EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON WARNING SIGNS DURING PREGNANCY AMONG PRIMIGRAVIDA MOTHERS ATTENDING OUT PATIENT DEPARTMENT IN MELMARUVATHUR ADHIPARASAKTHI INSTITUTE OF MEDICAL SCIENCES AND RESEARCH.

By

Mrs. G.SUMATHI

A Dissertation Submitted to

THE TAMILNADU DR.M.G.R MEDICAL UNIVERSITY,

CHENNAI

IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE

DEGREE OF MASTER OF SCIENCE IN NURSING

APRIL – 2011

CERTIFICATE

This is to certify that **EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON WARNING SIGNS DURING PREGNANCY AMONG PRIMIGRAVIDA MOTHERS ATTENDING OUT PATIENT DEPARTMENT IN MAPIMS AT MELMARUVATHUR.** is a confide work done by **MRS.G.SUMATHI,** Adhiparasakthi college of nursing, melmaruvathur-603319, in partial fulfillment for the university rules and regulations towards the award of the degree of master of science in nursing, **BRANCH III OBSTETRICS AND GYNAECOLOGICAL NURSING,** under our guidance and supervision during the academic year 2009-2011.

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EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON WARNING SIGNS DURING PREGNANCY AMONG PRIMIGRAVIDA MOTHERS ATTENDING OUT PATIENT DEPARTMENT IN ADHIPARASAKTHI INSTITUTE OF MEDICAL SCIENCES AND RESEARCH.

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IN PARTIAL FULFILLMENT OF THEREQUIREMENT FOR THE DEGREE OF

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_____ _____

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CERTIFICATE FOR CONTENT VALIDITY

This Is To Certify That the tool developed by Ms.G,SUMATHI,Msc(N)., Branch III **OBSTETRICS AND GYNAECOLOGICAL NURSING,** student of second year, Adhiparasakthi College Of Nursing, Melmaruvathur for her "**EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON WARNING SIGNS DURING PREGNANCY AMONG PRIMIGRAVIDA MOTHERS ATTENDING OUTPATIENT DEPARTMENT IN MELMARUVATHUR ADHIPARASAKTHI INSTITUTE OF MEDICAL SCIENCES AND RESEARCH".** is validated by the under signed and this may be proceeded with this tool to conduct the main study.

Place: Kelambakkam

Signature

Date:

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603103

CHAPTER – I

INTRODUCTION

Pregnancy is one of the most profound times in a woman's life. Pregnancy is a pleasurable period of time when a fetus develops in a women's uterus and ends with the birth of the Infant.

It is marked by a variety of physical and biochemical changes as well as thoughts of feelings that some time over whelm the mother to be. Though pregnancy is a time of joy and wellbeing. Complication can occur that cloud the experience and put the mother and her un born child at risk. Pregnancy is usually a severe time of unparalleled jolly and expectation in a woman's life. However sometimes it can be complicated by illness or medical conditions. Five to ten percent of pregnancies are termed "high risk". Certain conditions or characteristics called risk factors which make a pregnancy high risk.

Identifying high risk Pregnancies which shows warning signs ensures that women who most need medical care receive it in a specialized centre. With the Development Of Medical Technology, Pregnant women can be carefully monitored for sings and symptoms of high risk pregnancies and manages well skillfully.

According to myles every pregnancy is a unique experience for that woman and each pregnancy that the woman experience will be new and uniquely different. So that the midwife has a knowledge and understanding of the warning sign of the pregnancy in order to advise the woman on strategies that will help her to cope with the condition and in order to minimize the risk.

Annie (1998) suggested that tone of the factors that contributes to maternal mortality and morbidity is lack of recognition of danger signals by women.

Swati Vyas et al (2003), suggested that in 5 women booking for Antenatal care / in 2002 -2007 were obese. According to jeon cloude reille the majority of maternal deaths occurring in the world occurs in developing countries (99%). Hypertensive disorders are highest in Latin America and in the Caribbean with regional variations. Colombia and renezucla were found to here the highest reported number of maternal deaths associated with hypertensive disorders of pregnancy In developed countries. Abortion in the wide cause of maternal death which is about 2% to 5%. – 2006.

Judith Noronha (1998) suggested that. Bleeding from vagina, severe headache, severe vomiting, high fever, failure to gain weight, paleness and unusual swelling of legs, arms or faces are danger signals which appear during pregnancy and which indicate that

contribute Maternal mortality and morbidity which is due to preventable causes.

Bobak of Jensen (1995) stated that one of the 1st responsibilities of persons involved in the care of pregnant women in to alert them to the signs and symptoms that indicate a potential complication of pregnancy.

Park K (2005), stated that risk approach is the one of the component of maternity and child health care which is needed for early diagnosis. The main aims of maternal care is to maintain normal physiological changes during pregnancy and to prevent or to detect abnormalities at the earliest and to treat accordingly.

Patient education is an important component of all pregnant mothers in order to prevent warning signs during pregnancy.

So that specific prenatal education (e.g early warnings of preterm labour) is an important component for prevention of complications that can be demonstrated to have an independent contribution to prenatal care.

NEED FOR THE STUDY

The aims of antenatal services are to prevent the complications and alleviate fear of pregnant women related to child birth. Prompt antenatal care promotes, maintains, and protects the physical as well as mental health of pregnant women. This can be achieved by educating the mother regarding complications during pregnancy and her involvement in antenatal care during antenatal period.

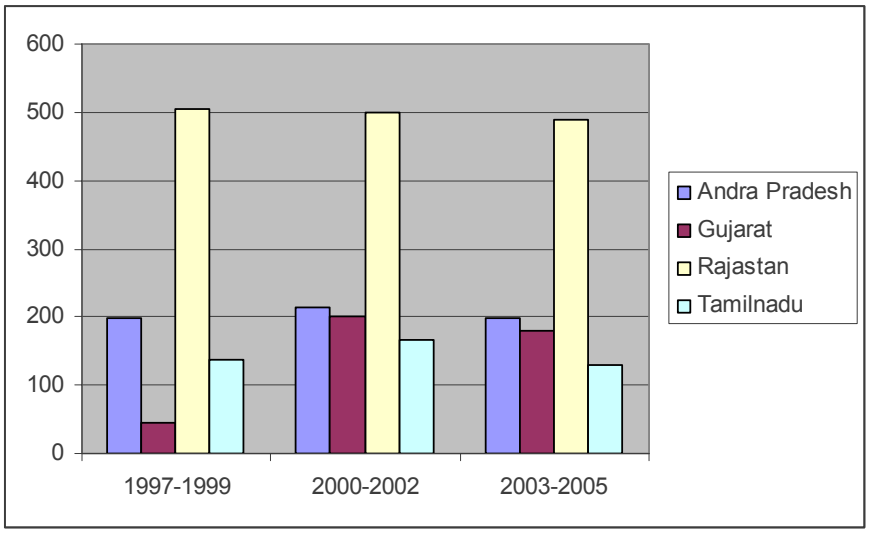
Selvaraj Stated in RCH pregnancy

380 women become pregnant,190 of these did not planer do not wish the pregnancy,110 women experience ea pregnancy related complication, 90 women have on unsafe abortion,1 women dies from a pregnancy related issue.

According to the Park.K, the cause of maternal death in world wide is 25% severe bleeding, 15% infection, 12% Eclampsia, 0.1% obstructed labour 12% unsafe abortion, 8.8% other direct causes, and Indirect causes.

According to WHO the incidence of anemia in India is as high as 90-80%.

Fig-1.1: MATERNAL MORTALITY RATE IN STATE LEVEL



Between the year of 1997-1999

In Andra Pradesh – 199 per 1,00,000 Live births.

In Gujarat - 46 per 1,00,000 Live births.

In Rajastan - 405 per 1,00,000 Live births.

In Tamilnadu - 137 per 1,00,000 Live births.

Between the year of 2000-2002.

In Andra Pradesh - 213

In Gujarat - 200

Rajastan - 500

Tamilnadu - 167

Between the year of 2001-2003

In Andra Pradesh - 198

In Gujarat - 180

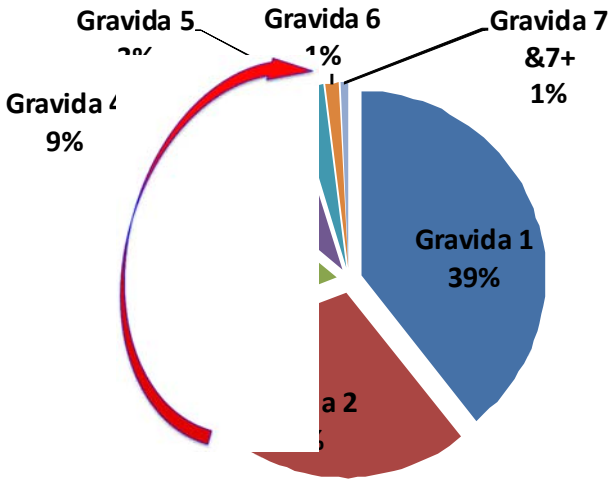
Rajastan - 490

Tamilnadu - 130

According to UNICEF, every year, 78,000 mothers die in child birth and from complications of pregnancy in India.

According to UNICEF , India's Maternal mortality rate stands at 450 per 1,00,000 live births. Against 540 in 1998-1999. The figures are way behind India's millennium Development Goals which all for a reduction to 109 by 2015.

Fig-1.2: MATERNAL DEATHS 2008-2009 (GRAVIDA WISE)



The Primigravida -39%, 2nd Gravida-30%, 3rd Gravida-17%, 4th Gravida-9%, 5th Gravida - 3%, 6th Gravida -1%, 7 & 7+ Gravida-1%, **Source : DPH & PM**

P.S.Sundar Stated 1.21 Lakh women die in India due to pregnancy related complications

IN TAMILNADU

Between the year of 2007-2008, the maternal mortality rate was as 91 Per 1,00,000 live births. Between the year of 2008-2009, the maternal mortality rate was 79 per 1000 live births.

STATEMENT OF THE PROBLEM

EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON WARNING SIGNS DURING PREGNANCY AMONG PRIMIGRAVIDA MOTHERS ATTENDING OUT PATIENT DEPARTMENT IN MEMARUVATHUR ADHIPARASAKTHI INSTITUTE OF MEDICAL SCIENCES AND RESEARCH.

OBJECTIVES

To assess the level of knowledge regarding warning signs during pregnancy among Primigravida mothers.

To evaluate the effectiveness of planned teaching programme on warning sings during pregnancy among Primigravida mothers.

To determine the association between the warning signs during pregnancy among primigravida mothers and selected demographic variables.

OPERATIONAL DEFINITIONS

Effectiveness

It refers to determine the extent to which teach has brought about the result of significant knowledge gained in the post test.

Planned Teaching programme

It refers to systematically organized need based teaching material regarding warning signs during pregnancy.

warning signs during pregnancy

It refers to symptoms like bleeding per vagina, severe vomiting, Sudden watery discharge from vagina, decreased foetal movement, fever,pallor, contiuous headache,excessive weight gain, visual disturbances, epigastric pain, regular uterine contractions before 37 weeks that may complicate the pregnancy.

Primigravida mothers

A woman who is pregnant for the first time.

ASSUMPTIONS

- Primigravida mothers are having inadequate knowledge regarding warning signs during pregnancy.
- According to incident level, the primigravida mother is getting high mortality rate (39%) other than multi gravidas.

HYPOTHESIS

H_1- There is significant difference between pretest and posttest

H_0 - There is no significant difference between pretest and posttest

PROJECTED OUTCOME

The results of this study will help the pregnant women to gain adequate comprehension in identifying the danger signs during pregnancy well in advance and need to seek medical help.

This study will be helpful to all health care personnel in detection of warning signs during pregnancy and to formulate a nursing protocol in prevention and Management.

CONCEPTUAL FRAME WORK

The frame work used in the study was based on Kenny's J.W open system model. All living systems are open in that there is a continual exchange of matter, energy and information. Open systems have varying degree of interaction with the environment from which the system receive input and set back out put in the form of matter, energy and information for survival, all system must receive varying types of amount of matter energy and environment.

The main concepts of the open system model are input, throughout and output. Input refers to matter energy and information. Through put refers to processing, where the system perform the energy and information output refers to matter energy and information that are processed. After processing the input, the system returns output to the environment in a altered state.

Feedback refers to environmental response to the systems, output used by the system is adjustment correction and accommodation to the interaction with environment.

INPUT

Input was the information needed by the system in input the steps were administered regarding list of warning signs and its causes management and prevention.

THROUGHPUT

In throughput, process of transformation of information by planned teaching programme with audio visual aids for primigravida mothers.

OUTPUT

Output was the change of facts which was measured by using the same planned questionnaire which was used in pretest.

FEEDBACK

Emphasized to strengthen the input and throughput if the result showed any comprehend inadequately .

CHAPTER – II

REVIEW OF LITERATURE

A literature review is an organized written presentation of what has been published on a topic by scholars.

-Nancy

Literature reviews can serve a number of important functions in the research process and they also play a critical role for nurses seeking to develop an evidence based practice (EBP).

Review of literature is explained under following headings

PART-I: Review of Literature related to Risk Factors regarding warning signs during pregnancy.

PART-II: Review of Literature related to Diagnosis regarding warning signs during pregnancy.

PART-III: Review of Literature Related to Complications regarding warning signs during pregnancy.

PART-IV: Review of Literature Related to Prevention regarding warning signs during pregnancy.

PART-V: Review of Literature related to Treatment regarding warning signs during pregnancy.

PART –I : Review of Literature related to Risk Factors regarding warning signs during pregnancy

Friese Ket.al., (2005), , stated that exercises in the fitness studies and moderate strength training are also admissible provided that consideration is given to contraindications and warning signals.

Henson WF.et-al., (2005), , stated that Trauma and / or accidental Injuiry complicates 6-7& of all pregnancies. Given the frequency with which trauma affects pregnancy and the difficulty encountered with identifying variables predictive of pregnancy outcome, there may be great benefits of incorporating trauma prevention into routine prenatal care.

