, UP, India⁴

Abstract: WHO defines unsafe abortion as a procedure for terminating an unwanted pregnancy done by persons who may lack the necessary skills or conducted in an environment that lacks the minimal medical standards or both. Unsafe abortions maybe performed by the woman herself, by non-medical persons or by health workers in unhygienic conditions. Abortion has been commonly practiced for a long time throughout most of the world, either in legal or illegal conditions, but it is a subject that arouses passion and controversy, because abortion raises two important issues, namely sex and life, sometime mixed with religion and ethics.

Materials and Methods: A quasi experimental one group pre-test and post-test design was used to evaluate the effectiveness of PTP on knowledge regarding unsafe abortion among ANM students. The study conducted on 50 samples. Data was collected using self-administered knowledge questionnaire.

Results: In the pre-test majority of subjects 35(70%) had average knowledge, 11 (22%) had good knowledge and 04 (08%) had poor knowledge, where as in post-test all the ANM students 50(100%) of them had good knowledge. The calculated value of paired 't' value($t_{cal}=8.32$) is greater than the tabulated value ($t_{tab}=2.0096$). This indicates that the gain in knowledge score is statistically significant at $p < 0.05$ levels. Therefore, the planned teaching programme on prevention of unsafe abortion is effective among the subjects in terms of gain in knowledge scores.

Conclusion: After the detailed analysis of the study findings showed that pre-test finding showed that, most of the ANM students had poor knowledge regarding unsafe abortion but after the administration of planned teaching programme there is a huge increase in the knowledge of ANM students. Regarding the association of demographic variables, they didn't show any type of association with their pre-test knowledge score.

Keywords: Unsafe abortions

I. INTRODUCTION

Abortion is removal or expulsion of an embryo or foetus from the uterus resulting in or caused by its death. This can occur spontaneously or accidentally as with a miscarriage or artificially induced by medical, surgical or other means¹.

WHO defines unsafe abortion as a procedure for terminating an unwanted pregnancy done by persons who may lack the necessary skills or conducted in an environment that lacks the minimal medical standards or both. Unsafe abortions may be performed by the woman herself, by non-medical persons or by health workers in unhygienic conditions.²

Abortion has been commonly practiced for a long time throughout most of the world, either in legal or illegal conditions, but it is a subject that arouses passion and controversy, because abortion raises two important issues, namely sex and life, sometime mixed with religion and ethics. Over the past few years, we have observed changes in laws, and personal and professional attitudes towards abortion. Social needs modify the attitudes of the authorities and individuals³.

Unsafe abortion is a major health risk for causing injury and death among women worldwide. Although data are imprecise, it is estimated that approximately 20 million unsafe abortions are performed annually, with 97% taking place

in developing countries unsafe abortion is believed to result in approximately 69,000 deaths and millions of injuries annually.⁴

In India around 11 million abortions are carried out every year and nearly 80,000 women die during the process, according to a 2007 report. A majority of abortions are performed by untrained hands and studies suggest that nearly 80,000 women die due to unsafe abortion.⁵

Unsafe abortion is a significant cause of ill-health among women in the developing world. Estimates for 2005 indicate that 8.5 million women annually experience complications from unsafe abortion that require medical attention, and three million do not receive the care they need.⁶

II. OBJECTIVES OF STUDY

1. To assess the knowledge regarding prevention of unsafe abortion among ANM students.
2. To evaluate the effectiveness of planned teaching programme on prevention of unsafe abortion among ANM students.
3. To find the association between pre-test knowledge score with selected socio demographic variables.

III. MATERIALS AND METHODS

The quasi experimental one group pre-test and post-test design was used to evaluate the effectiveness of PTP on knowledge regarding unsafe abortion among ANM students. The study conducted on 50 samples. Data was collected using self-administered knowledge questionnaire. Data was collected with following structured tool –

Section A: Socio-Demographic Data

The first part of the tool consists of seven items for obtaining information of the selected socio demographic factors such as age, religion, type of family, family income, place of residence and source of information.

Section B: Self-Administered Knowledge Questionnaire

Self-administered knowledge questionnaire was prepared in the form of multiple choice questions. It consists of 30 items regarding unsafe abortion. The total maximum score is 30.

