

A STUDY TO EVALUATE THE EFFECTIVENESS OF IEC PACKAGE ON PREVENTION OF FEMALE FOETICIDE IN TERMS OF KNOWLEDGE AND ATTITUDE OF ADULTS IN A SELECTED URBAN AREA OF ROHTAK

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Abstract

Background of the study: Female foeticide is very widely prevalent, despite laws against it. Haryana, being one of the states having alarmingly low sex ratio needs to address this problem of current significance. To combat the problem of female foeticide, there is need to educate the community on the issue. Widespread lack of awareness of the legal status of abortion services and women's right under the existing law as well as of the facilities that offer abortion services call for socially and culturally appropriate information, education and communication (IEC) campaigns. The aim of the study is to evaluate the effectiveness of IEC (Information, Education & Communication) package on prevention of female foeticide in terms of knowledge and attitude of adults in a selected urban area of Rohtak (Haryana) **Materials and method:** One group pretest post test design through pre experimental approach was adopted. Data was collected from randomly selected 150 adults (18-60yrs old) residing in urban areas namely Sainipura and Chamanpura, Rohtak (Haryana) using a structured interview schedule and an attitude scale. IEC (Information, Education and Communication) package consisted of **Public education** on female foeticide and its prevention, **Charts and posters, Role play and Video teaching** on prevention of female foeticide. **Conceptual framework** is based on Context, Input, Process and Product model for program evaluation developed by Stufflebeam and colleagues. IEC package was given on single day at a selected venue. **Result:** Assessment of pre test knowledge showed that only a handful of respondents (4.7%) had good knowledge and maximum candidates (94%) had less favorable attitude towards the prevention of female foeticide. After giving IEC package, majority (98.7%) of respondents were found to have good level of knowledge and maximum subjects (92%) were found to have favorable attitude towards prevention of female foeticide. No one had unfavourable attitude regarding prevention of female foeticide in the post test. The mean post test knowledge score (32.29 ± 2.14) was significantly higher than mean pre test knowledge score (18.34 ± 4.95). The mean post test attitude score (106.40) was significantly higher (Mean Difference - 19.67), as indicated by the "t" value $t_{149} = 1.96$. The improvement mean score obtained for overall knowledge is 13.95 with "t" value of 35.12 at $p < 0.001$ level **Conclusion.** The study proved that IEC package was instructionally effective, socially acceptable and appropriate media for improving knowledge and attitude among community people.

Keywords : Evaluate, Effectiveness, IEC package, Female foeticide, Adults, Knowledge, Attitude.

INTRODUCTION:

BACKGROUND AND NEED OF THE STUDY:

“The birth of a daughter, grant it elsewhere, here grant a son”

Atharvaveda

This saying in the Holy Scripture sums up the Indian attitude towards female children who are subjected to multifarious travails inflicted by the society on them. It is agonizing to know that the gender bias and deep-rooted prejudice and discrimination against girl child, which have been there down the centuries, are now found to begin in the womb itself. The girl child in the womb faces the peril of pre birth elimination i.e. female foeticide.¹

Every 12 seconds, a baby girl is aborted in India.² Female foeticide is very widely prevalent, despite laws against it. On an India level almost 5% of female fetuses are illegally aborted. However, this masks the fact that female foeticide in some states such as Punjab, Haryana, Delhi, Rajasthan are close to 10% or higher than 10%.³

In the district of Rohtak, a fairly well-off town in northern India’s farm belt, it is estimated that one in every six girls conceived is aborted. Though slight increases have been noted when all age groups have been included, the child sex ratio (in the age group 0–6 years) has continuously been on the decline.⁶ In India, the child sex ratio (0-6 years), has declined to 914 in 2011 Census as compared to 927 in 2001. It showed a continuing preference for male children over females in the last decade.⁷

With regards to Sex Ratio in Rohtak, it stood at 868 per 1000 male compared to 2001 census figure of 847.⁵ The number of girls in the 0-6 age group is fast reducing, causing a red alert.¹ Thus the issue of female foeticide is one that needs to be addressed urgently. To combat the problem of female foeticide, there is need to educate the community on the issue. Secondly, Haryana, being one of the states having alarmingly low sex ratio needs to address this problem of current significance. Widespread lack of awareness of the legal status of abortion services and women’s right under the existing law as well as of the facilities that offer abortion services call for socially and culturally appropriate information, education and communication (IEC) campaigns.