Krueger AM. etal., (2005] concluded that these of low gynecologic age, appear prove to preterm labour and are at increased risk for preterm delivery through this pathway.

Ron Maldt.et.al., (2002) concluded that the headache in a pregnant patient signals a life threatening condition. Obstetricians should be able to effectively manage the common causes of headache as well as recognize the warning signs of potentially serious conditions.

PART-II : Review of Literature related to Diagnosis regarding warning signs during pregnancy

Pant Hp et-al., (2010. Concluded that Envenomation during pregnancy can result in fetal and maternal death. A women at 33 weeks of gestation presented with green tree viper envenomation and vaginal bleeding. Investigations revealed a grossly damaged coagulation profile, serve anemia and a dead fetus before the onset of maternal symptoms.

Walfish et-al., (2009), , stated that Maternal Hemorrhage is the leading cause of preventable maternal death world wide and encompasses antepartum, Intrapartum and postpartum bleeding. Advance in obstetric care and health teaching regarding danger signs will prevent the serve life threatening maternal hemorrhage in the most patients who have had prenatal care.

Radivojevic K. (2006), , stated that the mother's knowledge of a loss or a significant decrease in propulsive fetal activity has been

traditionally regarded as a warning sign, especially when uteroplacental insufficiency is present.

Davis RO et-al ., (2005), represented, that the frequency of contractions and all cervical dilatation findings increased during pregnancy, as did backache, pressure and cramping. The frequency of diarrhea, discharge and bleeding remain constant.

Grove. Det-al., (2000] stated that abruptio placental occurred in 16 of 137 patients with severe pre-eclampsia who were admitted to an obstetric high risk ward before 34 weeks gestation. Frequent monitoring of fatal heart rate sometimes helps to diagnose fetal distress before the clinical signs of abruptions become apparent.

Newwan RB.et-el., (2000) stated that the significant increase in contraction frequency was identified with in 24 hours of onset of preterm labour, A contraction frequency of four or more per hour predicted the onset of labor within 24 hours. An abrupt increase in contraction frequency is a warning of Impending labour.

PART –III Review of Literature Related to Complications regarding warning signs during pregnancy.

Carmona JC. et. al., (2005), stated that presence of degree of association between socio cultural factors maternal mortality of the adolescent. These results shows a presence of association between socio cultural factors and maternal mortality. Desired pregnancy, appropriate reproductive information and ideal cumulated fertility are protection factors to maternal or perinatal morbidity and / or mortality.

SaraswatL et.al., (2010),stated that Maternal and perinatal outcome in women with threatened miscarriage in the first trimester is associated with increased incidence of adverse maternal and perinatal outcome.

Bahor.Aetal.,(2009),represented that Risk factors and pregnancy outcome in different types of placenta praevia, complete or partial placenta praevia is associated with higher morbidity than marginal placenta praevia or low lying placenta.

Tong.CH.et.all., (2009),. Stated that women with preeclampsia- eclampsia have a significantly higher risk of stroke during pregnancy and in the first postpartum year. These results suggest that women with preeclampsia – eclampsia should be closely monitored even after pregnancy.

Thomassr et-al., (2009), , concluded that there was no significant increase in the risk of complicatioin of pregnancy or delivery except for spontaneus abortions, anemia, ovariancyst, fibroid uterus, and seizures in the peripartum period which were more frequent in women with epilepsy.

Johnstone et-all, (2006), , stated that early identification of potential risk for postnatal depression should include assessment of socio demography, personality, psychiatric history and recent life events as well as past and present obstetric factors.

Kaye.D.,(2003),stated that Antenatal and Intrapartum risk factors for birth asphyxia was identified among emergency obstetric referrals and early recognition of these signs should prevent birth asphyxia.

Pattinson RC., (2003) concluded that Intrapartum asphyxia, birth trauma, antepartum hemorrhage, complications of hypertension in pregnancy and spontaneous preterm labour account for more than 80% of the primary obstetric causes of death.

Aerbst MA.et-al, **(2003),**stated that Relationship of prenatal care and perinatal morbidity in low-birth weight Infants, addition to increasing preterm birth and low birth weight, 110 prenatal care

regarding warning signs is associated with higher. Morbidity than marginal placenta praevia or low lying placenta.

Braimh.set.el., (2003),stated that causes of maternal mortality in a semi-urban Nigerian was the dangers of hemorrhage during pregnancy and delivery and about the risk of mortality. Women need to be educated about the warning signs of hemorrhage during pregnancy.

Lopez Garxia R., (2000),represented that Premature rupture of membranes and chorioamnionitis, premature rupture occurs in 2.7-7% of pregnancies and most cases occur spontaneously without apparent cause. The rate of neonatal asphyxia also increases considerable after 24 hours. Chorioamnionitis is a serious complication of pregnancy and is the main argument against conservative treatment of premature rupture.

Vaginal deliveries should be preferred only if conditions are favourable for a prompt delivery. The gestational age, presence of infection, obstetric condition of the mothers and indication for hysterectomy are the most important points to consider in management of premature rupture.

PART-IV : Review of Literature Related to Prevention regarding warning signs during pregnancy.

Talsania NJ, Lala MK., (2005), stated about that evaluation of antenatal risk scoring in a preterm birth prevention and prenatal loss. women were scored according to their risk, the risk factors are pallor, maternal weight, 2 or more prior abortions, first pregnancy or more 5 pregnancies, adolescent pregnancy and prior preterm birth. So, that antenatal risk scoring is essential.

Haggerty.JL.et.al., (2009),concluded that Providing information on pregnancy complications during pregnancy antenatal visits was essential. there is a high level of unmet need for information of pregnancy complications in sub-saharan Africa Particularly among those who face significant barriers to accessing care if complication occur. Health providers must fully use the educational opportunity in antenatal care.

De Francisco A.et.el., (2000), suggested that prenatal screening in rural Bangladesh, by trained midwives was essential and fails to give adequate information during pregnancy will lead to special care during labour. The large majority of the women with dystocia or hemorrhage shows warning signs during pregnancy. Antenatal care may be efficient with health education.

Karchmer – KrivitZ Kys et.el., (2006) concluded that patients with the least obvious alarm signs failed the most items in the alarm sign questionnaires. Educational relationship between the physician and the patient should the physician and the patient should be more carefully explored to avoid warning signs.

SunXz et al., (2005), concluded that it has limited efficiency in reducing most maternal and perinatcl complications. A low practical and effective ANC model for low educated women and temporary residents needs to be explored. A compliance and efficacy of standard antenatal care model will reduce most maternal and perinatal complications.

Ikeako Lc et.al., (2006), suggested that formal maternal education as the most potent tool for reducing the mortality ratio in the Niseria. Maternal educational level was main predictor variable.

Bastani F.et.al., (2006), Does relaxation education in anxious primigravida Iranion women influence adverse pregnancy outcomes. Concluded that the findings suggest beneficial effects of nurse –led relaxation education sessions during the prenatal period.

This intervention could serve as a resources for improving pregnancy outcomes in woman with high anxiety.

Simoese et-al, (**2009),** concluded that over all a high educational level can be assumed in an industrialized society, health in equalities are found that might effect adversely the risk of certain groups of pregnant women, belonging to the vulnerable social groups.

Silval et-el., (2008), Stated that about Maternal educational level and risk of gestational hypertension. The low education had a higher risk of gestational hypertension than women with high education. Gestational hypertentsion is largely due to higher Body mass index and blood pressure reveals from early pregnancy.

Mertatl IRet.el., (2000), concluded that specific prenatal education about early warning signs of preterm labour is an important component of preterm birth prevention programmes that can be demonstrated to have an independent contribution to prenatal care.

PART – V : Review of Literature related to Treatment regarding warning signs during pregnancy.

Neilson JP., (2006), Stated that Interventions for suspected placenta praevia , there are insufficient data from, trials to recommend any change in clinical practice. Available data should, however encourage, further work to address the safety of more conservative policies of hospitalization for women and possible value of insertion of a cervical suture.

Barto JR.et.al., (2006), Stated that low dose aspirin used to improve perinatal outcome, effectiveness of low dose aspirin in preventing preeclampsia and fetal growth retardation was proved. Initiation of aspirin therapy should be with held until the 13^{th} week of gestation.

CHAPTER-III

METHODOLOGY

This chapter deals with the methodology adopted in this study. It includes research design, setting of study, population,

criteria for selection of sample, sample technique, sample size, method of data collection and instrument and tools of data collection.

RESEARCH DESIGN

One group Pretest Posttest research design was utilized in this study.

SETTING

The study was conducted in antenatal clinic the outpatient department of Melmaruvathur Adhiparasakthi Institute of Medical Sciences.

POPULATION

The Population of the study includes primigravida mothers who are attending Antenatal clinic in at Melmaruvathur Adhiparasakthi Institute of Medical Sciences.

SAMPLE SIZE

The sample size for the study was 60 primigravida mothers.

SAMPLING TECHNIQUE

Simple Random sampling method was utilized in this study.

CRITERIA FOR SAMPLE COLLECTION

INCLUSION CRITERIA.

- Primigravida mothers of all age groups,
- Primigravida mother who are able to understand Tamil or English

EXCLUSION CRITERIA

- Primigravida mother who were selected for pilot study
- Primigravida mother who are not willing to participate in this study.

METHOD OF DATA COLLECTION

The data collections were done for the period of six weeks. Data collection were done by using questionnaires related to warning signs during pregnancy. The investigator obtained oral consent from the clients to participate in this study.

INSTRUMENTS AND TOOLS OF DATA COLLECTION

Assessment are designed, which consist of base line demographic variables, questionnaires related to warning signs of pregnancy causes and management.

Section – A

It consist of information about demographic variables regarding primigravida mothers.

Section – B

It consist of Yes or No type questions related to warning signs during pregnancy.

Section – C

It consist of multiple choice questions related to warning signs during pregnancy causes and management.

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with analysis and interpretation of data collected from 60 samples of Primigravida mothers regarding

warning signs. It deals with description of the tool, report of the pilot study, reliability, validity and informed consent , scoring procedure, scoring interpretation, data collection procedure and statistical method.

TOOL FOR DATA COLLECTION

A self structured questionnaires was used among primigravida mothers regarding warning signs to find out the effectiveness of planned teaching programme.

DESCRIPTION OF THE TOOL

The instrument was classified into part – I and part-II.

PART I

Part-I : section-A consist of demographic variables of Primigravida mothers in Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research search as Age, Religion, Education, Occupation, Types of family, Family income, Practice of antenatal checkup and source of information.

The data were collected by interviewing the primigravida mothers and based upon their answers .A tick mark (✓) was put for the appropriate response of each item.

PART II

The part II consists of section B and C. The data was collected through the well prepared questionnaire. It consists of 20 multiple choice questions and 10 yes or No questions and total score was 30. Each correct response was given a score of one. Then planned teaching programme was provided to primigravida mothers and after seven days, evaluated through the same questionnaire.

REPORT OF THE PILOT STUDY

Prior permission from the authorities was obtained and individual consent taken from the sixty samples. The pilot study was conducted in MAPIMS for a period of two weeks. The questionnaires were used to find out the reliability, validity feasibility and practicability of the tool and which was evaluated by experts of the research committee, content validity was obtained from.

According to simple random sampling technique samples were taken and by using the questionnaires the knowledge of the primigravida mothers with warning signs were assessed and the planned teaching programme was given, then collected data was evaluated and analyzed by using pared ‘t’ test. The result of the study revealed that the calculated value was greater than tabulated

value at level of significance. Therefore there is a significant Improvement in planned teaching programme.

VALIDITY

The tools were prepared by the help of experts guidance on the basis of objectives, which were assessed, evaluated and accepted by experts of research committee, content validity was obtained from experts.

RELIABILITY

Reliability was checked by experts, the reliability was 0.78(78%). Reliability and practicability of the tool was tested through the pilot study and used for main study.

INFORMED CONSENT

From the dissertation committee, the permission was obtained prior to the pilot study.

The oral consent was obtained from each mother before starting the data collection. Assurance was given to the mothers that confidentiality would be maintained.

DATA COLLECTION PROCEDURE

The investigator introduced her to the primigravida mothers and developed a good rapport and made the mother's to co-operate and accept for the study, the data were collected from them for a period of six weeks. The pre assessment was done on the day of data collection. After getting demographic data from the mother, assessment was done with the help of the prepared tools. Planned teaching programme were carried out on days during the study period, on the seventh day the knowledge was evaluated with the assessment tool.

SCORE INTERPRETATION

The instrument consists of 30 questions warning signs during pregnancy. The maximum score was thirty and minimum score was zero based on the scoring percentage of knowledge calculated the using formula.

$$\text{Score interpretation} = \frac{\text{Obtained score}}{\text{Total Score}} \times 100$$

Based on information data were classified as follows.

≤ 50% - Inadequate knowledge

50-75 % - Moderately adequate knowledge

≥75% - Adequate knowledge

STATISTICAL METHODS

The descriptive and inferential statistical analysis method was used to find out the mean, standard deviation and percentage of the score. The Paired t test were adapted and interpreted with each and every score. The chi square test was adapted and interpreted with each score for relation between post test and planned teaching programme on warning signs during pregnancy among primigravida mothers.

Table : 4.1

S.NO	DATA ANALYSIS	METHODS	REMARKS
1.	Descriptive analysis	The total number of score, percentage of score, mean and	To describe demographic variables of the planned teaching programme on

		standard deviation.	warning signs during pregnancy among primigravida mothers
2.	Inferential analysis	Paired ‘ t ’ test Chi square	Analyzing the effectiveness between pretest and post test Analyzing the association between selected demographic variables and knowledge on warning signs during pregnancy among primigravida mothers.

SECTION –A

Frequency and percentage distribution of demographic variables of primigravida mothers.

SECTION - B

Comparison between pre test and post test level of knowledge on warning signs during pregnancy among primigravida mothers

SECTION – C

Comparison between mean and standard deviation of pretest and post test on warning signs during pregnancy among primigravida mothers.

