



AMALA COLLEGE OF NURSING

(An undertaking of Amala Cancer Hospital Society)

Amala Nagar P.O., Thrissur-680 555, Kerala, India.

Website : www.amalanursingcollege.org

First Cycle NAAC Accreditation 2022

Criterion 3

Research, Innovations and Extension

3.1. Resource Mobilization For Research

3.1.3 Copies of Research Proposal

Submitted to



THE NATIONAL ASSESSMENT AND ACCREDITATION COUNCIL

**SUPPORTING
DOCUMENTS**

Research Proposal

Community Health Nursing Department

“Those who do not find time for exercise will have to find time for illness” - Earl of Derby

Background of the study

The COVID_19 pandemic, also known as the coronavirus pandemic, is an ongoing global pandemic of coronavirus disease 2019 (COVID_19) caused by severe acute respiratory syndrome coronavirus 2 (SARS_CoV_2). The virus was first identified in December 2019 in Wuhan, China. The first case of the COVID_19 pandemic in Kerala (which was also the first in all of India) was confirmed in Thrissur on 30 January 2020. Globally, as 30 July 2021, there have been 196,553,009 confirmed cases of COVID-19, including 4,200,412 deaths, reported to WHO. As of 29 July 2021, a total of 3,839,816,037 vaccine doses have been administered.(WHO).As on August 2,current number covid cases in INDIA -413718 (MOH and FW)

Most people infected with COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease and cancer are more likely to develop serious illness. COVID-19 symptoms can sometimes persist for months. The virus can damage the lungs, heart and brain which increase the risk of long term health problem. These people sometimes describe themselves as 'long haulers' and the conditions have been called post COVID-19 conditions. Their health issues are sometimes called post COVID -19 syndrome condition. They are generally considered to be effects of COVID -19 that persist for more than 4 weeks after been diagnosed with the COVID-19 virus. Most people who have corona virus disease recover



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completely within a few weeks. But some people even those who had mild version of disease continues to experience symptoms after the initial recovery.

Rehabilitation is important part of recovery in Covid patients. Rehabilitation is defined as set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment. After severe COVID-19 disease, many patients will experience a variety of problems with normal functioning and will require rehabilitation services to overcome these problems. This include a simple screening process, use of multidisciplinary expert team includes interventions like exercise, practice, psychosocial support and education particularly about self-management and range of tailored interventions for other problems.

Raniel Gloecal, Daniefa Leitt, Inga Jarosch etal conducted a study to assess the benefits of rehabilitation in COVID 19 patients. The method used was prospective, observational cohort study. Several measures of exercise performance lung function test etc. 50 patients assessed before and after rehabilitation. The result of the study shows that an improvement occur in the patient's condition after rehabilitation sessions.

The rehabilitation in the COVID-19 patients help them to reduce their post Covid symptoms and complications proper interventions in rehabilitation process will help them to return into their normal life.

Problem statement

A study to assess the effectiveness of post-covid rehabilitation on physical and mental wellbeing among nurses working in selected institutions ,Thrissur kerala.



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Objectives

- Assess the physical and mental wellbeing among nurses
- Determine the effectiveness of post covid rehabilitation on physical well being among nurses
- Determine the effectiveness of post covid rehabilitation on mental well being among nurses
- Find out the association of physical and mental well being with selected demographic variables

Operational definition

1. Rehabilitation

Some kinds of exercises that improve the functioning and helps in reducing post Covid symptoms

2. Physical and mental well being

It is a state of health free of physical and mental ailments

3. Post Covid

Subjects who are negative of Covid- 19 infection within 4 weeks /1month period

4. Nurses

Nurses who are licenced to practice from the council and working in the selected institutions



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5. Selected institutions

It includes institutions opted for data collection process in Thrissur District

Assumption

There will be reduction in post covid symptoms after practicing rehabilitation

Hypothesis

H1. There will be significant difference in physical and mental wellbeing after post covid rehabilitation

H2. There will be significant association of physical and mental wellbeing with selected demographic variables

Research Methodology

Research Approach	Quantitative research Approach
Research Design	Pre experimental (One group pretest post test design)
Setting	Nurses working in selected institution, Thrissur
Population	Registered nurses
Sampling	Convenient sampling