PROBLEM STATEMENT:

A study to evaluate the effectiveness of IEC (Information, Education & Communication) package on prevention of female foeticide in terms of knowledge and attitude of adults in a selected urban area of Rohtak (Haryana)

OBJECTIVES

- 1) To assess and evaluate the knowledge and attitude of adults regarding prevention of female foeticide before and after the administration of IEC package.
- 2) To determine association of pre-test knowledge scores and attitude scores with selected demographic variables.

HYPOTHESIS

HYPOTHESIS:

The study was attempted to test the following hypotheses at 0.05 level of significance.

- **H₁:** The mean post test knowledge score of adults regarding prevention of female foeticide will be significantly higher than their mean pretest knowledge score.
- **H₂:** The mean posttest attitude score of adults regarding prevention of female foeticide will be significantly higher than their mean pretest attitude score.
- **H₃:** There will be significant association between pre-test knowledge score of adults and selected demographic variables.
- **H₄:** There will be significant association between pre-test attitude score of adults and selected demographic variables.

CONCEPTUAL FRAMEWORK:

The conceptual framework adopted for this study was based on Context, Input, Process and Product model developed by Stufflebeame and colleagues in 1960_s.

MATERIAL & METHODS

RESEARCH APPROACH:

An evaluative approach was adopted for the study.

RESEARCH DESIGN:

Pre-experimental one group pre-test post-test design (**K₁, A₁ -X -K₂, A₂**) was adopted for the study. The design chosen for the study is depicted in Fig.1

The pre-experimental design of the present study can be depicted as: **K₁, A₁ -X -K₂, A₂**

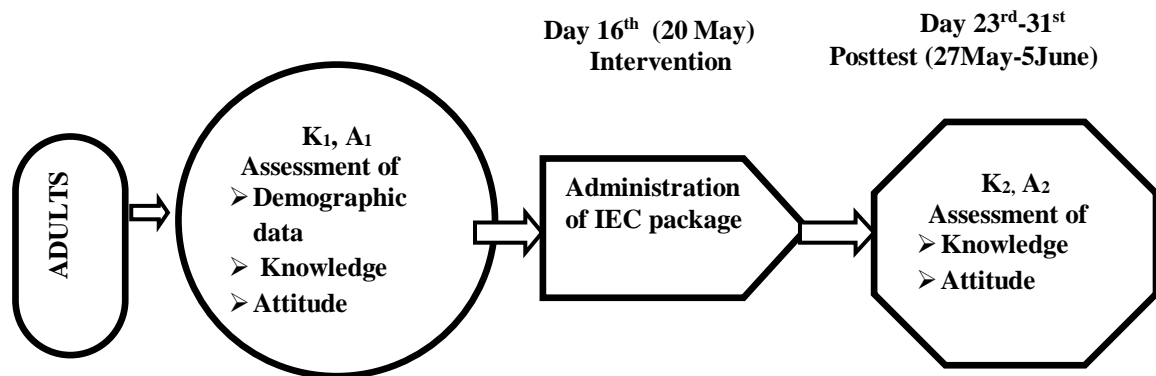


Fig. 1: Schematic representation of pre-experimental design

K₁: represents the knowledge of adults regarding prevention of female foeticide before administration of the IEC package.

A₁: represents the attitude of adults regarding prevention of female foeticide before administration of IEC package.

X: represents the intervention i.e. administration of IEC package on prevention of female foeticide.

K₂: represents the knowledge of adults regarding prevention of female foeticide after administration of the IEC package.

A₂: represents the attitude of adults regarding prevention of female foeticide after administration of the IEC package.