SECTION – D

Improvement score of mean and standard deviation on warning signs among primigravida mothers.

SECTION – E

Association of post test level of knowledge on warning signs among primigravida mothers and selected demographic variables.

SECTION – A : TABLE 4.2 : FREQUENCY AND PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES OF PRIMIGRAVIDA MOTHERS.

N = 60

S.NO	DEMOGRAPHIC VARIABLES	NUMBER	PERCENTAGE

1.	**Age in years**		
	a) 18 years – 21 years	35	58.33
	b) 22 years- 25years	13	21.67
	c) 26 years – 30 years	9	15
	d) 31 and above	3	5
2.	**Religion**		
	a) Hindu	42	70
	b) Muslim	13	21.67
	c) Christian	5	8.33
	d) Others	0	
3.	**Educational Status**		
	a) Illiterate	2	3.33
	b) Primary	21	35
	c) Higher Secondary	23	38.33
	d) Graduate	14	23.33
4.	**Occupation**		
	a) Employed	7	11.67

	b) Agriculture c) Coolie d) Home maker	10 4 39	16.67 6.67 65
5.	**Types of Family** a) Join family b) Nuclear family	 43 17	 71.67 28.74
6.	**Family income per month** a) Rs. 1000 b) Rs.1000-Rs.2000 c) Rs.2001-Rs.3000 d) Rs. More then 3000	 22 22 10 6	 36.67 36.67 16.67 10
7.	**Practice of Antenatal checkup** a) Regular b) Once in a month c) Occasionally d) Whenever there is problem	 27 31 2 0	 45 51.67 3.34 0
8.	**Source of Information** a) Family members	 32	 53.34

	b) Health care personnel c) Media d) Relatives	6 3 19	10 5 31.67

Table – 4.2, implies the the distribution of respondents according to certain demographic factors like age, religion, educational status, occupation, types of family, family income, practice of Antenatal checkup and source of information. In that thirty five (58.33%) the mother were in the age group of 18-21, thirteen (21.67%) mother were in the age group of 22-25, nine (15%) mother were in the age group of 26-30, three (5%) mother were in the age group of 31 and above.

In religion aspect, forty two (70%) were hindu, thirteen (21.67%) were muslim, five (8.33%), were Christian and others zero.

Regarding educational status two (3.33%) the mother were in illiterate, twenty one (35%) were in primary, twenty three (38.33%) were higher secondary, fourteen (23.3%) were in graduate.

In occupation aspect, seven (11.67%) were in employed , ten (16.67%) were in agriculture, four (6.67%) were in coolie, thirty nine (65%) were in home maker. Regarding types of family, forty three

(71.67%) were in joint family, seventeen, (28.74%) were in nuclear family.

Regarding family income, twenty two (36.6%) were in Rs.1000, twenty two (36.67%) were in Rs.1000-2000, ten (16.61%) were in RS.2001-3000, six (10%) were in more than Rs.3000.

Regarding practice of antenatal checkup, twenty seven (45%) were in regular, thirty one (51.67%) were in practice of once in a month, Two (3.34%) were in practice of occationally, zero (0%) were in when ever there is problem.

Regarding source of information, thirty two (53.34%) were obtained from family members, six (10%) were obtained from health care personnel, three (5%) were obtained from media, nineteen (31.67%) were obtained from relatives.

SECTION - B: TABLE – 4.3; COMPARISON BETWEEN PRE TEST AND POST TEST LEVEL OF KNOWLEDGE ON WARNING SIGNS DURING PREGNANCY AMONG PRIMIGRAVIDA MOTHERS.

N = 60

LEVEL OF				**TOTAL**

KNOWLEDGE	ADEQUATE		MODERATELY ADEQUATE		INADEQUATE			
	No	%	No	%	No	%	No	%
pre test	0	0	16	26.67	44	73.37	60	100
Post test	52	86.67	8	13.33	0	0	60	100

Table- 4.3. Shows adequate knowledge in pre test – zero percentage in post test – 86.67 percentage, moderate knowledge in pre test 26.67 percentage in post test – 13.33 percentage, inadequate knowledge in pre test – 73.3 percentage in post test – zero percentage.

SECTION – C : TABLE – 4.4. COMPARISON BETWEEN MEAN AND STANDARD DEVIATION OF PRETEST AND POST TEST ON WARNING SIGNS DURING PREGNANCY AMONG PRIMIGRAVIDA MOTHERS.

N = 60

S. No	LEVEL OF KNOWLEDGE	MEAN	STANDARD DEVIATION
1.	Pre test	12.81	3.036
2.	Post test	26.01	2.33

Table- 4.4. Shows Pre test the mean value was – 12.81, Standard deviation–3.036, in post test the mean value 26.01, Standard deviation value – 2.33.

SECTION – D : Table – 4.5; IMPROVEMENT SCORE OF MEAN AND STANDARD DEVIATION ON WARNING SIGNS AMONG PRIMIGRAVIDA MOTHERS.

N = 60

S. NO	LEVEL OF KNOWLEDGE	MEAN	STANDARD DEVIATION	't' VALUE
1.	Improvement score	-13.2	0.706	33.85

Table – 4.5. Shows the improvement score in mean value -13.2, the improvement score in standard deviation 0.706, the 't' value was 33.85.

SECTION – E : TABLE-4.6: ASSOCIATION OF POST TEST LEVEL OF KNOWLEDGE ON WARNING SIGNS AMONG PRIMIGRAVIDA MOTHERS AND SELECTED DEMOGRAPHIC VARIABLES.

N = 60

Sl. No.	Demographic Variables	Pretest Score				Post test Score				X^2
		In adequate		Moderately adequate		Moderately adequate		Adequate		
		No	Percentage	No	Percentage	No	Percentage	No	Percentage	
1.	**Age in years**									
	a) 18 to 21	28	46.61	8	13.33	6	10	29	48.33	1.56
	b) 22 to 25	10	16.67	3	5	1	1.67	12	20	
	c) 26 to 30	5	8.33	3	5	1	1.67	8	13.33	
	d) 31 above	2	3.33	1	1.67	1	1.67	2	3.33	NS
2.	**Religion**									
	a) Hindu	33	5	9	15	6	10	36	60	4.97
	b) Muslim	8	13.33	5	8.33	1	1.67	12	20	
	c) Christian	4	6.67	1	1.67	1	1.67	4	6.67	
	d) Others	0	0	0	0	0	0	0	0	NS
3.	**Educational status**									
	a) Illiterate	1	1.67	1	1.67	1	1.67	1	1.67	4.19
	b) Primary	15	25	6	10	2	3.33	19	31.67	
	c) Higher secondary	19	31.67	4	6.67	5	8.33	18	30	
	d) Graduate	10	16.67	4	6.67	1	1.67	13	21.67	NS
4.	**Occupation**									

	a) Employed	6	10	1	1.67	1	1.67	6	10	0.77
	b) Agriculture	8	13.33	2	3.33	1	1.67	9	15	
	c) Coolie	1	1.67	3	5	1	1.67	3	5	
	d) Home maker	30	50	9	15	6	1.67	33	55	NS
5.	**Types of family**									
	a) Joint family	31	31.67	12	20	6	10	37	61.67	0.13
	b) Nuclear family	14	23.33	3	5	3	5	14	23.33	NS
6.	**Family Income**									
	a) Rs. 1000	17	28.33	6	10	4	6.67	18	30	0.98
	b) Rs.1000-2000	16	26.67	6	10	2	3.33	20	33.33	
	c) Rs.2001-3000	8	13.33	2	3.33	2	3.33	8	13.33	
	d) Rs.more than 3000	4	6.67	1	1.67	1	1.67	5	8.33	NS
7.	**Practice of Antenatal Checkup**									
	a) Regular	20	33.33	7	11.67	2	3.33	24	40	2.34
	b) Once in a month	24	40	7	11.67	6	10	25	41.67	
	c) Occasionally	1	1.67	1	1.67	1	1.67	2	3.33	
	d) When ever there is problem	0	0	0	0	0	0	0	0	NS
8.	**Source of Information**									
	a) Family members	27.	45	5	8.33	4	6.67	28	46.67	2.93
	b)Health care personnel	3	5	3	5	1	1.67	5	8.33	
	c) Media	2	3.33	1	1.67	1	1.67	2	3.33	
	d) Relatives	13	21.67	6	10	3	5	16	26.67	NS

Table-4.6. Shows there is no relationship between improvement of knowledge on warning signs during pregnancy and demographic variables among primigravida mothers attending out patient departments.

CHAPTER-V

RESULT AND DISCUSSION

This chapter discusses the findings of the study on effectiveness of Planned Teaching Programme on warning signs during pregnancy among primigravida mothers attending out patient

department in MAPIMS derived from the statistical analysis and its patience to the objectives set for the study, the conceptual framework and related literature of the study.

FINDINGS OF THE STUDY

The first objective was to assess the pretest level of knowledge regarding warning signs during pregnancy among primigravida mothers attending out patient department.

The table - 4.3 depicts the frequency and percentage distribution of the pretest level of knowledge regarding warning signs during pregnancy among primigravida mothers attending out patient department. The table shows that in pretest level of assessment nearly 73.37 percentage of samples have inadequate level of information and only 26 percentage of samples have moderate information regarding warning signs during pregnancy among primigravida mothers. It shows that in the pretest, majority of them had only inadequate knowledge regarding warning signs during pregnancy which persists the need for education programme to the population.

The second objective was to assess the effectiveness of planned teaching programme on warning signs during pregnancy among primigravida mothers attending out patient department.

The table 4.4 presents the data that in the post test level of information majority 86 percentage of them had adequate level of knowledge and 13.33 percentage of them developed moderately adequate level of information regarding warning signs during pregnancy. It shows that no one has inadequate information regarding warning signs during pregnancy in the post-test assessment. It depicts that after the planned teaching programme on information regarding warning signs during pregnancy, majority of the samples improved in their information level and the findings themselves speaks about the effectiveness of the planned teaching programme.

The comparison was done between pre-test and posttest level of information regarding warning signs during pregnancy among primigravida mothers. This shows that the paired “t” test score is 33.85 which is statistically significant at 0.05 level. It shows that the planned teaching programme on warning signs during pregnancy is effective in promoting the level of knowledge among primigravida mothers attending out patient department. The table

findings shows the statistically significant effectiveness of the findings of the study.

The third objective was to determine the association of the warning signs among primigravida mothers and selected demographic variables

The statistical data shows there is no relationship between improvement of knowledge on warning signs during pregnancy and demographic variables among primigravida mothers attending out patient departments. Planned teaching programme was independent from demographic variables among primigravida mothers.

CHAPTER – VI

SUMMARY AND CONCLUSION

This chapter deals with summary of the study, its findings and conclusions. The obstetrical and gynaecological nursing practice, administration, education and research have been stated followed

by its implications. The chapter deals with suggestions and recommendations for research in future.

SUMMARY

The present study was conducted to find out the effectiveness of planned teaching programme on warning signs during pregnancy among primigravida mothers.

The study was conducted in Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research. A primigravida mother is getting high mortality rate other than multi gravidas In order to control the high mortality rate among primigravida mothers, I selected this topic regarding warning signs during pregnancy as a planned teaching programme.

The investigator first introduced herself, after assessment of samples, planned teaching programme was implemented among primigravida mothers. The demographic variables and level of information gained by primigravida mothers was assessed.

Extensive review of literature, professional experience and experts guidance from the field of obstetrical and gynaecological nursing lead the researcher to design the methodology and develop the tool for data collection.

A modified conceptual framework was formulated on Modified version of Kenny's J.W. open system model (1999)

The researcher conducted the pre test at the out patient department in MAPIMS. The researcher developed a planned teaching programme on warning signs during pregnancy among primigravida mothers attending out patient department.

Simple random sampling technique was used to select sixty primigravida mothers. The researcher developed a planned interview schedule to assess the knowledge regarding warning signs during pregnancy among primigravida mothers.

After obtaining the content validity from experts, the pilot study was conducted along with this reliability of the tool also was tested by test – retest method. The findings from the pilot study established the practicability and feasibility.

The ethical aspect of the research was maintained throughout the period by getting formal permission from the authorities and consent from primigravida mothers to participate in the study. The information collected from the participants was kept confidential and it was only used for research purpose.

The findings from the pilot study established practicability and feasibility; hence the investigator proceeded with the data collection for the main study. The pre-test was conducted among samples on

first week of data collection and all the primigravida mothers were attending the planned teaching programme on knowledge regarding warning signs during pregnancy conducted by the researcher. After seven days of planned teaching programme, the post test data was collected.

The data collected were analysed by descriptive and inferential statistics, interpreted and discussed based on the objectives of the study, theoretical framework and relevant studies from the literature reviewed.

The main findings of the study revealed that

(a) In the pre-test level of knowledge regarding warning signs 73 Percentage of them had inadequate level of knowledge and 27 Percentage of them had moderately adequate level of knowledge.

(b) In the post-test level of knowledge regarding warning signs during pregnancy 87 Percentage of them had adequate level of knowledge and 13 Percentage of them had moderately adequate level of knowledge.

(c) There is statistically significant difference in the pre-test and post-test level of knowledge regarding warning signs during pregnancy among primigravida mothers.

(d) There is statistically no significant association of the post test level of knowledge regarding warning signs during pregnancy with selected demographic variables among primigravida mothers.

In introduction mentioned about Hypothesis. That is H_0 – there is no difference between pretest and posttest regarding warning signs during pregnancy among primigravida mothers.

H_1 there is difference between pretest and posttest regarding warning signs during pregnancy among primigravida mothers.

The study result revealed H1 Hypothesis was accepted. In level of adequate knowledge the pretest score was zero percentage. The post test score was 86.67 percentage.

The study was conducted in Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research.

The researcher concluded that there is significant improvement in the level of knowledge regarding warning signs during pregnancy among primigravida mothers attending out patient department. It shows that the planned teaching programme on warning signs during pregnancy was statistically significant effective among primigravida mothers.