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Sample size: 80

$$N_{\text{pairs}} = \frac{(Z_{1-\alpha/2} + Z_{1-\beta})^2 + Z_{1-\alpha/2}^2}{\Delta^2} \times \frac{\sigma^2}{2}$$

$$\Delta = \frac{(\mu_1 - \mu_2)}{\sigma} \quad \sigma = \frac{\sigma_1 + \sigma_2}{2}$$

n = 77

Inclusion criteria

- Age below 60 yrs
- History of Covid positive within 3 months
- Both genders

Exclusion criteria

- Staff nurse who are pregnant
- Staff nurse with h/o chronic respiratory illness

Tools for data collection

Tool 1: Questionnaire to assess demographic variables

Tool 2: Post Covid physical wellbeing scale

Tool 3: The Warwick Edinburgh mental well being scale

Plan for data collection

- Formal permission must be obtained from IEC and from selected institutions



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- Samples will be selected based on inclusion criteria
- Purpose and need for the study will be explained to participants and an informed consent will be obtained assuring the confidentiality
- Data will be collected with the help of tools for assessing physical and mental well being

Pretest (post covid physical well being and mental well being scale)	Intervention (post-covid rehabilitation exercises)	Follow up (once in a week for a period 3 months)	Post test (post covid physical well being and mental well being scale)
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Reference

1. Mahmud R, Rahman MM, Rassel MA, Monayem FB, Sayeed SKJB, Islam MS, et al. Post-COVID-19 syndrome among symptomatic COVID-19 patients: A prospective cohort study in a tertiary care center of Bangladesh. PLoS One [Internet]. 2021 Apr 1 [cited 2021 Aug 7];16(4):e0249644. Available from: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0249644>
2. Barker-Davies RM, O'Sullivan O, Senaratne KPP, Baker P, Cranley M, Dharm-Datta S, et al. The Stanford Hall consensus statement for post-COVID-19 rehabilitation. Br J Sports Med [Internet]. 2020 Aug 1 [cited 2021 Jul 31];54(16):949–59. Available from: <https://bjsm.bmj.com/content/54/16/949>



Liquid

TOOL 1

DEMOGRAPHIC DATA

1.Name:

2.Address:

3.Email ID:

4.Phone No:

5.Age in years:

6.sex:

- Male
- Female
- Other

7.Religion:

- Christian
- Hindu
- Muslim
- Other (specify)

8.Marital status:

- Married
- Single



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9.Education:

- Primary school
- High school
- Higher Secondary
- Graduate and above

10.Occupation:

- Home maker
- Private employee
- Government employee
- Daily wager
- Health Professional
- other

11.Type of Family:

- Joined Family
- Nuclear Family
- Extended Family
- Other (specify)

12.Area of Residence:

- Panchayath
- Municipality
- Corporation



13.Socio-economic status:

- APL
- BPL

14.Dietary Pattern:

- Vegetarian
- Non-vegetarian
- Mixed

15.When have you been diagnosed with COVID-19, specify date/month:

16.Have you been admitted in the hospital during the period of illness

- Yes
- No

17.What is your source of information about COVID-19:

- Health professional
- Social Media
- Friends

18.Are you vaccinated?

Yes

No

- If yes specify the doses

I st dose

II nd dose



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19. Have you been aware about post-COVID exercises?

Yes

No

20. Do you have any other comorbidities:

Diabetes Mellitus

Hypertension

Cholesterol

Any other (specify)

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TOOL 2

POST COVID PHYSICAL WELL BEING

QUESTIONS

Read carefully the questions. Answer all questions by putting tick mark in the most appropriate column.

	QUESTION	Always	Very often	Sometime	Rarely	Never
	GENERAL:					
1	Have you felt any change in your body temperature					
2	Do you have any pain or discomfort (if yes, specify location)					
3	Do you feel that you get easily fatigued					
4	Does fatigue interfere with your work, family and social life					
5	Are you experiencing any difficulty in performing selfcare activities					