For every right answer the score is – 1 For every wrong answer the score is – 0

The knowledge level has been arbitrarily divided in to three categories based on the knowledge score.

Level of knowledge	Percentage
Adequate knowledge	>75 %
Moderately adequate knowledge	50 % -75 %
Inadequate knowledge	< 50 %

The content validity of questionnaire was established by experts. The experts were selected on the basis of their expertise, experience and interest in the problem being studied. They were from different specialties i.e. Nursing, Obstetrics & gynecological Nursing, Education, Research, and Statistics. They were requested to give their opinions on the appropriateness and relevance of the items in the tool. Necessary modifications were made as per the expert's advice. . In this study the reliability coefficient for knowledge questionnaire was found to be $r= 0.891$. Hence the tool was considered to be reliable.

Final study was conducted on 50 samples. The sample for the study comprised of ANM students, who met the designated criteria were selected through Simple random sampling technique. Objectives of study was discussed and obtained consent for participation in study. Base line data was assessed by self-administered knowledge questionnaire. Based on the objective and the hypothesis the data was analysed by using various statistical tests i.e. percentage, mean, paired t test and chi square test.

3.1 Statistical Methods

The data collected from the participants was planned to be analyzed on the basis of the objectives of the study using descriptive and inferential statistics. Data was organized data in a master data sheet.

Data analysis is the systematic organization of research data and the testing of research hypothesis using that data. The plan of data analysis was as follows

- Demographic variables would be analyzed in terms of frequency and percentage.
- The knowledge on unsafe abortion would be analyzed in terms of frequency and percentage.
- Effectiveness of planned teaching programme among ANM students would be analyzed by mean, standard deviation, mean percentage, mean difference and paired —t’ test.
- The association of pre-test knowledge score with demographic variables would be assessed by using chi-square test.

IV. RESULTS

Section I: Distribution of sample characteristics according to demographic variables of ANM students

Table 1: N = 50

S. No	Socio Demographic variable	Frequency	Percentage
1	Age (in Yrs.)		
	18-23yrs	30	60%
	23-28yrs	15	30%
	28yrs& above	05	10%
2.	Religion		
	Hindu	35	70 %
	Muslim	05	10%
	Christian	10	20%
3.	Marrital status		
	Married	10	20%
	Unmarried	35	70%
	Widow	05	10 %
1.	Types of Family		
	Joint Family	30	60 %
	Nuclear Family	15	30 %
	Single parent Family	05	10 %
2.	Place of residence		
	Urban	30	60 %
	Rural	20	40 %
3.	Source of information		
	Press & Media	15	30 %
	Peer Group	05	10 %
	Health professionals	25	50 %
	Others	05	10 %

Findings of section I table 1 shows that, maximum ANM students 30(60%) were in the age group of 18 – 23yrs, whereas 15(30%) in23-28yrs and remaining 5(10%) in 28yrs and above. Most of the ANM students 35(70%) were belongs to Hindu religion, 10 (20%) belongs to Christian and 05 (10%) belongs to Muslim. Maximum of the ANM students 35(70%) were unmarried, 10 (20%) were married and 5 (10%) were widows. Maximum ANM students 30(60%) were belongs to Joint family, whereas 15(30%) were belongs to Nuclear family and remaining 5(10%) were belongs to single parent family. Maximum of the ANM students 30(60%) stay in urban areas and 20(40%) were in rural areas. Most of the ANM students 25(50%) were have the source of information by health professionals whereas 15(30%) from press and media, 5 (10%) from peer group and 5 (10%) from others.

Section II: Analysis and interpretation of knowledge scores of ANM students regarding prevention of unsafe abortion.

Table 2: Mean, Median, Mode, Standard Deviation and Range of knowledge scores of ANM Students regarding prevention of unsafe abortion among ANM students.

Table 2: N = 50

Area of Analysis	Mean	Median	Mode	SD	Range
Pre-test	17.76	17	16.48	4.32	15
Post-test	37.12	37.5	39.58	3.63	14
Difference	19.36	20.5	23.1	0.79	1

Table no 2 reveals that the pre-test mean knowledge scores is 17.76, median is 17, mode is 16.48, standard deviation is 4.32 and range is 15, where as in post-test mean knowledge score is 37.12, median is 37.5, mode is 39.58, standard deviation is 3.63 and range is 14. The overall difference in mean knowledge score is 19.36, median is 20.5, mode is 23.1, standard deviation is 0.79 and range is 1.