NURSING IMPLICATIONS

The investigator recommended the following implications drawn from the study which are of vital concern for nursing practice, nursing administration, nursing education and nursing research.

Nursing Practice

- Play a vital role in prevention and promotion of health among antenatal mothers
- Make education as an integral part of nursing profession.
- To detect high risk cases as earlier.
- The midwife practitioners should make an attempt in screening the all the antenatal mothers for warning signs during pregnancy in community.
- The midwife should make an attempt in educating the family members regarding warning signs.
- The midwife should be also be educated to family members in providing emotional support for over all health status of the mothers.

Nursing Administration

- The nurse administrator services should be extended from institutional based service to the community services.
- Play a vital role in early detection and prevention of causative factor.

- The nurse administrator can arrange for various health camps and health education campaigns to out patient department patients and at community setup and can involve the community health professionals in outreach educational and health programmes. This helps the health care administrators to render services which are promotive, preventive, curative and rehabilitative in nature.

Nursing Education

- Modify the curriculum with information related to high risk among antenatal mothers to prevent the maternal mortality rate.
- Prepare student to utilize in teach according to the fact needs of the community.
- Motivate public participation in planned teaching programme.
- This study would emphasize among learner to develop observational skills and knowledge about the warning signs during pregnancy
- The student nurses to be educated and allowed to participate in outreach health care services in related to obstetrical care among antenatal mothers.

Nursing Research

- This study can be further replicated. The findings of the study can be disseminated and implemented. Based on these findings nursing theories can be evolved, which will strengthen the field of nursing research.
- Help to utilize the finding and disseminated the knowledge in the field of work.
- Nursing needs to be developed in specific areas of problems encountered by warning signs during pregnancy.

RECOMMENDATIONS FOR THE FURTHER STUDY

1. The study can be replicated on a larger sample of mothers.
2. A comparative study can be conducted among urban and rural women.

3. Studies related to care and management and prevention of warning signs during pregnancy can be conducted and duplicated or replicated in different settings by the nurse researchers.
4. Effective health education and self instructional packages which addresses the needs and problems of women should be prepared after systematically planned field testing studies.

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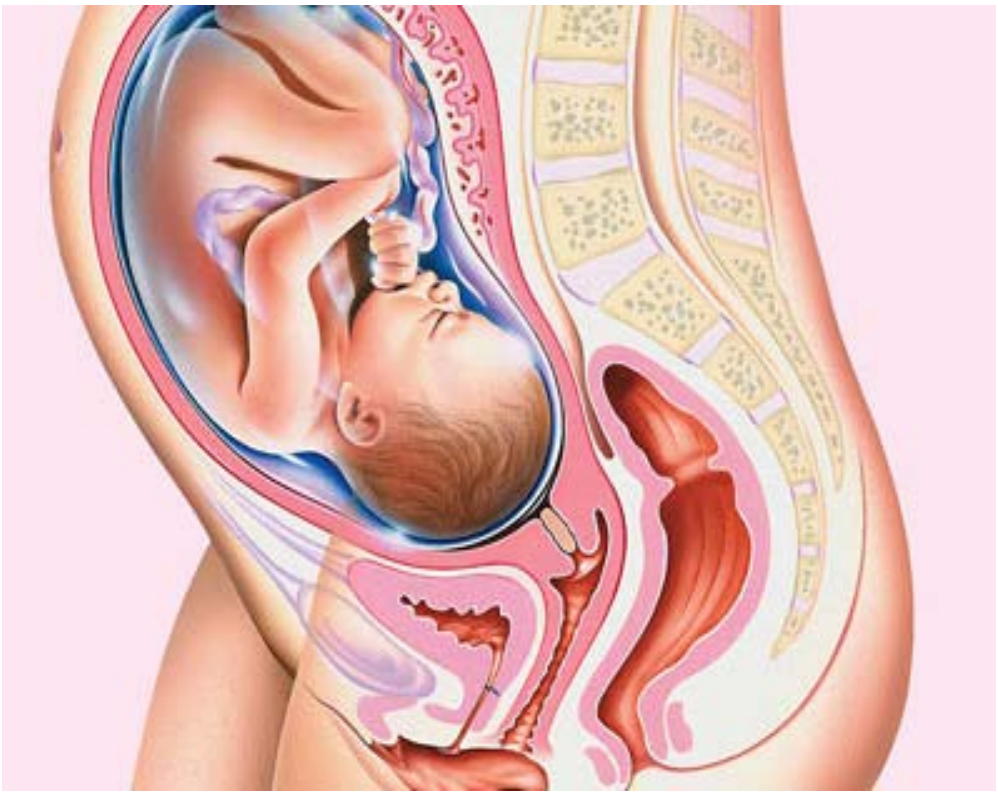

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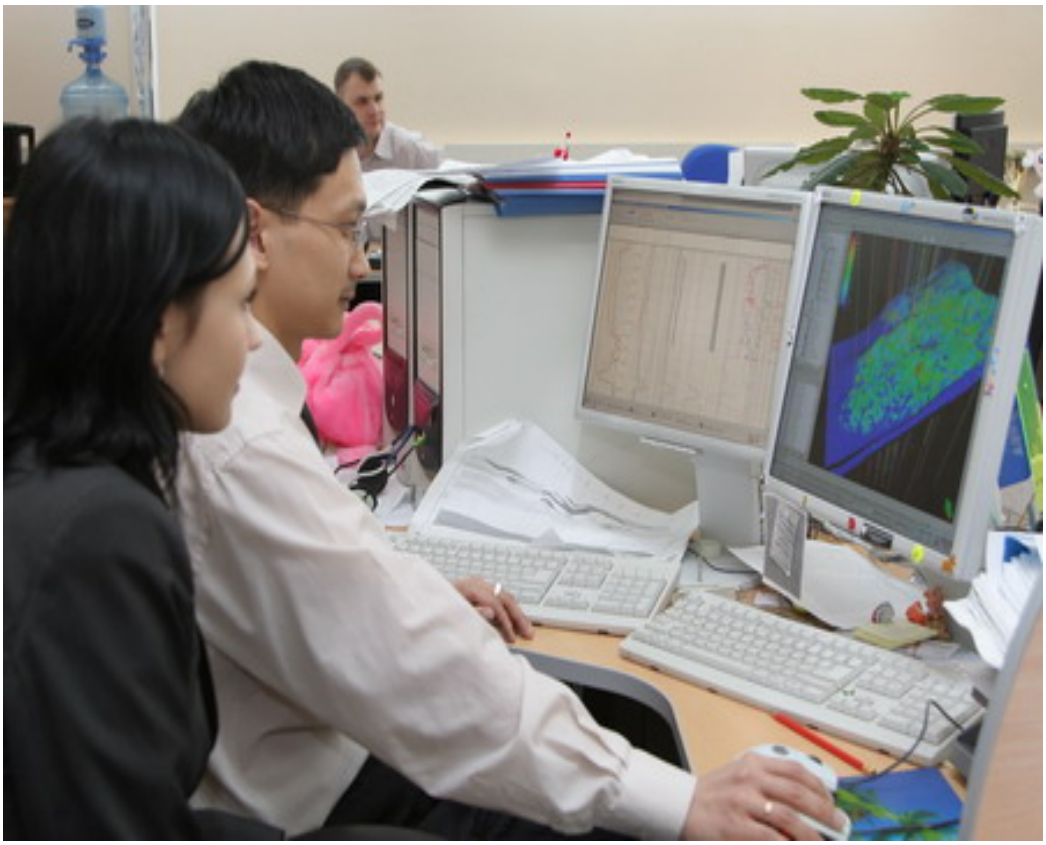

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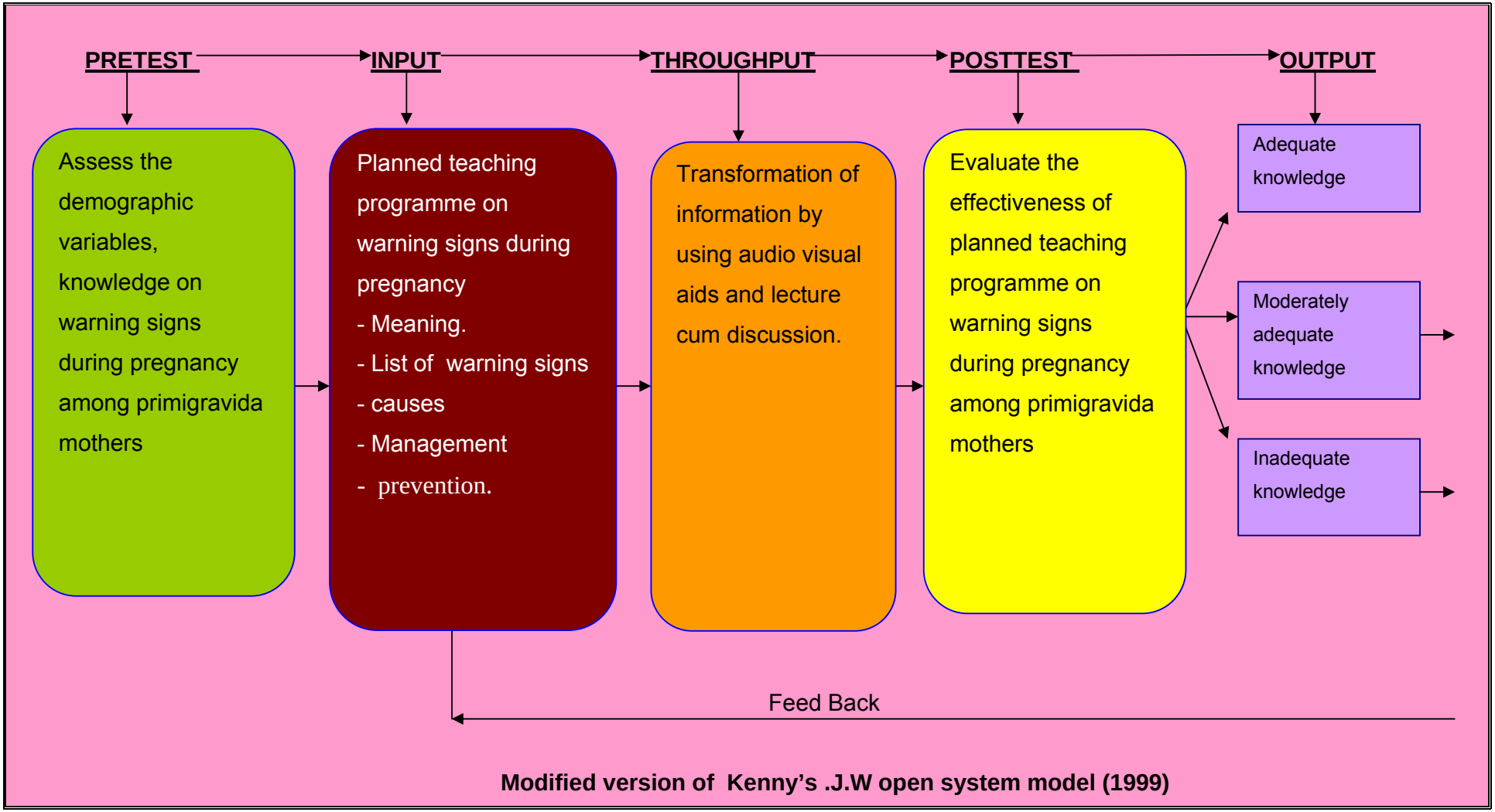


Modified version of Kenny's .J.W open system model (1999)