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	(bathing, toileting, brushing etc..)					
6	Do you have any sleep disturbance (trouble with sleeping, staying asleep, poor quality of sleep)					
7	Does your skin show any rashes and discoloration of skin					
8	Do you have a habit of doing exercises					
	RESPIRATORY SYSTEM:					
9	Have you experienced shortness of breath during walking, climbing steps etc.					
10	Do you have cough					
11	Do you have heaviness in your chest (chest congestion)					
	GASTROINTESTINAL SYSTEM					
12	Do you have any gastric discomfort (diarrhea, heart burn, bloating)					
13	Have you felt any change in sense of taste and smell or loss of appetite					



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14	Did you observe any unusual weight loss than before (if yes, specify)					
	MUSCULOSKELETAL SYSTEM:					
15	Are you experiencing any joint or muscle pain, cramps, or slowness of movement					
16	Do you have any mobility difficulty (walking, doing exercise)					
	MENTAL HEALTH:					
17	Are you having difficulty in concentration or any confusion					
18	How often do you have nightmares about the events when you were COVID-19 positive					
19	Do you feel like you are being isolated, depressed, or hopeless					
20	Any traumatic experience from family/society during post COVID time					



Tool 3

Warwick Edinburgh mental wellbeing scale

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 weeks

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

"Warwick Edinburgh Mental Well-Being Scale (WEMWBS)
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SYNOPSIS PROTOCOL SUBMISSION

TITLE

**EFFECTIVENESS OF BIOPSYCHOSOCIAL (BPS) -SKILL INTERVENTION TO
ENHANCE THE WELL-BEING OF NURSES IN SELECTED ONCOLOGY DEPARTMENT**

PhD Scholar: **Mr. Don Jose K**

PhD Reg. Number: **N20PHDN204**

Nitte Usha Institute of Nursing Sciences,

Nitte (Deemed to be) University

(Assistant Professor, Amala College of Nursing)

Name of the Guide: **Dr.Nalini M, Associate Professor**

Institute: **Nitte Usha Institute of Nursing Sciences,**

Nitte (Deemed to be) University

DOCTORAL COMMITTEE MEMBERS

1. **Dr.(Prof)Fatima D'Silva**, Principal, NUINS, Nitte (Deemed to Be) University, Mangalore
2. **Dr. (Prof). Rajee Reghunath**, Principal, Amala College of Nursing, Thrissur
3. **Dr. Shrinivasa Bhat**, HOD, Department of Psychiatry, K.S Hedge Medical Academy, NITTE (Deemed To Be) University, Mangalore
4. **Dr. Sunu Cyriac**, Asst. Professor, Department of Medical Oncology and Haematology, Amala Institute of Medical Sciences, Thrissur



Agant

Community Health Nursing Department

Research Proposal

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[Signature]



TITLE

A study to assess the knowledge, attitude and practice regarding household waste disposal among women

BACK GROUND OF STUDY

With the development of civilization and globalization, drastic changes have come in our life style and in every activity of ours like education, recreation, travelling, feeding, clothing and housing. During all these processes, we generate a lot of waste. The modern culture of consumerism has aggravated the waste problem.

Every year we dump 2.12 billion tones of waste globally. The rapid urbanization and change in life style has increased the waste load and thereby pollution loads on the environment. This has grown to unmanageable and alarming proportions in the management of waste.

In India the amount of waste produced per day is 1, 00,000 tonnes. Large metropolis such as Mumbai and Delhi generate around 9,000 metric tones and 8,300 metric tones of waste per day, respectively.

A descriptive cross sectional study was conducted in Ayyurpanchayat of Pathanamthitta district of kerala to assess the knowledge, attitude and practice of household waste management among housewives. The samples were 100 housewives. They were selected by convenient sampling. Data collection was done by using structured questionnaire. The study found that 79% had average knowledge, 88% have positive attitude and 68% of housewives had average practice of household waste management. There was a significant association between knowledge scores and selected baseline variables like education, family income and method of disposal.

Need and significance of the study

Getting rid of household waste is everyone's problem. Everyone throws away paper, bottles, cans, plastic bags, kitchen waste like fruits and vegetable peelings, residues of fish and meat and left over excess food.

Many studies shows that people and women and rural areas are still lacking in adequate knowledge, attitude and practice regarding proper household waste disposal. This created in the mind of investigator a strong felt need to find out women's knowledge, attitude and practice on household waste disposal and also to provide an information leaflet based on different methods of household waste disposal applicable in rural areas.