VARIABLES

- **Independent variable:** IEC package on prevention of female foeticide.
- **Dependent variable:** Knowledge and attitude of adults regarding prevention of female foeticide.
- **Demographic variables:** Age, sex, marital status, education, type of the family, occupation, income, number of 0-6 yr. children, abortion history, BPL card status and mass media exposure etc.

SETTING OF THE STUDY

The study was conducted in the urban area catered by Urban Health Centre II , which comes under field practice area of Pt.BD Sharma PGIMS, Rohtak, namely Sainipura and Chamanpura.

TARGET POPULATION

Target population, for the present study, comprised of adults (18-60 yrs old) residing in Chamanpura and Sainipura area of Rohtak city, Haryana, India. (Total-1538 at the time of study)

SAMPLE

Adult males and females (18-60 yrs old) of Chamanpura and Sainipura, Rohtak were chosen as sample in the present study.

SAMPLING TECHNIQUE

Simple random sampling technique was utilized to select adults for the study.

SAMPLE SIZE

Total 150 subjects were selected as sample comprising of 50 adults (25 males and 25 females) from adult population of AW No. 36, Sainipura, 50 from adult population of AW No. 29, Sainipura and rest 50 from adult population of AW No. 40, Chamanpura. In order to avoid the potential inconvenience due to subject's withdrawal in the mid of the study, 16 additional samples (6 (4 males and 2 females) from AW No. 36, 6 from AW No. 29 (4 males and 2 females) and 4 (2males and 2 females) from AW No. 40) were taken in the starting itself.

CRITERIA FOR SAMPLE SELECTION

INCLUSION CRITERIA: Adults who were

- 18-60 years old
- Willing to participate in study during data collection period.
- Able to understand Hindi or English and respond verbally.

EXCLUSION CRITERIA: Adults who

- Didn't meet the inclusion criteria.
- Were not willing to participate in study.

DEVELOPMENT OF TOOL

Three tools were prepared to meet the objectives of the study

Tool I: Tool to assess the demographic characteristics of Respondents

It consisted of the following items: age, sex, marital status, caste, type of family, educational status, occupation, family income, BPL card status, number of 0-6 yr children (not applicable to unmarried), history of abortion (not applicable to male and unmarried) and mass media exposure.

1) **Tool – II:** It consisted of two parts.

Part 1: A structured interview schedule to assess the knowledge of adults regarding prevention of female foeticide. It consisted of **35** objective type knowledge items under following headings:

Section-A: Knowledge regarding concept and magnitude of female foeticide (11 items)

Section-B: Knowledge regarding causes of female foeticide (4 items)

Section-C: Knowledge regarding impact of female foeticide (4 items)

Section-D: Knowledge regarding prevention of female foeticide (16 items)

Scoring procedure: Scoring key was prepared for the structured interview schedule in which subject was awarded one mark for every correct answer and zero for every incorrect answer. Thus, a total of 35 marks were allotted under knowledge assessment.

Part II: An attitude scale to assess the attitude of adults regarding prevention of female foeticide. It was basically a 5 point Likert scale consisting of 25 items which included 14 positive items and 11 negative items scattered randomly. It covered the following areas:

- Causes of female foeticide (4 items)
- Impact of female foeticide (4 items)
- Prevention of female foeticide (14 items)

The respondents were required to respond to the items as strongly agree, agree, undecided, disagree or strongly disagree. They were given scores as per their responses.

Scoring procedure: Scoring key was prepared for the attitude scale in which positive statements were scored 5 for strongly agree and 1 for strongly disagree. Similarly, negative statements were scored 5 for strongly disagree and 1 for strongly agree. Thus, maximum score was 125 while minimum score was 25 in case of attitude scale.

2) **Tool – III: IEC Package** to check the effectiveness among adults regarding knowledge and attitude related to prevention of female foeticide. IEC package comprised of following components:

- i. **Public education** on female foeticide and its prevention
- ii. **Charts and posters** related to prevention of female foeticide
- iii. **Role play** on prevention of female foeticide
- iv. **Video teaching** on prevention of female foeticide

Try-out of the tools: Try-out of structured interview schedule and attitude scale was done by administering it to 5 adults of Sainipura, who were excluded from the main study.