Table 3: Frequency and percentage distribution of knowledge scores of ANM students regarding prevention of unsafe abortion.

Table 3: N = 50

Knowledge score	Pre-test		Post-test	
	Frequency	Percentage	Frequency	Percentage
Good (18 and above)	11	22%	50	100%
Average (9- 18)	35	70%	0	0%
Poor (9 and below)	04	08%	0	0%

Table no 3 reveals that majority of subjects 35(70%) had average knowledge, 11 (22%) had good knowledge and 04 (08%) had poor knowledge in the pre-test, where as in post-test all the ANM students 50(100%) of them had good knowledge.

Table: Pre-test, post-test mean percentage of knowledge scores of ANM students regarding prevention of unsafe abortion.

Table4: N = 50

Total score	Pre-test	Post-test	Gain in knowledge
1250	51.25 %	88.25 %	37 %

Table no 4 reveals that the mean percentage of knowledge scores in the pre-test is 51.25% and 88.25% in the post test, hence the total gain in mean percentage of the knowledge scores is 37%.

Section III: Testing hypothesis for evaluation of effectiveness of PTP on knowledge regarding prevention of unsafe abortion among ANM students.

Table 5: Mean difference (\bar{d}), Standard Error of difference (SE \bar{d}) and paired 't' values of knowledge scores of ANM students.

Table 5: N = 50

Mean difference	Standard error of Difference (SEd)	Paired "t" Value	
		Calculated	Tabulated
23.16	3.62	8.32*	2.0096

*Significant at 0.05% level

Table no. 5 reveals that the calculated value of paired 't' value($t_{cal}=8.32$) is greater than the tabulated value ($t_{tab}=2.0096$). This indicates that the gain in knowledge score is statistically significant at $p < 0.05$ levels. Therefore, the planned teaching programme on prevention of unsafe abortion is effective among the subjects in terms of gain in knowledge scores. Hence H1 is accepted.

Section IV: Association between pre-test knowledge scores and selected demographic variables of ANM students.

Table 6: N = 50

S. No	Socio Demographic Variable	Good	Average	Poor	Chi Square		DF
					Calculated	Tabulated	
1	Age (in Yrs.)						
	18-23yrs	7	22	01	2.79	9.488	4
	23-28yrs	3	12	00			
	28yrs& above	1	01	03			
2.	Religion						
	Hindu	5	24	01	3.07	9.488	4
	Muslim	3	01	01			
	Christian	3	10	02			
3.	Marital status						
	Married	2	07	01	3.90	9.488	4
	Unmarried	7	27	01			
	Widow	2	01	02			
4.	Types of Family						
	Joint Family	3	06	01	4.07	9.488	4
	Nuclear Family	6	26	03			
	Single parent Family	2	03	00			
5.	Place of residence						
	Urban	7	23	00	1.95	5.991	2
	Rural	4	12	04			
6.	Source of information						
	Press & Media	2	12	01	9.26	12.59	6
	Peer Group	1	04	00			
	Health professionals	6	18	01			
	Others	2	01	02			

*Significant at 0.05% level

The findings of the study reveals that there is no significant association between pre-test knowledge scores with the selected demographic variables such as age ($\chi^2 = 2.79$), religion ($\chi^2 = 3.07$), marital status ($\chi^2 = 3.90$), type of family ($\chi^2 = 4.07$), place of residence ($\chi^2 = 1.95$) and source of information ($\chi^2 = 9.26$) at 0.05 level of significance.