STATEMENT OF PROBLEM:A study to assess the knowledge, attitude and practice regarding household waste disposal among women in Chittattukara,Thrissur,with a view to prepare an information leaflet.

OBJECTIVES

1. To assess the level of knowledge regarding household waste disposal among women
2. To assess the attitude regarding household waste disposal among women
3. To associate the level of knowledge and practice regarding household waste disposal among women with their selected demographic variables
4. To prepare and distribute an information leaflet regarding proper household waste disposal

OPERATIONAL DEFINITIONS

Knowledge:it refers to the correct response expressed by women to the items of a structured interview schedule regarding household waste disposal

Attitude :the way that think ,feel or behave

Practice: it refers to the activities that are undertaken for household waste disposal with the help of self reported check list.

Women:women who are involved in house hold activities and in the age group of 20 to 60 yrs.

Household waste:solid and liquid waste generated out of household activities.

Information leaflet:a printed folded sheet of paper for distribution containing information regarding different methods of household waste disposal

ASSUMPTIONS

- Women may have some knowledge on household waste disposal
- Women may practice some methods of household waste disposal
- Knowledge and practice of household waste disposal with their selected demographic variables .

HYPOTHESIS

- H₁: There will be significant association between knowledge and practice of household waste disposal with their selected demographic variables .

CONCEPTUAL FRAME WORK

Health Belief model

METHODOLOGY

RESEARCH APPROACH

Quantitative approach

RESEARCH DESIGN

Descriptive survey design

VARIABLES

Research variable: knowledge and attitude

Demographic variables: age, education, religion, occupation, how much land owned, type of family, no. of family members

SETTING

Chittattukara colony area, Thrissur.



POPULATION

Women residing in Chittattukara area

SAMPLE SIZE

100 women residing in Chittattukara colony area

SAMPLING CRITERIA

Inclusion criteria:

- One women from one household will be included in the study
- Women who are willing to participate and available during data collection

Exclusion criteria:

- Women who are not present at the time of data collection
- Women who are not willing to participate in the study

SAMPLING TECHNIQUE

Convenient sampling technique.

TOOLS

Tool I-

section A-Demographic variable

Section B :knowledge questionnaire

Section c:Attitude rating scale

Tool 2:Information leaflet

PILOT STUDY

A pilot study is planned among 10 women residing in Chittatukara Angandi.

PLAN FOR DATA COLLECTION

After obtaining ethical clearance and consent from authorities, samples will be selected based on inclusion criteria. Data collection done by using structured questionnaire. Prepared information leaflet were distributed to the respective samples and instructed about importance of household waste disposal.

PLAN FOR DATA ANALYSIS

Data will be analyzed using descriptive and inferential statistics

WORK PLAN

Tasks to be performed	Feb 2019	Feb 2019	Feb 2019	Feb 2019	Mar 2019	Mar 2019	Apr 2019	Apr 2019	May 2019	May 2019	May 2019	Jun 2019
Selection of problem and presentation	█											
Review of literature		█										
Synopsis presentation			█									
Research advisory committee and ethics committee approval			█									



Finalization of synopsis												
Submission of synopsis												
Review of literature												
Preparation of tool ,content validity ,editing and presentation of tool												
Reliability testing,pilot study presentation												
Data collection												
Data analysis												
Writing report												
Submission to the university												

BUDGET

PURPOSE	BUDGET PLAN
Printing	2500
Expert opinion	600
Typing	800
Analysis cost	750
Stationaries	550
Transportation	800
Total	6000

ETHICAL CONSIDERATION

Permission will be obtained from the institutional ethical committee Amala medical college, from research committee, Amala College of nursing and informed consent will be obtained from all participants.

REFERENCE

1. Remya Varghese, Riya Rachel George, assessing knowledge, attitude and practice of household waste management among housewives of a selected ward. Health action journal. 2017 april; 4(6):34-36.
2. Polit. F. Denise, Beck Tetano Cheryl. Essentials of Nursing Research. 8th edition. New Delhi; Wolterskluwer; 2014



3.Park.K, Textbook of Preventive and social medicine, M/s BanarsidasBhanot Publishers,23rd edition,Jabalpur.