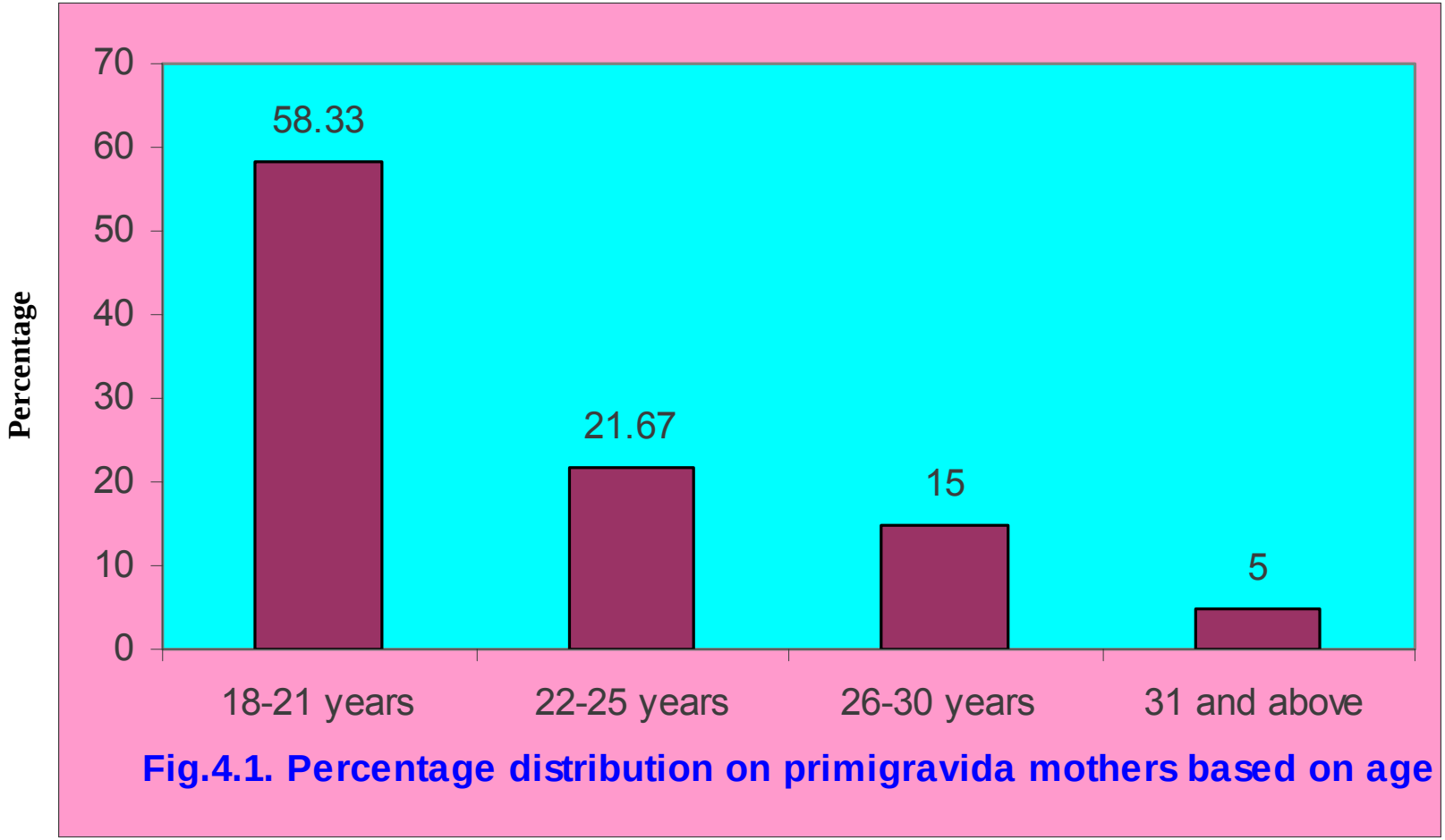


Fig.4.1. Percentage distribution on primigravida mothers based on age

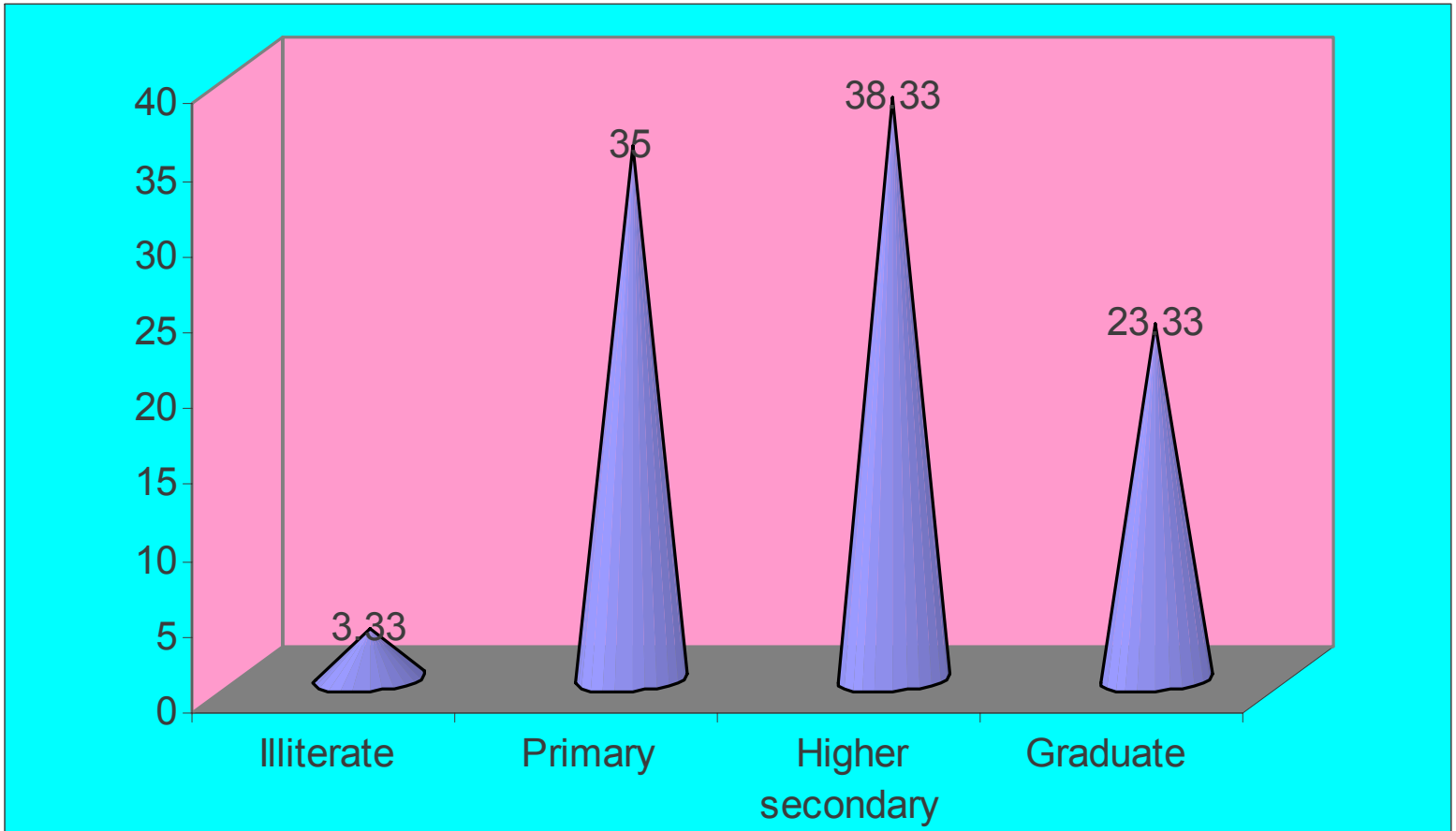


Fig.4.2. Percentage distribution on primigravida mothers based on educational status

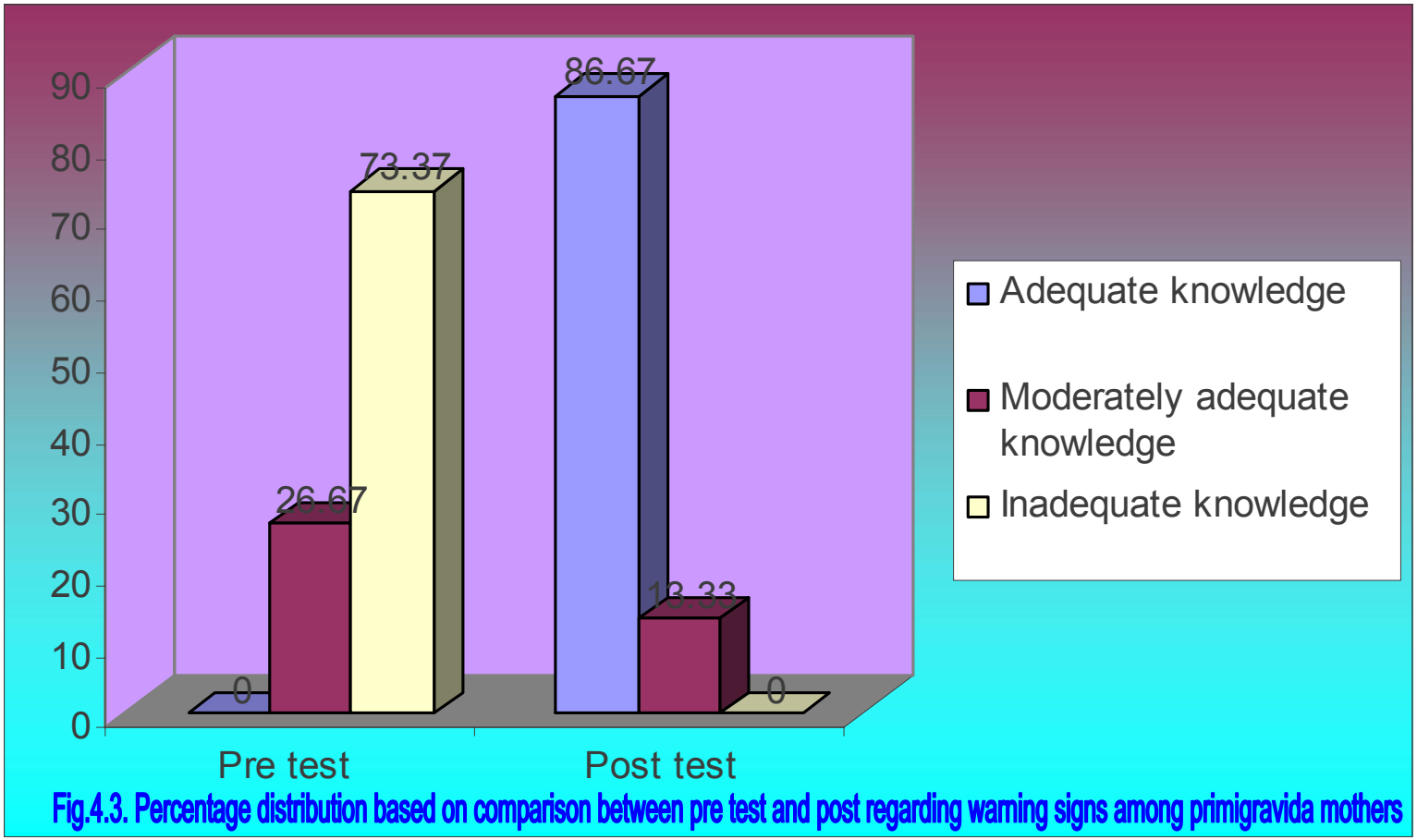


Fig.4.3. Percentage distribution based on comparison between pre test and post regarding warning signs among primigravida mothers

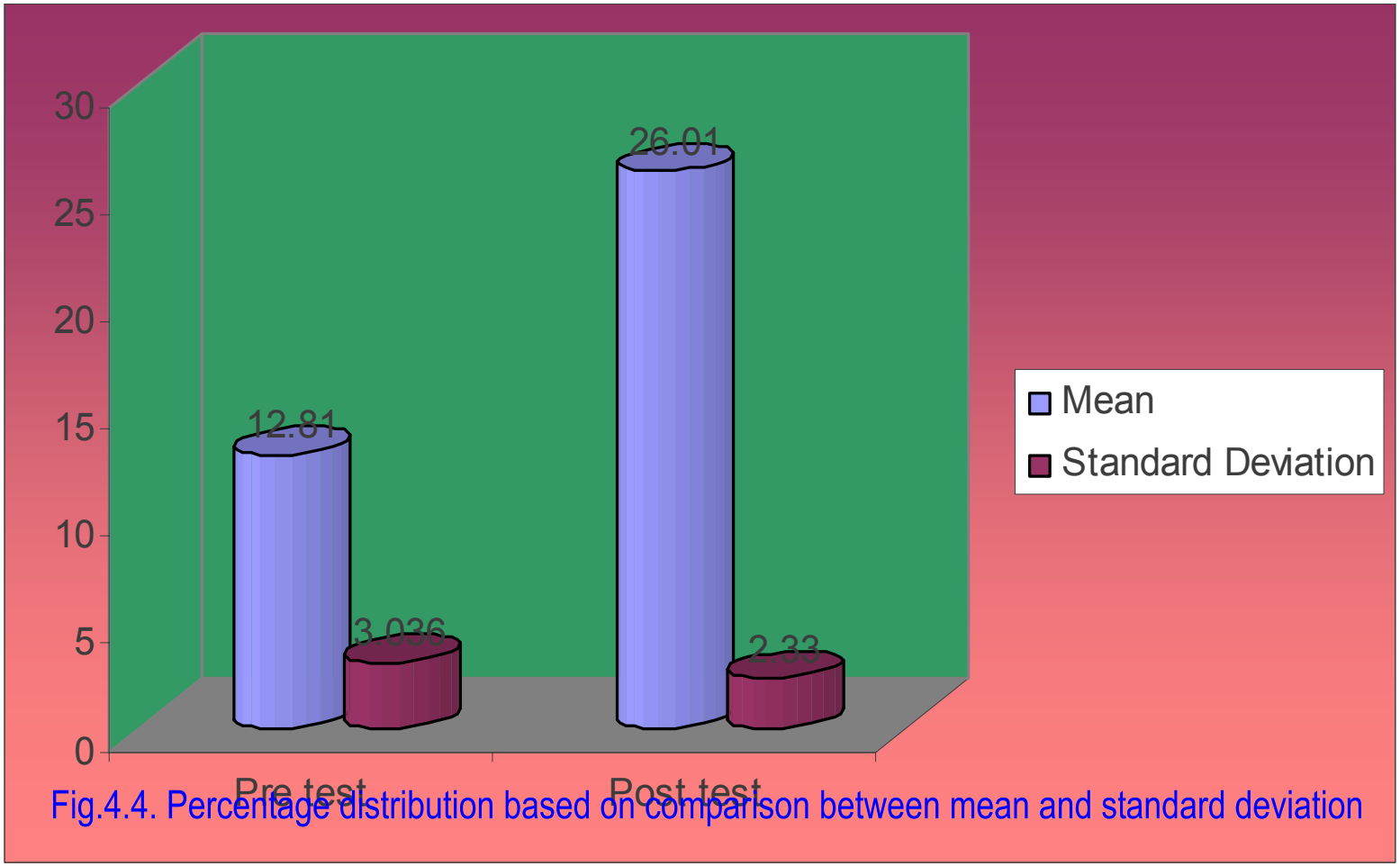


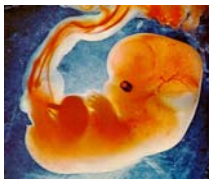
Fig.4.4. Percentage distribution based on comparison between mean and standard deviation