ETHICAL CONSIDERATION

- ✓ Formal permission was obtained for data collection from Principal, College of Nursing, Pt. B.D.Sharma PGIMS, Rohtak.
- ✓ Informed written consent was obtained from Municipality Councilor of selected urban areas namely Sainipura and Chamanpura, Rohtak.
- ✓ Informed verbal consent was obtained from all the participants in the selected areas.
- ✓ The participants were assured that the information collected will be kept confidential.
- ✓ The participants were informed that their participation was voluntary and had the freedom to withdraw on their own at any time from the study.

PILOT STUDY

Pilot study was conducted at Chunnipura colony with a sample size of 15 adults (7 males and 8 females) by adopting simple random sampling technique. The study was found feasible, practicable and acceptable to conduct main study.

DATA COLLECTION PROCEDURE

The study was conducted from 5th May to 5th June, 2012 through house to house visit. Final data collection was started on 5th May 2012. Pre test was done by assessing knowledge through a structured interview schedule and attitude through an attitude scale during first 15 days. About 10 adults were interviewed daily. After the pretest data collection, Sunday, being holiday for most of the participants was planned to be appropriate for intervention i.e. IEC package administration. Community Hall, Sainipura was selected as the intervention venue as this place was easily approachable by all adult participants of the selected areas and spacious enough to accommodate the public appropriately. Help of local Anganwadi workers was also sought in gathering all participants. After administering IEC package on 20th May, 2012, post test data collection was done from 28th May 2012 to 5th June 2012.

RESULTS:

Major findings of the study are summarized below:

Mean age of adults was 36.01± 11.73 years. Majority of the subjects 56 (37.33%) belonged to the age group 18-30 yrs. Majority of the males, that is, 21.33% were found to be in the age group

of 31-45 years while majority of the females were found to be in the age group of 18-30 years.

(Table 2.1 A)

Table 2.1 A: Age group and gender wise distribution of participants (N=150)

Age Group (years)	Males		Females		Total	
	Number	%	Number	%	Number	%
18-30	20	13.33	36	24	56	37.33
31-45	32	21.33	20	13.33	52	34.66
46-60	23	15.33	19	12.67	42	28
Total	75	50	75	50	150	100

Maximum 126 (84%) adults were married. (Table 2.1B)

Table 2.1B: Distribution of participants according to their marital status (N=150)

Marital status	Number	%
Married	126	84
Unmarried	24	16
Total	150	100

Majority of the samples 78 (52%) lived in joint families. (Fig. 2)

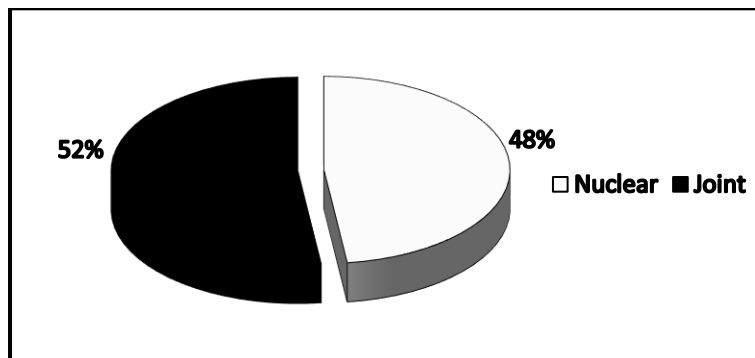


Figure 2: Distribution of participants according to their type of family

Maximum 38 (25.34%) adults possessed high school qualification. Highest number of subjects 51(34%) were housewives followed by 27 (18%), who were doing private job. Majority of the subjects 49 (32.66%) had monthly income in the range of Rs. 5,000-10,000. A considerable number of adults (24%) were BPL card holder. Majority of the married adults 22 (17.46%) had one 0-6yr aged child. Out of married females (65), 11(16.93%) had a history of abortion. Mass media source for most of the candidates 146 (97.33%) was TV.