RESEARCH PROPOSAL



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TITLE

**KNOWLEDGE ON ANEMIA AND ADHERENCE TO IRON FOLATE
SUPPLEMENTATION AMONG ANTENATAL WOMEN IN AMALA
INSTITUTE OF MEDICAL SCIENCES, THRISSUR.**

BY

Sr Litha lizabeth

Mrs. Aneesha V B

Department of Obstetrics and

Gynaecological Nursing

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TITLE OF THE STUDY

Knowledge on anemia and adherence to iron folate supplementation among antenatal women in Amala Institute of Medical Sciences, Thrissur.

BACKGROUND OF THE STUDY

Maternal mortality is one of the important indicators of quality of health services in a country. Anemia during pregnancy is one of the important factors associated with a number of maternal and fetal complications. It decreases the woman's reserve to tolerate bleeding either during or after child birth and makes prone to infections. Anemia during pregnancy also has been associated with increased risk of intra uterine growth restriction, premature delivery, low birth weight (LBW) and maternal and child mortality¹.

World Health Organization /World Health Statistics data shows that 40.1% of pregnant women worldwide were anemic in 2016. The condition is prominent in Southeast Asian countries where about half of all global maternal deaths are due to anemia and India contributes to about 80% of the maternal death due to anemia in South Asia. Among the various causes of anemia in women, iron deficiency is the most common cause, primarily due to recurrent menstrual loss and secondary due to poor supply of iron in the diet. During pregnancy anemia is common due to increased demand of iron for the growing fetus and placenta and increased red blood cell mass, The situation is further aggravated with other factors such as childbearing at an early age, repeated pregnancies, short intervals between pregnancies and poor access to antenatal care and iron supplementation¹.

A descriptive study was conducted on severe anemia in pregnancy, in a tertiary hospital at Northern India. In the hospital, the data were analyzed from 12 months between January 2007 and December 2007 and 96 women were found to have severe anemia. Out of these 18.75% had pre-term premature rupture of membranes, 5.12% of all deliveries were pre-term, hypertensive diseases of pregnancy were seen in 17.7%, abruptio placenta in 3.12%, 9.37% had congestive cardiac failure, postpartum hemorrhage was seen in 25.5% of the patients and 8.33% had puerperal pyrexia. Fetal distress was seen in 26% and 33.33% were small for gestational age neonates. There were 16.66% still birth and 4.16% neonatal deaths. Of the 96 severely anemic women, 6 women died after admission. The study concluded that



efforts must be taken towards safe motherhood and spreading awareness of knowledge about various consequences of anemia, which is usually preventable with early correction².

A cross sectional, descriptive study was conducted at Sri Manakula Vinayagar Medical College Hospital, Puducherry, India. Data collection was carried out using a predesigned, self-administered questionnaire in local language in the antenatal clinic at the time of routine antenatal checkup, from pregnant women who consented to participate in the study. Results revealed that only 39.87% of the participants were aware of and understood the term anemia. 53.8% of the participants accepted that pregnant women were more vulnerable to anemia and 66.1% responded that the fetus will be affected by severe anemia. Only 32.6% gave the correct response that pregnant women should take iron supplementation in spite of taking a healthy diet. Only 44.62% of the participants were aware of their hemoglobin level in the current pregnancy. Knowledge about food rich in iron was poor among the participants. At least 1/5th of the participants have not received educational information regarding anemia from any source. 49.36% of the participants were taking only the usual diet during their pregnancy. 74.36% claimed to have taken iron supplementation regularly where as 9.8% had not taken iron supplementation. On hemoglobin estimation it was found that 62.97% of the participants were anemic taking 11 grams as the cut off for anemia. The only significant determinants of hemoglobin levels were regular intake of iron supplements (p value 0.006) and timing of iron consumption (p value 0.0262).

The risk imposed by anemia to the health of women ranging from impairment of daily activities and poor pregnancy out-come. Effective public health measures, such as improved nutrient supplementation, health education and timely treatment of illness will help to bring down the anemia in pregnancy. In developing countries current strategies to prevent anemia in pregnant women have met with little success. Therefore, effort must be taken towards safe motherhood and creating awareness about various consequence of anemia, which is usually preventable with early correction of treatment. Hence, the investigator felt the need to assess the knowledge on anemia and adherence to iron folate supplementation among antenatal women to achieve safe motherhood in future.