HANDOUT

CAUSES OF WARNING SIGNS DURING PREGNANCY

Anemia

Hemorrhagic Disorder



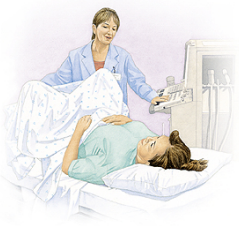
Hypertensive Disorder

Hyperemesis gravidarum

Infection

Foetal Distress

Premature Labour



SCHOLAR GIVING HEALTH EDUCATION

SCHOLAR GIVING HEALTH EDUCATION

APPENDIX - I

Part – I : Section - A

DEMOGRAPHIC VARIABLES

1. Age in years. ☐

   a. 18 to 21

   b. 22 to 25

   c. 26 to 30

   d. 31 & above

2. Religion ☐

   a. Hindu

   b. Muslim

   c. Christian

   d. Others

3. Educational Status ☐

   a. Illiterate

   b. Primary

   c. Higher Secondary

   d. Graduate

4. Occupation

   a. Employed
   b. Agriculture
   c. Coolie
   d. Home maker

5. Types of family

   a. Joint family
   b. Nuclear family

6. Family income

   a. Rs. 1000
   b. Rs.1000-2000
   c. Rs.2001-3000
   d. Rs. More than 3000

7. Practice of Antenatal checkup

   a. Regular
   b. Once in a month
   c. Occasionally
   d. When ever there is problem

8. Source of Information

   a. Family members.
   b. Health care personnel.
   c. Media
   d. Relatives

APPENDIX - II

Part – II : Section – B

Yes or No type Questionnaires Related to

Warning Signs

1. Swelling of leg and feet is a danger sign.

   ☐ Yes

   ☐ No

2. Continuous severe headache needs immediate attention

   ☐ Yes

   ☐ No

3. Sudden bleeding per vagina needs immediate attention

   ☐ Yes

   ☐ No

4. Loss of foetal movement is a danger sign

   ☐ Yes

   ☐ No

5. Blurred vision needs immediate medical attention

   ☐ Yes

   ☐ No

6. Increase in weight more than 3 Kg in a month seek medical help

☐ Yes

☐ No

7. Painful or burning micturation needs attention

☐ Yes

☐ No

8. Severe remitting in early pregnancy is a danger sign.

☐ Yes

☐ No

9. Rupture of amniotic fluid during pregnancy seeks medical advice

☐ Yes

☐ No

10. Swimming cycling or vigorous exercises will lead to warning signs during pregnancy.

☐ Yes

☐ No

APPENDIX – III

Part – II : Section - C

Multiple choice Questionnaires related to Causes and Management of warning signs of Pregnancy

1. Pregnant Mother is said to be Anemic if the Hb level is below

   a. 11 gm/dl below ☐ ☐

   b. 11 gm/dl

   c. 11.5 gm/dl

   d. 12 gm/dl

2. Pallor is one of the symptom for ☐ ☐

   a. Infections

   b. Anemic

   c. Preterm labour

   d. Pregnancy Induced Hypertension

3. High fever is caused due to ☐ ☐

   a. Anemia

   b. Abortion

   c. Infection of urinary Tract

   d. Eclampsia

4. Pregnant women is consider as the hypertension when Blood Pressure is above ☐ ☐

a. 110/70 mm Hg.

b. 120/80 mm Hg.

c. 130/80 mm Hg.

d. 140/90 mm Hg.

5. Convulsion in pregnancy will be caused due to ☐ ☐

a. Anemia

b. Antepartum Hemorrhage

c. Eclampsia

d. Infections

6. Swelling of face or fingers may occur due to. ☐ ☐

a. Abortion

b. Hypertension

c. Gestational Diabetes Mellitus

d. Antepartum Hemorrhage

7. Normal weight gain during pregnancy ☐ ☐

a. Less than 8 kg

b. 8 -10 kg

c. 10 -12 kg

d. More than 12

8. Loss of products of conception prior to 24 weeks of gestation will indicate ☐ ☐

a. Ante partum Hemorrhage

b. Abortion

c. Preterm labour

d. Menstruation

9. Dry mouth, Epigastric pain & sunken eyes are the symptom of

a. Severe vomiting ☐ ☐

b. Anemia

c. Infection

d. Hypertension.

10. Bleeding per vagina after 27^{th} week of gestation is referred

a. Postpartum Hemorrhage ☐ ☐

b. Menstruation

c. Abortion

d. Ante partum Hemorrhage.

11. If bleeding per vagina is profuse, the pregnant mother should maintain. ☐ ☐

a. Prone position

b. Fowler's position

c. Sideline position

d. Supine position

12. Premature labour occurs ☐ ☐

a. Before 33 weeks

b. Before 35 weeks

c. Before 37 weeks

d. Before 39 weeks

13. Preterm labour will have the symptoms of

a. Five or more contractions with in hour.

b. Backache

c. Diarrhoea

d. All of the above

14. An alarming sign of premature labour is ☐ ☐

a. Regular uterine contractions before 37 weeks

b. Hemorrhage

c. Hypertension

d. Vomiting

15. Premature Rupture of membrane needs to seek medical help with ☐ ☐

a. Immediately

b. After 1 day

c. After 2 days

d. No need

16. Normal fetal movement felt by pregnant mothers for 12 hours.

a. 5 ☐ ☐

b. 10

c. 3

d. 7

17. During pregnancy, pain abdomen is due to ☐ ☐

a. Abortion & Ectopic pregnancy

b. Preterm labour & Hydaliform mole

c. Polyhydramnios & Antepartum

d. All of the above

18. Measure to reduce edema of extremities in pregnancy

a. Avoid walking ☐ ☐

b. Sugar restricted diet

c. Foot and elevation and salt restricted diet

d. Less intake of water

19. Iron rich foods includes

a. Green leafy vegetables

b. Dhalls

c. Milk & Milk products

d. Non-Vegetarian diets

20. During pregnancy Iron supplement will prevent

a. Infection

b. Anemia

c. Preterm delivery

d. All of the above.

APPENDIX - IV

PLANNED TEACHING

PROGRAMME ON WARNING SIGNS DURING PREGNANCY AMONG PRIMIGRAVIDA MOTHERS.

Student Teacher	**:**	**G. Sumathi**
Topic	**:**	**Warning Signs during pregnancy**
Subject	**:**	**Obstetrics and Gynaecological Nursing**
Time	**:**	**45 minutes**
Language	**:**	**Tamil**
Teaching Aids	**:**	**Charts, Health education charts.**
Place	**:**	**Out patient department in MAPIMS**
Teaching Activity	**:**	**Lecture cum Discussion**
Learners Activity	**:**	**Listening, asking questions**

Central Objective:-

Helps the Primigravida mother to acquire adequate knowledge regarding warning signs during pregnancy and to develop desirable attitude towards warning signs and to prevent the complications during pregnancy and labour as well as which helps to the health professionals to control the Maternal Mortality rate.

Specific Objectives:-

state the meaning of warning signs

enlist the warning signs during pregnancy

list out the causes of warning signs

enumerate the management of warning signs during pregnancy

explain about prevention of warning signs.

Sl.No.	Specific Objectives	Content	Teachers Activity	Learners Activity
1.	State the meaning of warning signs	**WARNING SIGNS DURING PREGNANCY** The warning signs which is the sign of impending danger or evil to the pregnant mother. The mother who is found with these warning signs, immediately they have to seek for medical help. So as a midwife nurse in order to prevent the warning	Explaining	Listening

		signs complications and to for early detection. Planned teaching programme on warning signs has been selected which will be very helpful to mother as well as to the health professionals in order to reduce the maternal mortality. Complications of pregnancy are the symptoms and problems that are associated with pregnancy. There are both routine problems and serious, even potentially fatal problems. The routine problems are normal complications, and	Explaining	Listening

2.	enlist the warning signs	pose no significant danger to either the woman or the fetus. Serious problems can cause both maternal death and fetal death if untreated. **LIST OF WARNING SIGNS DURING PREGNANCY.** ❖ Pallor ❖ Signs of fever ❖ Swelling of face or extremities ❖ Servers continuous headache ❖ Convulsion ❖ Sudden unexpected weight gain	Explaining explaining by using health education chart	Listening Listening

		❖ Visual disturbances (Dimness, blurring of vision, flashes of lights or dots before eyes. ❖ Epigastria pain ❖ Persistent vomiting ❖ Bleeding per vagina ❖ Regular uterine contractions before 37 weeks. ❖ Sudden escape of fluid per vagina ❖ Sudden decrease or absence of fetal movement for 24 hours. ❖ Abdominal pain.	Explaining by using health education charts	Listening

		❖ Increased thirst with limit or no urination. ❖ Burning sensation while you pass urine.		
3.	list out the causes of warning signs	**CAUSES FOR WARNING SIGNS** ❖ Anemia ❖ Hemorrhagic disorders ❖ Hypertensive disorders ❖ Hyper emesis gravidaurm ❖ Infections ❖ Premature rupture of membranes	Explaining by using health education charts	listening

		❖ Foetal distress. ❖ Premature labour ❖ Gestational Diabetes Mellitius		
4.	enumerate the management of warning sings during pregnancy	**MANAGEMENT FOR WARNING SIGNS DURING PREGNANCY** ❖ The women should be in bed preferably in left lateral position as much as possible to lessen the effects of venacaval compression. ❖ Maintaining kick chart to assess fetal well being.	explaining by using health education chart	listening

		❖ Maintain perineal pad count to estimate amount of bleeding (1gm weight is approximately 1ml) ? in case of antepartum hemorrhage ❖ In case of premature labour empty your bladder, drink lots of water and lie down on your left side to prevent contractions. ❖ Sterile vulval pad is applied for leakage ❖ In this case of IUD, the woman and her family are likely to be upset.	Explaining by using health education charts	Listening

		Psychologically and should be assured of safety of non interference. ❖ Maintain NPO incase of persistent vomiting. ❖ In case of convulsions, don't restrict the movement ❖ Position the patient in semiprone inorder to promote drainage of saliva and vomit. ❖ If the patient is unconscious the position should be changed at	Explaining by using health education charts	Listening

		intervals to prevent hypostatic pneumonia and bedsore ❖ Eye pads to be applied to minimize optic stimulation. ❖ Avoid noxious stimuli		
5.	explain about prevention of warning signs	**PREVENTION OF WARNING SIGNS DURING PREGNANCY** ❖ Diet ❖ Exercises ❖ Personal hygiene ❖ Sleep & Rest	Explaining by using health education charts	listening

		❖ Maintanance of daily fetal movement count. **DIET** ❖ Folate is a B Vitamin, which helps to prevent neural tube defects and prevent the risk of preterm delivery. Sources:-Leafy green vegetables, uterus fruits dried beans and peas foods like meal, spinach, beans asparagus etc. A pregnant woman needs 1 gm of folate per day.	Explaining by using health education charts	Listening

		❖ A pregnant woman requires 1 gm of calcium per day. Sources: Yogurti milk, cheese, salmon, spinach and cereal ❖ Iron will prevent the infection, low birth weight and preterm delivery. A pregnant woman requires a about 27 mg of iron a day. Sources :- Beans, spinach, brinjals, beets and dates. ❖ A pregnant woman needs	Explaining by using health education charts	Listening

		approximately 70 gms proteins a day Sources: cottage chease, wheat Rice, cereals, meat, fish, eggs and poultry, Dried beans, peanuts, peas, brain and peanut butters ❖ Incase of pregnancy induced hypertension, calorie requirement 1600 per day. 100 gm proteins 1 day omission of salty food and extra salty in the dish.	Explaining by using health education charts	Listening

		EXERCISES Aerobic exercises and brisk walking is helpful inorder to prevent Gestational diabetes mellitius and unexpected weight gain during pregnancy. **Benefits of exercise during pregnancy.** ❖ Staying active during pregnancy will help to keep your body stranger and more supple. ❖ Exercise will help to prevent	Explaining by using health education charts	Listening

		constipation which is commonly experienced during pregnancy. ❖ Exercise will make it easier for you to avoid gaining more weight than the average 10-12 kg. ❖ Providing your pregnancy is normal, you can continue to exercise throughout the nine months. **PERSONAL HYGIENE** ❖ Maintaining perineal hygiene to prevent infection.	Explaining by using health education charts	Listening

		❖ During the warmer spring and summer months you may have to take several showers a day to keep from sweating too much. ❖ During pregnancy, you will become more pungent in your vaginal region. You will have to clean yourself with a wash cloth possibly several times a day. ❖ Wear lighter clothing ❖ Use appropriate brasserie to support the breast.	Explaining by using health education charts	Listening

		❖ During bathing, daily backrub and foot massage should be practiced. **About food Hygine** ❖ Wash your hands with warm water and soap, before and after preparation of food. ❖ Store food safety ❖ Cook food thoroughly ❖ Avoid eating outside the home.	Explaining by using health education charts	Listening

		SLEED AND REST DURING PREGNANCY **REST** Adequate bed rest is helpful to prevent preterm delivery 8 hours in the night time 2 hours in the day time. **Best position for sleeping** Learn to sleep on your left side use extra pillows to support your back so you	Explaining by using health education charts	Listening

		don't lie flat on your back. Rest your top leg on another pillow. A "pregnancy pillow" that provides support for your entire body may help keep a pillow under body may help keep a pillow under your abdomen. Elevate your head and shoulders. ❖ If you can't nap sit down and relax – listen to music or reed, if that helps, when you relax, prop your feet above your chest, if possible to help with swelling and to ease discomfort	Explaining by using health education charts	Listening

		in your legs. **Managing Stress** ❖ Breathing Exercise inhale slowly as you count 4 push out your abdomen as you breathe in. Let your shoulders and neck relax as you slowly exhale while counting to 6. ❖ Listen to Music	Explaining by using health education charts	Listening

		MAINTANANCE OF DAILY FETAL MOVEMENT COUNT Three counts each of one hour duration (morning, noon and evening) are recommended. The total counts multiplied by four gives daily (12 hour) fetal movement count (DFMC). If there is diminish of the number of 'kicks' to less than 10 in 12 hours (or less than 3 in each hour), it indicates fetal compromise.	Explaining by using health education charts	Listening

CONCLUSION

By providing education regarding warning signs during pregnancy to primigravida mothers, mothers where able to gain adequate knowledge and helpful for earlier identification. There by it provides to the health professionals to reduce MMR among primigravida mothers.