V. DISCUSSION

Section I: Socio Demographic variables of ANM students

Data shows that maximum ANM students 30(60%) were in the age group of 18 – 23yrs, whereas 15(30%) in 23-28yrs and remaining 5(10%) in 28yrs and above. Most of the ANM students 35(70%) were belongs to Hindu religion, 10 (20%) belongs to Christian and 05 (10%) belongs to Muslim Maximum of the ANM students 35(70%) were unmarried, 10 (20%) were married and 5 (10%) were widows. Maximum ANM students 30(60%) were belongs to Joint family, whereas 15(30%) were belongs to Nuclear family and remaining 5(10%) were belongs to single parent family. Maximum of the ANM students 30(60%) stay in urban areas and 20(40%) were in rural areas. Most of the ANM students 25(50%) were have the source of information by health professionals whereas 15(30%) from press and media, 5 (10%) from peer group and 5 (10%) from others.

Section II: Analysis and interpretation of knowledge scores of ANM students

In the pre-test majority of subjects 35(70%) had average knowledge, 11 (22%) had good knowledge and 04 (08%) had

poor knowledge, where as in post-test all the ANM students 50(100%) of them had good knowledge. The percentage of knowledge scores in the pretest is 51.25% and 88.25% in the post test, hence the total gain in mean percentage of the knowledge scores is 37%. Pretest mean knowledge scores is 17.76, median is 17, mode is 16.48, standard deviation is 4.32 and range is 15, where as in post- test mean knowledge score is 37.12, median is 37.5, mode is 39.58, standard deviation is 3.63 and range is 14. The overall difference in mean knowledge score is 19.36, median is 20.5, mode is 23.1, standard deviation is 0.79 and range is 1.

Section III: Testing hypothesis for evaluation of effectiveness of PTP

The calculated value of paired 't' value($t_{cal}=8.32$) is greater than the tabulated value ($t_{tab}=2.0096$). This indicates that the gain in knowledge score is statistically significant at $p < 0.05$ levels. Therefore, the planned teaching programme on prevention of unsafe abortion is effective among the subjects in terms of gain in knowledge scores.

Section IV: Association between pre-test knowledge scores and selected demographic variables of ANM students.

The findings of the study reveals that there is no significant association between pre-test knowledge scores with the selected demographic variables such as age, religion, marital status, type of family, place of residence and source of information at 0.05 level of significance.

VI. CONCLUSION

The conclusions were drawn on the basis of the findings of the study that planned teaching program on knowledge regarding prevention of unsafe abortion among ANM students was effective.

- **Implications:** The findings of the study have certain important implications for the nursing profession in the field of Nursing Practice, Nursing Education, Nursing Administration, Nursing Research and Community Health Nursing.
- **Nursing administration:** It implies that a nursing administrator should take part in developing protocols, standing orders related to design of the health educational programmes and strategies for ANM Students regarding prevention of unsafe abortion. Nurse administrator should plan and organize continuing nursing educational programmes for the antenatal mothers and motivate them in conducting "Prevention of unsafe abortion" education programmes. Planning and organizing of such programmes requires on efficient teamwork, planning for men, money and material for successful education programmes.
- **Nursing education:** As a nurse educator, there are abundant opportunities for nursing personnel to educate the ANM Students as well as their family members regarding prevention of unsafe abortion. The study emphasizes the significance of short term service education programmes for the student nurses and peripheral health workers related to health education of ANM students regarding prevention of unsafe abortion. The curriculum should lay emphasis on the prevention of post-natal complications so that student nurses when posted to community set ups would be able to give education to the antenatal mothers regarding prevention of unsafe abortion.
- **Nursing practice:** Nursing professionals working in the hospitals as well as in the community set ups able to understand the importance of health education regarding prevention of postnatal complications and they can contribute for the reduction of maternal morbidity and mortality. The nurse plays an important role in health care delivery system. The nurses can visit to Hospitals to recognize the problems if any of the antenatal mothers. The nurse can insist on all the antenatal mothers regarding postnatal complications and its prevention. They can also educate all the nursing students to practice teaching to the mothers during their clinical experience.
- **Nursing research:** This study helps the nurse researcher to develop an appropriate health education tools for educating ANM Students regarding prevention of unsafe abortion according to their Sociodemographic, Socio – economic, cultural and political characteristics. The findings plays a strong emphasis on extensive need to evaluate the effectiveness of self-instructional module regarding prevention of postnatal complications. A

nurse can also conduct research study on the prevention of postnatal complications. An experimental study could be conducted to find out the effectiveness of SIM/ information booklet. Research should be done on different aspects of postnatal complications among different samples in different settings.

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