PURPOSE OF THE STUDY

To assess the knowledge on anemia and adherence to iron folate supplementation among antenatal women.

STATEMENT OF THE PROBLEM

A study to assess the knowledge on anemia and adherence to iron folate supplementation among antenatal women.

OBJECTIVES OF THE STUDY

- Assess the level of knowledge on anemia among antenatal women.
- Assess the level of adherence to iron folate supplementation among antenatal women.
- Find the association between the level of knowledge on anemia with selected baseline variables.
- Find the association between level of adherence to iron folate supplementation with selected baseline variables.
- Find the association between level of knowledge on anemia and level of adherence to iron folate supplementation.
- Develop a self instructional module on anemia .

OPERATIONAL DEFINITIONS

Knowledge: Refers to right response of an antenatal woman on anemia and adherence to iron and folate supplementation which is assessed using self administered questionnaire.

Anemia: Refers to hemoglobin concentration of less than 11g/dL in venous blood during among antenatal women.

Adherence to iron and folic acid supplementation: Refers to the extend to which an antenatal woman correctly follows the instructions given by health care professionals on iron and folate therapy.

Antenatal women: Refers to women who are pregnant from 12 to 37 completed weeks of gestation.



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CONCEPTUAL FRAMEWORK

- Nola J Pender's Health Promotion Model

ASSUMPTION

Antenatal women may not have adequate knowledge on anemia and may not adhere to iron and folate supplementation.

HYPOTHESIS

H₁: There will be significant association between level of knowledge and selected baseline variables.

H₂: There will be significant association between level of adherence to iron folate supplementation and selected baseline variables.

RESEARCH METHODOLOGY

- Research approach:** Quantitative research approach.
- Research design:** Descriptive research design.
- Setting:** Obstetrics and Gynaecological outpatient department, of Amala Institute of Medical Sciences, Thrissur.
- Population, sample, sample size, sampling technique, inclusion and exclusion criteria:**

Population: All antenatal women from 12 to 37 completed weeks of gestation attending the Obstetrics and Gynaecological outpatient department of Amala Institute of Medical sciences, Thrissur.

Sample: All antenatal women from 12 to 37 completed weeks of gestation who meet the inclusion criteria.

Sampling technique: Convenience sampling

Sample size : Sample size is 150 . Sample size is calculated by using the following formula

$$n = \frac{Z\alpha^2 pq}{d^2}$$

Inclusion criteria:

- Antenatal women
 - From 12 to 37 completed weeks of gestation
 - Who are available at the time of data collection.

Exclusion criteria:

- Who all are not willing to participate in the study.
- Who are not able to follow English/Malayalam.

e . Tools and techniques:

Tool I: Questionnaire to assess baseline variables

Tool II: Section a: Questionnaire to assess the level of knowledge on anemia

Section b : Practice check list to assess the level of adherence to iron folate supplementation.

f . PILOT STUDY

Pilot study will be conducted using 10% of samples in the Obstetrics and Gynaecological outpatient department of Amala Institute of Medical Sciences, Thrissur .

g . PLAN FOR DATA COLLECTION

After obtaining the formal permission from the concerned authorities, the samples will be selected using convenience sampling technique. The purpose of the study will be explained. Written consent will be obtained from the subjects to participate in this study.

f . PLAN FOR DATA ANALYSIS

Collected data will be analysed using descriptive and inferential statistics.



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BUDGET

Purpose	Amount required
Meeting	Rs 100
Travels	Rs 300
Supplies and stationaries	Rs 1000
Printing , binding, typing	Rs 25,00
Expert opinion	Rs 100
Registration	Rs 200
Cost of analysis	Rs 500
Pilot study	Rs 300
Total	Rs 5,000

ETHICAL CONSIDERATIONS

- Formal approval obtained from Institutional Ethical Committee[IEC]
- Obtain individual informed consent from each sample

REFERENCES

1. http://whoindia.org/en/Section6/Section324_1467.1
2. Rohilla M, Raveendra A, et al. "severe anemia in pregnancy: a tertiary hospital experience from northern India". J obstet Gynaecol, 2010 30(7): 694-6.
3. Nivedita K et al. International Journal of Reproduction, Contraception, Obstetrics and Gynecology Int J Reprod Contracept Obstet Gynecol. 2016 Feb;5(2):425-431.

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