APPENDIX - V

gFjp –I: gphpt[-m

Ra rK:f Fwpg;g[fs;

1. taJ

   m. 21-w;F fPH;

   M. 22 - 25 tiu

   ,. 26 - 30 tiu

   <. 31-f;F nky;

2. kjk;

   m. ,e;J

   M. ,];yhkpah;

   ,. fpwp];Jth;

   <. kw;wth;fs;

3. fy;tpj;jFjp

   m. vGj;jwptpy;yhjth;fs;

   M. bjhlf;f epiy

   ,. nky;epiy

   <. gl;ljhhp

4. bjhHpy;

   m. ntiyapy; ,Ug;gth;

M. tptrhak;

,. Typ

<. tPl;il eph;tfpg;gth;

5. FLk;g tiffs;

m. Tl;Lf;FLk;gk;

M. jdpf;FLk;gk;

6. FLk;g tUkhdk;

m. U:gha; Mapuk; tiu

M. Mapuj;Jf;Fk; nky; ,uz;lhapuj;Jf;Fk; cs;shf

,. ,uz;lhapuj;Jf;Fk; nky; K:thapuj;Jf;Fk; cs;shf.

<. K:thapuj;Jf;Fk; nky;

7. fw;gf;fhyj;jpw;fhd nrhjid Kiw

m. bjhlh;e;J rhpahd Kiwapy;

M. khjj;jpw;F xU Kiw

,. vg;bghGjhtJ

<. gpur;rpid tUk;bghGJ

8. jftypw;fhd tHpKiw

m. FLk;g cWg;gpdh;fs;

M. Rfhjhu mYtyh;fs;

,. jfty; bjhlh;g[

<. cwtpdh;fs;

APPENDIX - VII

gFjp – II : gphpt[- ,

fh;g;gfhyj;jpy; Vw;gLk; Kd;bdr;rhpf;if mwpFwpfs;

rk;ke;jkhd fhuzq;fs; kw;Wk; mjid rkhspf;Fk; tHpKiwfs;

1. ,uj;j mZf;fs; vjw;Fk; Fiwthf ,Ue;jhy; fh;g;gfhyj;jpy; ,uj;jnrhif vdg;gLk; ☐ ☐

   m. 11 gm/dl f;F fPHhf

   M. 11 gm/dl

   ,. 11.5 gm/dl

   <. 12 gm/dl

2. btspupa jd;ik vjdpd; mwpFwpahf fUjg;gLfpwJ. ☐ ☐

   m. neha;bjhw;W

   M. ,uj;jnrhif

   ,. Fiwg;gpurtk;

   <. fh;gfhyj;jpy; Vw;gLk; ,uj;j mGj;jk;

3. mjpfg;goahd fha;r;ry; Vw;gLtjw;fhd fhuzq;fs; vd;d?

   m. ,uj;jnrhif

   M. fUr;rpijt[

   ,. rpWePufg; ghijapy; neha;bjhw;W

   <. typg;g[

4. ,uj;j mGj;jk; vjw;F mjpfkhf ,Ue;jhy; fh;gfhyj;jpy; ,uj;jf; bfhjpg;g[vd;gh;.

   m. 110/70 mm Hg.

   M. 120/80 mm Hg.

   ,. 130/80 mm Hg.

   <. 140/90 mm Hg.

5. fh;gfhyj;jpy; Vw;gLk; typg;g[vjd; fhuzkhfs Vw;gLfpwJ.

   m. ,uj;jnrhif

   M. fh;g;gfhyj;jpy; Vw;gLk; ,uj;jg;nghf;F

   ,. fh;g;gfhyj;jpy; Vw;gLk; mjpfg;goahd ,uj;j mGj;jk;

   <. neha;bjhw;W

6. Kfk; my;yJ tpuy;fspy; Vw;gLk; tPf;fk; vjdhy; Vw;gLfpwJ.

   m. fUr;rpijt[

   M. ,uj;jbfhjpg;g[

   ,. fh;g;gfhyj;jpy; Vw;gLk; ePhpHpt[neha;

<. fh;g;gfhyj;jpy; Vw;gLk; ,uj;jpg; nghf;F

7. fh;g;gfhyj;jpy; Vw;gLk; rhpahd vil mjpfhpg;g[vt;tst[?

m. 8- fpnyhtpw;Fk; Fiwthf ☐ ☐

M. 8-ypUe;J 10- fpnyh

,. 10-ypUe;J 12- fpnyh

<. 12-fpnyhtpw;Fk; nkyhf

8. fh;g;gfhyj;jpy; ,Ugj;J ehd;F thuj;jpw;F Kd;ghf fUt[w;w bghUl;fs; btspahtJ vjid Fwpf;Fk;. ☐ ☐

m. khjtpyf;F

M. fh;g;gfhyj;jpy; Vw;gLk; ,uj;jg;nghf;F

,. fUr;rpijt[

<. Fiwg;gpurtk;

9. twz;l ehf;F> beQ;rhpg;g[> FHp tpGe;j fz;fs; vjdpd; mwpFwpahFk;. ☐ ☐

m. mjpfg;goahd the;jp

M. ,uj;j nrhif

,. neha;bjhw;W

<. ,uj;jf;bfhjpg;g[

10. fh;g;gfhyj;jpy; ,Ugj;njG thuj;jpw;Fk; nkyhf bgz;Fwp tHpahf ,uj;jg;nghf;F Vw;gLtJ vjid Fwpf;Fk;.

m. khjtpyf;F

M. fh;g;gfhyj;jpy; Vw;gLk; ,uj;jg;nghf;F

,. fUr;rpijt[

<. gpurtj;jpw;F gpd; Vw;gLk; ,uj;jg;nghf;

11. ve;j epiy bgz;Fwpahf tUk; ,uj;jg;nghf;if fl;Lg;gLj;Jk;

m. Fg;g[wg;gLj;jy;

M. rha;thd epiy

,. xUgf;fkhd epiy

<. ky;yhh;e;j epiy

12. Fiwg;gpurtk; ve;j thuj;jpw;F Kd;ghf Vw;gLk;.

m. 33- thuj;jpw;F Kd;ghf

M. 35- thuj;jpw;F Kd;ghf

,. 37- thuj;jpw;F Kd;ghf

<. 39- thuj;jpw;F Kd;ghf

13. Fiwgpurtj;jpw;fhd mwpFwpfs;

m. KJFtyp

M. tapw;Wg;nghf;F

,. xU kzpneuj;jpw;Fs;shf 5 Kiwf;F nkyhf tUk; ,Lg;g[typ

<. nkny cs;s midj;Jk;

14. Fiwg;gpurtj;jpd; Kd;bdr;rhpf;if mwpFwp vJ?

m. Kg;gj;njG thuj;jpw;F Kd;ghf bjhlh;e;JtUk; gpurttyp

M. ,uj;jg;nghf;F

,. ,uj;jf;bfhjpg;g[

<. the;jp

15. gpurtepiyf;F Kd;ghf gdpf;Flk; ciljYf;F kUj;Jt Mnyhrid vg;bghGJ njit?

m. cldoahf

M. xUehSf;F gpwF

,. ,uz;L ehl;fSf;F gpwF

<. njitapy;iy

16. gz;zpbuz;L kzp neuj;jpw;Fs;shf> Fiwe;jgl;rkhf fh;g;gpzpfs; vj;jid FHe;ij mirit czu ntz;Lk;.

m. 5

M. 10

,. 7

<. 3

17. fh;g;gfhyj;jpy; tapw;Wtsp vjdhy; Vw;gLfpwJ.

m. fUr;rpijt[

M. Fiwg;gpurtk;

,. fh;g;gfhyj;jpy; Vw;gLk; ,uj;jg;nghf;F

<. nkw;Thpa midj;Jk;

18. fh;g;gfhyj;jpy; fhy;fspy; Vw;gLk; tPf;fj;ij ve;j Kiwapd; K:yk; Fiwf;fyhk;.

m. elg;gij jtph;j;jy;

M. ghjq;fis cah;j;jpago itj;jy; kw;Wk; cg;g[rhh;e;j bghUl;fis jtph;j;jy;.

,. rh;f;fiu rhh;e;j bghUl;fis jtph;j;jy;

<. Fiwthf jz;zPh; vLg;gJ.

19. ,Uk;g[r; rj;J epiwe;Js;s bghUl;fs;

m. gr;ir fha;fwpfs;

M. gUg;g[tiffs;

,. ghy; kw;Wk; ghy; rhh;e;j bghUl;fs;

<. mirt czt[tiffs;

20. fh;g;gfhyj;jpy; ,Uk;g[r;rj;J vLj;Jf;bfhs;tJ vjid jLf;Fk;

m. neha;bjhw;W

M. ,uj;jnrhif

,. Fiwg;gpurtk;

<. nkny Fwpg;gpl;Ls;s midj;Jk;.

APPENDIX - VI

gFjp – II : gphpt[- M

fh;g;gfhyj;jpy; Vw;gLk; Kd;bdr;rhpf;if mwpFwpfs;

cs;slf;fpa nfs;tpfs;

1. fhy; kw;Wk; ghjq;fspy; Vw;gLk; tPf;fk; xU mgha mwpFwp

rhp ☐

jtW ☐

2. mjpfkhf bjhlh;e;J tUk; jiytspf;F cldo kUj;Jt Mnyhrid njit

rhp ☐

jtW ☐

3. bgz;Fwp tHpahf vjph;ghuhky; tUk; ,uj;jg;nghf;fpw;F cldo ftdk; njit.

rhp ☐

jtW ☐

4. FHe;ij mirt[,y;yhky; ,Ug;gJ xU mgha mwpFwp

rhp ☐

jtW ☐

5. kq;fpa fz; jd;ik ,Ue;jhy; cldo kUj;jt Mnyhrid njit

rhp ☐

jtW ☐

6. xU khjj;jpw;Fs;shf K:d;w fpnyhtpw;F nky; vil cah;tjw;F cldo kUj;Jt Mnyhrid njit

rhp ☐

jtW ☐

7. rpWePh; fHpf;Fk; nghJ typ my;yJ vhpr;ry; Vw;gLtjw;F cldo ftdk; njit

rhp ☐

jtW ☐

8. fh;g;gfhyj;jpnyna gdpf;Flk; ciljYf;F cldo ftdk; njit

rhp ☐

jtW ☐

9. fh;g;gfhyj;jpy; tpl;L tpl;L fha;r;ry; mog;gJ vd;gJ xU mgha mwpFwp.

rhp ☐

jtW ☐

10. ePr;ryoj;jy;> kpjptz;o Xl;Ljy; my;yJ fLikahd clw;gapw;rp bra;jy; FHe;ij ngWf;F mgha mwpFwpfis Vw;gLj;Jk;.

rhp ☐

jtW ☐

APPENDIX – VIII

fh;g;gfhyj;jpw;Fwpa

Kd;bdr;rhpf;if mwpFwpfs; gw;wpa

fy;tp

khzt Mrphpah;	&	F. Rkjp
jiyg;g[	&	fh;g;gfhyj;jpw;Fwpa
Kd;bdr;rwpf;if mwpFwpfs;		
gphpt[	&	jha;nra; eyg;gphpt[
neuk;	&	45 epkplk;
gapw;Wtpf;Fk; bkhHp	&	jkpH;
ghl tpsf;f cgfuzk;	&	tpsf;f ml;il tiuglk;

,lk;	**&**	**g[w nehahspfs; gphpt[**
Mrphpah;fspd; bray;ghL	**&**	**tpthpj;jy;**
fh;g;gpzpfspd; bray;ghL	**&**	**ftdpj;jy;> nfs;tp nfl;ly;**

bghJ nehf;fk;&

fh;g;gfhyj;jpw;Fwpa mgha mwpFwpfs; Fwpj;j mgha mwpFwpfspd; gl;oay;> mjd; fhuzpfs;> nkyhz;ik kw;Wk; jLg;g[Kiwfs; ,tw;wpd; K:yk; fh;g;gfhy jha;khh;fSf;F mgha mwpFwpfs; gw;wpa mwpt[j;jpwd; fpilf;fg; bgWk;. ,jd; K:yk; fh;g;gfhyk; kw;Wk; gpurtj;jpd;nghJ Vw;gLk; tpist[fis fl;Lg;gLj;jyhk;.

rpwg;g[nehf;fq;fs;&

mgha mwpFwpfspd; mh;jj;ij tptupj;Jr; brhy;

fh;g;gfhyj;jpy; Vw;gLk; mgha mwpFwpfis gl;oay;

mgha mwpFwpfSf;fhd fhuzpfis gjpt[bra;

fh;g;gfhyj;jpy; Vw;gLk; mgha mwpFwpfis rkhspf;Fk; tHpKiwfis tpthp

mgha mwpFwpfis jLf;Fk; Kiwapid tpsf;F

t.vz;.	**rpwg;g[nehf;fq;fs;**	**bghUslf;fk;**	**fw;wy; fw;gpj;jy; bray;ghL**	**ftdpj;jy;**
1.	mgha mwpFwpfspd; mh;jj;ij tptupj;Jr; brhy;	fh;g;gfhyj;jpy;> fha;r;ry; kw;Wk; mjpfg;goahd the;jp ,itbay;yhk; jPq;F cz;lhf;Fk; mgha mwpFwpfs;. fh;g;gpzpfSf;F ,Jkhjphpahd mgha mwpFwpfs; Vw;gl;lhy;> mth;fs; cldoahf kUj;Jt cjtpia mDf ntz;Lk;. ,e;j jpl;lkpl;l fy;tp epfH;r;rpapd; K:yk; fh;g;gpzpfs; mth;fSf;F Vw;gLk; mgha	tiuglk; bfhz;L tptupj;jy; tiuglk;	ftdpj;jy; ftdpj;jy;