Table 2.1C: Frequency distribution of married adults according to number of children (0-6 yrs.) and gender wise distribution of children and sex ratio (N=150)

No of children (0-6 yrs)	Number of married adults	Total no. of male child	Total no of female child	Sex ratio
0	92	0	0	643 girl children/1000 male children
1	22	12	10	
2	12	16	8	
3 or more	0	0	0	
Total	126	28	18	

The data presented in Table 2.1C showed that out of 126 married adults, only 34 adults had 0-6 year old children. Number of 0-6 year male children was found to be 28, while number of 0-6 year female children was 18, thus constituting a total of 46. Hence the child sex ratio was found to be 643girl children/1000 male children, which showed high male preference.

- In context to pretest knowledge of adults regarding prevention of female foeticide, out of 150, a substantial number 66 (44%) had poor knowledge, 77 (51.3%) had average knowledge, and only a handful of respondents 7 (4.7%) had good knowledge.(Table 2.1D)
- Pre-test knowledge mean score was 18.34 (52.4%) with the standard deviation of 4.95 among adults.
- It was disheartening to know that only 6% adults knew about PCPNDT act and only 28.67% knew about the equal right to male and female child to perform last rites of parents.
- Maximum candidates 94% had less favorable attitude towards the prevention of female foeticide in the pretest. The mean pretest attitude score was found to be 86.73 with a SD of 6.798.
- Majority of the sample (98.7%) had good knowledge and none of the subject had poor knowledge regarding female foeticide in post test. (Table 2.1D)

Table 2.1D: Comparative distribution of knowledge level of subjects regarding prevention of female foeticide (N=150)

Level of knowledge	Pre test		Post test	
	Number	(%)	Number	(%)
Good (27-35)	7	4.7	148	98.7

Average (18-26)	77	51.3	2	1.3
Poor (1-17)	66	44	0	0

- The mean posttest knowledge score (32.29±2.14) was significantly higher than mean pretest knowledge score (18.34±4.95) in the entire test as well as in each area with a “t” value which was found to be significant at 0.05 level. The mean percentage of posttest knowledge score (92.25) of study subjects was significantly higher than the mean percentage of pretest knowledge scores (52.4) with an enhancement of 39.85.
- Majority of the sample (92%) had favorable attitude and none of the subjects had unfavorable attitude regarding prevention of female foeticide in the post test.
- The overall mean post test attitude score (106.4) was significantly higher than the overall mean pretest score (86.72) and the mean post test attitude score of adults in each area was also significantly higher in comparison to pretest. To find out the significance of difference “t” value was computed which was found to be significant at 0.05 level of significance indicating the effectiveness of IEC package in terms of gain in attitude score.(Table 2.1E) Mean percentage of post test attitude score (85.12) was significantly higher than mean percentage of pretest attitude score (69.37).

Table 2.1E: Area wise Mean, Mean Difference, Standard Deviation of Difference, Standard Error of Mean Difference from Pre-test to Post-test attitude scores and ‘t’ value (N=150)

Areas	Paired Differences					t	df
	Mean	SD	Std. Error Mean	95% Confidence Interval of the Difference			
				Lower	Upper		
Causes of female foeticide	9.56	3.37	0.27	9.02	10.11	34.67*	149
Impact of female foeticide	3.92	1.88	0.15	3.61	4.22	25.52*	149
Prevention of female foeticide	6.19	2.58	0.21	5.76	6.60	29.26*	149
Overall	19.67	5.71	0.46	18.75	20.59	42.13*	149

$t'_{(149)} = 1.96$ at 0.05 level of significance *significant at 0.05 level

- There was significant association between pretest knowledge of adults and their sex, marital status, educational status and occupation.
- Pretest attitude score of adults was found to be significantly associated with the variables such as sex, marital status, educational status, occupation and BPL card status.

DISCUSSION

Findings of the study show that the child sex ratio of the study area was found to be 643 girl children per 1000 male children which show high male preference.