2.	fh;g;gfhyj;jpy; Vw;gLk; mgha mwpFwpfis gl;oay;	mwpFwpfis Muk;g fhyj;jpnyna mwpa cjt[k;. fh;g;gfhyj;jpy; Vw;gLk; tpist[fs; ,uz;L tifahdJ. xd;W rhjhuz rpf;fy;fs; kw;bwhd;W fh;g;gpzpianah my;yJ rpRitnah bfhy;yf;Toa gpur;rpidfs;. mgha mwpFwpfis ftdkpd;wp my;yJ rpfpr;irapd;wp tpl;lhy; fh;g;gpzpapd; ,wg;g[vz;zpf;ifa[k; kw;Wk; rpRtpd; ,wg;g[vz;zpf;ifa[k; mjpfkhFk;. **fh;g;gfhyj;jpy; Vw;gLk; mgha mwpFwpfspd; gl;oapay;&**	bfhz;L tptupj;jy; tiuglk; bfhz;L tptupj;jy;	ftdpj;jy;

3.	mgha mwpFwpfSf;fhd fhuzpfis gjpt[bra;	❖ btspwpa jd;ik ❖ fha;r;ry; ❖ Kfk; my;yJ ghjq;fspy; Vw;gLk; tPf;fk; ❖ bjhlh; jiytsp ❖ typg;g[❖ vjph;ghuhky; Vw;gLk; mjpfg;goahd vil mjpfhpg;g[❖ fz;fspy; Vw;gLk; gpur;rpidfs; ❖ beQ;rhpg;g[❖ mjpfg;goahd the;jp ❖ bgz;FwptHpahf Vw;gLk; ,uj;jg;nghf;F	tiuglk; bfhz;L tptupj;jy;	ftdpj;jy;
4.	fh;g;gfhyj;jpy; Vw;gLk; mgha mwpFwpfis	❖ bgz;FwptHpahf mjpfg;goahd ePh; btspnaWjy;	tiuglk; bfhz;L	ftdpj;jy;

	rkhspf;Fk; tHpKiwfis tpthp	❖ Kg;gj;njG thuj;jpw;F Kd;ghf Vw;gLk; gpurttsp ❖ ,Ugj;jpehd;F kzpneuj;jpw;F nkyhf FHe;ij mirt[,y;yhky; ,Ug;gJ. ❖ tapw;Wtsp. **mgha mwpFwpfSf;fhd fhuzpfs;&** ❖ ,uj;jnrhif ❖ ,uj;jg;nghf;F rk;ge;jg;gl;l neha;fs; ❖ ,uj;jf; bfhjpg;g[rk;ge;jg;gl;l neha;fs; ❖ fh;g;gfhy the;jp	tptupj;jy; tiuglk; bfhz;L tptupj;jy;	ftdpj;jy;

		❖ neha; bjhw;W ❖ gpurt epiyf;F Kd;ghf gdpf;Flk; ciljy; ❖ rpRtpd; K:r;Rj;jpdwy; ❖ Fiwg;gpurtk;	tiuglk; bfhz;L tptupj;jy;	ftdpj;jy;
5.	mgha mwpFwpfis jLf;Fk; Kiwapid	**fh;g;gfhyj;jpy; Vw;gLk; mgha mwpFwpfis rkhspf;Fk; tHpKiwfs;.** ❖ fh;g;gfhyj;jpy; ,lJ g[wkhf gLg;gjd; K:yk; ,uj;j ehsj;jpy; Vw;gLk; mGj;jj;ij	tiuglk; bfhz;L	ftdpj;jy;

	tpsf;F	jtph;f;fyhk;. ❖ FHe;ij eyj;ij mwpe;Jbfhs;s FHe;ij mirit ftdpj;jy;. ❖ bgz;FwptHpahf ,uj;jg;nghf;F Vw;gl;lhy;> jpz;L cgnahfpf;ft[k;. ,jd; K:ykhf ,uj;jg;nghf;fpid fz;lwpayhk;.(1gm = 1ml) ❖ Fiwg;gpurtk; nehpl;lhy; cldoahf rpWePh; fHpj;Jtpl ntz;Lk;> mjpfg;goahd ePh; mUe;j ntz;Lk;> ,lJg[wkhf gLf;f ntz;Lk;.	tptupj;jy; tiuglk; bfhz;L tptupj;jy;	ftdpj;jy;

		,jid filgpog;gjd; K:yk; gpurt typia jtph;j;J tplyhk;. ❖ bgz;FwptHpahf ePh; btspnawpdhYk; jpz;L cgnahfpf;ft[k;. ,jd; K:ykhf btspnawpd ePhpd; mstpid fz;lwpayhk;. ❖ mjpfg;goahd the;jp Vw;gl;lhy;> tha;tHpahf vija[k; vLj;jf;bfhs;shky; cldoahf kUj;Jthpd; cjtpia mZft[k;. ❖ fh;g;gfhyj;jpy; typg;g[Vw;gl;lhy; typg;gpid jLf;ff; TlhJ. typg;g[mJthf	tiuglk; bfhz;L tptupj;jy; tiuglk; bfhz;L	ftdpj;jy; ftdpj;jy;

		epd;Wtpl;l gpwF> rha;thd Fg;g[w epiyapy; gLf;f ntz;Lk;. ,jd; K:yk; vr;rpy; my;yJ VnjDk; czt[g;bghUl;fs; ,Ue;jhy; tha;tHpahf btspnaWtjw;F ,e;j epiy cjt[k;.	tptupj;jy;	
		❖ typg;g[K:yk; ePq;fs; Raepidit ,He;jhy;> kUj;Jt cjtpia mZFk;tiu> cq;fsJ epiyia khwp khwp itj;Jf; bfhs;s ntz;Lk;. ,jd; K:yk; EiuaPuypy; Vw;gLk; tPf;fj;ij Fiwf;fyhk;.	tiuglk; bfhz;L tptupj;jy;	ftdpj;jy;

		❖ mjpf ,uj;j bfhjpg;gpd; K:yk;> fz; nfhshWfs; Vw;gl;lhy; ,U fz;iziaa[k; jpz;L itj;J K:lt[k;. ,jd; K:yk; fz; ghh;it rk;ge;jkhd J}z;Ljiy jtph;f;fyhk;. ❖ mjpf ,uj;j bfhjpg;g[cs;s jha;khh;fs; rj;jkhd R{H;epiyia jtph;g;gJ ey;yJ.	tiuglk; bfhz;L tptupj;jy;	ftdpj;jy;
		fh;g;gfhyj;jpy; Vw;gLk; mgha mwpFwpfis jLf;Fk; Kiwfs;& **czt[Kiwfs;&**	tiuglk; bfhz;L tptupj;jy;	ftdpj;jy;

		❖ nghnyl; xU gp itl;lkpd; ,jid rhpahf vLg;gjd; K:yk; Fiwg;gpurtk; kw;Wk; euk;g[kz;lyj;jpy; Vw;gLk; FiwghLfis jtph;f;fyhk;. ❖ nghnyl;> gPd;];> gl;lhzp kw;Wk; griyf;fPiu ,Jnghd;w gr;irf; fha;fwpfspy; fpilf;fpd;wJ. fh;g;gfhyj;jpy; njitg;gLk; nghnyl;od; mst[xU fpuhk; xU ehSf;F. ❖ fh;g;gfhyj;jpy; njitg;gLk; fhy;rpaj;jpd; mst[xU ehSf;F 1	tiuglk; bfhz;L tptupj;jy;	ftdpj;jy;

		fpuhk;. ❖ fhy;rpak;> ghy; kw;Wk; ghy; rk;ge;jkhd bghUl;fs;> gUg;g[tiffs;> tQ;rd kPd;> griyf; fPiu ,Jnghd;w bghUl;fspy; fpilf;fpwJ. ❖ fh;g;gfhyj;jpy; ,Uk;g[r;rj;J rhpahd mstpy; fpilj;jhy;> ,jd;K:yk; neha;bjhw;W> Fiwg;gpurtk; kw;Wk; Fiwe;j vila[s;s FHe;ij gpwg;g[,tw;iwbay;yhk; jtph;j;J tplyhk;.	tiuglk; bfhz;L tptupj;jy;	ftdpj;jy;

		❖ fh;g;gpzpfSf;F xU ehbshd;Wf;F 27 kpy;ypfpuhk; ,Uk;g[r;rj;J njitg;gLfpwJ. ❖ gPd;];> griyf;fPiu> fj;jphpf;fha;> gPl;U:l; kw;Wk; ngh;r;rk;gHk; ,tw;wpy; vy;yhk; ,Uk;g[r;rj;J mlq;fpa[s;sJ. ❖ xU ehbshd;Wf;F> fh;g;gk; mile;j jha;khh;fs; vLj;Jf; bfhs;s ntz;oa g[ujr;rj;jpd; mst[75 fpuhk;. ❖ g[ujr;rj;J Kl;il> kPd; tiffs;> gUg;g[tiffs;> nfhJik>		

		gl;lhzp> ghy; kw;Wk; ghy; rk;ge;jkhd bghUl;fs;> gPd;]; kw;Wk; kzpyhf;bfhl;il ,tw;wpy; vy;yhk; fpilf;fpd;wJ. ❖ jw;rkak; fh;g;gpzpfSf;F ,uj;jg; bfhjpg;g[,Ue;jhy; mth;fSf;F njitg;gLk;. ❖ fnyhhp 1600 fpuhk; xU ehbshd;Wf;F> g[ujr;rj;J 100 fpuhk; xU ehbshd;Wf;F> cg;gplg;gl;l bghUl;fis xJf;f		

		ntz;Lk;. (v.fh)& CWfha;> mg;gsk;. **clw;gapw;rp&** K:r;Rg; gapw;rp kw;Wk; ntfkhf elj;jy; ,itbay;yhk; fh;g;gfhyj;jpy; Vw;gLk; ePhpHpt[neha; kw;Wk; mjpfg;goahd vil TLjy; jtph;f;fg;gLfpwJ. **fh;g;gfhyj;jpy; clw;gapw;rp bra;tjpd; ed;ikfs;&** ❖ clw;gapw;rp mjpfg;goahd vil TLjiy fl;Lg;gLj;Jk;. ❖ fh;g;gfhyj;jpd;nghJ bghJthf fhzg;gLk; kyr;rpf;fiy clw;gapw;rp		

		jLf;Fk;. ❖ fh;g;gfhyj;jpd;nghJ clw;gapw;rp cq;fsJ cliy cWjpahft[k; ,zf;fKs;sjhft[k; itj;Jf;bfhs;s cjt[k;. **jdpg;gl;l Rfhjhuk;&** nyrhd cilfis mzpa ntz;Lk;> mog;gFjpia Rj;jkhf itj;jpUj;jy; ntz;Lk;. ,jd; K:yk; neha;bjhw;W tuhky; jLf;fyhk;. Xt;bthUKiw rpWePh; fHpj;jgpwFk; ePhpdhy; ed;F Rj;jk; bra;a ntz;Lk;. jpdKk; Fspj;jypd;nghJ KJF kw;Wk; ghjq;fis gpoj;Jtpl ntz;Lk;.		

		czt[rk;ge;jg;gl;l Rfhjhuk;& o czt[jahhpg;gjw;F Kd;g[kw;Wk; mjd; gpwFk;> iffis Rj;jkhf nrhg; cgnahfpg;gLj;jp fGt ntz;Lk;. o czt[tiffis KGikahf ntf itf;f ntz;Lk;. o btsp ,lj;jpy; czt[mUe;Jtij jtph;f;f ntz;Lk;. **fh;g;gfhyj;jpw;fhd Xa;t[kw;Wk; J}f;fk;&** o fh;g;gfhyj;jpd;nghJ		

		njitahd Xa;t[vLj;jhy;> Fiwg;gpurtj;ij jtph;f;fyhk;. o ,ut[neuj;jpd;nghJ 8 kzp neuKk;> gfypy; ,uz;L kzp neuKkhd Xa;t[njitahdJ. **fh;g;gfhyj;jpy; J}f;fj;jpw;fhd jFe;j epiy&** o ,lJ g[wkhf gLf;f ntz;Lk;> KJif jhq;f xU jiyaizia cgnahfpf;f ntz;Lk;> kw;bwhU jiyaizia fhy;fis jhq;f itj;Jf; bfhs;s ntz;Lk;> kw;bwhU jiyaizia		

		tapw;iw jhq;f itj;jf; bfhs;s ntz;Lk;. o J}f;fk; tuhj epiyapy;> ,iria ftdpg;gJ my;yJ VnjDk; gof;fpd;w gHf;fj;ij itj;Jf;bfhz;lhy;> mJ kdij nyrhf;f cjt[k;. **fh;g;gfhyj;jpy; Vw;gLk; mGj;jj;ij rkhspf;Fk; Kiw& K:r;Rg; gapw;rp&** o xd;wpypUe;J ehd;F tiu vz;zpf;bfhz;nl K:r;irf; bkJthf ,Gf;ft[k;. o gapw;rpapd;nghJ> njhy;gl;iliaa[k;		

		fGj;ijiaa[k; jsh;thf itj;Jf; bfhs;s ntz;Lk;. o mjd;gpwF xd;wpypUe;J MWtiu vz;zpf; bfhz;nl bkJthf K:r;ir tplt[k;. o ,irapid ftdpj;jy; ey;yJ. **jpdKk; FHe;ijapd; mirtpid ftdpj;jy;&** jpdKk;> VnjDk; xU ntis mjhtJ (fhiy> kjpak; my;yJ ,ut[) ,e;j VnjDk; xU ntisapy; xU kzp neuj;ij vLj;Jf;		

		bfhs;s ntz;Lk;. xU kzp neuj;jpw;Fs;shf Fiwe;jgl;rk; 3 mirt[,Uf;f ntz;Lk;. ,Wjpahf gz;zpuz;L kzp neuj;jpw;Fs;shf Fiwe;jgl;rk; gj;J mirt[,Uf;f ntz;Lk;. mg;go ,y;yhtpl;lhy; rpRtpd; ,uj;j Xl;lk; rhpahf		

Kot[iu&

,e;j fy;tpapd; K:yk; fh;g;gpzpfs; mth;fSf;F Vw;gLk; mgha mwpFwpia Kd;Tl;ona mwpe;J bfhs;s Koa[k;. ,jd; K:yk; mth;fs; kUj;Jt cjtpia FWfpa fhyj;jpy; ehLthh;fs;.