Assessment of pretest knowledge (Table 2.1B) showed that only a handful of respondents 7 (4.7%) had good knowledge regarding prevention of female foeticide. It was found that majority of urban adults, i.e. 88% were aware of the term female foeticide and 74% knew the meaning of this term. Very few (6%) subjects had knowledge about PC & PNDT act. The findings of the present study are also similar to the study conducted by Sarna K. 2005 which also reported that antenatal mother had inadequate knowledge regarding sex ratio but average knowledge regarding causes of female foeticide. Findings of the study conducted by Manhas Dr. Shashi et al (2009) are also supportive in showing that majority of respondents (Anganwadi workers) were aware about the prevalence, causes of female foeticide and repercussions of female foeticide but somewhat contradictory also in showing that they were not aware about preventive measures such as PNDT Act and MTP act.

Findings of the present study showed that pre-test knowledge mean score was 18.34 (52.4%) with the standard deviation of 4.95 among adults. Minimum subjects i.e. only 21.33% were aware of the latest sex ratio of Haryana. This marginal level of knowledge among urban adults indicates that they need more attention on prevention of female foeticide.

Findings of the study are similar to study conducted by Amruta M. Bagwe which shows there is direct correlation between demographic variable education and knowledge of adults⁸.

Assessment of pretest attitude revealed that maximum candidates 94% had less favorable attitude towards the prevention of female foeticide. The mean pretest attitude score was found to be 86.73 with a SD of 6.798.

EFFECTIVENESS OF IEC PACKAGE:

After the administration of IEC package, it was found that majority of the sample (98.7%) had

good knowledge and none of the subject had poor knowledge regarding female foeticide in posttest. The mean posttest knowledge score (32.29 ± 2.14) was significantly higher than mean pretest knowledge score (18.34 ± 4.95) in the entire test as well as in each area with a “t” value which was found to be significant at 0.05 level.

Findings of the present study also revealed that majority of the sample (92%) had favorable attitude and none of the subjects had unfavorable attitude regarding prevention of female foeticide in the post test. The overall mean post test score (106.4) was significantly higher than the overall mean pretest score (86.73) and the mean posttest attitude score of adults in each area was also significantly higher in comparison to pretest. To find out the significance of difference “t” value was computed which was found to be significant at 0.05 level of significance indicating the effectiveness of IEC package in terms of gain in attitude score.

Association of pretest knowledge and pretest attitude was determined by using Chi square test. The present study revealed that there was significant association between pretest knowledge of adults and their sex, marital status, educational status and occupation. Therefore, null hypothesis, H_{03} stating that there will be no significant association between pre-test knowledge score and selected demographic variables, was rejected and H_3 was accepted.

Pretest attitude score of adults was found to be significantly associated with the variables such as sex, marital status, educational status, occupation and BPL card status. As the obtained values were more than the tabulated value at 0.05 level of significance, therefore, the null hypothesis H_{04} stating that there will be no significant association between pre-test attitude score and selected demographic variables was rejected and the research hypothesis H_4 was accepted.

Thus, from the findings it was found that IEC package was not only effective in improving overall knowledge and attitude of adults but also in improving knowledge and developing favorable attitude in all specific areas. Hence, IEC package was instructionally effective, socially acceptable and appropriate media for improving knowledge and attitude among community people. This favors the other studies which conclude the video teaching program, the knowledge and practice of the fathers and mothers had improved^{9,10}

RECOMMENDATIONS:

The major recommendations drawn, based on the findings of the study are as follows:

- The study has revealed a gravely skewed child sex ratio (0-6 yrs.) in the selected urban area of Rohtak city, pointing to a situation that would be hard to deal with in the times to come. Thus, it is recommended to district health administration to take concerted efforts in this regard.

- A similar study can be conducted on large scale to find out the better generalization.
- A similar study may be replicated with a control group.
- Comparative study can be conducted between male and female adults.
- A comparative study can be done between rural and urban adults.
- Similar study can be conducted to evaluate the effectiveness of components of IEC package separately.
- Descriptive study can be done to find out the knowledge regarding legislation and acts related to prevention of female foeticide.
- Similar study can be conducted with health members as subjects.

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