



**A STUDY TO EVALUATE THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAMME REGARDING LIFE STYLE MODIFICATION OF HYPERTENSION ON KNOWLEDGE ON PRACTICE AMONG CLIENTS WITH HYPERTENSION AT S.S.KULAM,PHC,COIMBATORE**

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**ABSTRACT**

The term hypertension can be described the male and female clients who are diagnosed to have systolic blood pressure 140 mm of hg is above 90 mm of hg. The study was undertaken to evaluate the effectiveness of video assisted programme regarding life style modification of hypertension on knowledge and knowledge on practice among clients with hypertension at s, s kulam, phc, coimbatore. The researcher used quantitative approach using one group pre test post method. The present study was carried out 40 samples. The variables used in this study were age, sex, religion, place of residence, occupation, education, family, leisure time activities, diet. The results shows statistical relation in education .the mean pre test score of knowledge was 10.3 and knowledge on practice was 10.the mean post test score knowledge was 14 and knowledge on practice was 16. The obtained 't' value for comparison of knowledge score was 39.3 at 39(df) significant at (p.05) level.The calculated 't' value for the comparison of knowledge on practice score was 22.9 at 49(df)significant at (p<0.05) level.

**KEYWORDS :** Hypertension,knowledge,practice,effectiveness,video Assisted Teaching Programme

**INTRODUCTION:** Health is a condition of being sound in body, mind or spirit, especially freedom from physical disease or pain. Health is central to the concept of quality of life WHO, defines the health is a state of complete physical, mental and social well being and not merely an absence of infinity.

Hypertension is an important medical public health issue. It exists world wide at epidemic areas affecting an estimated 1 billion people. Hypertension is one of the major cause of cardiovascular morbidity and mortality. Hypertension means that heart is working harder than normal, putting both the heart and blood vessels under strain.

**OBJECTIVES**

- 1) To assess the knowledge on practice of life style modification among clients with hypertension.
- 2) To provide video assisted teaching programme on life style modification of hypertension among clients with hypertension.
- 3) To determine effectiveness of video assisted teaching programme on life style modification among clients with hypertension.
- 4) To associate knowledge and knowledge on practice with demographic variables.

**MATERIALS AND METHODS**

The study was conducted on 40 samples (30 and 60 yrs) from S. S. Kulam PHC, Coimbatore. The researcher used. The researcher used random sampling method used for data collection. The data collected with the help of structured self questionnaire which consists of three Parts. Part A contains demographic variables, Part B contain knowledge on life style modification among clients with hypertension. Part C contains knowledge on practice regarding life style modification among clients with hypertension was developed by books, journal and internet. After getting consent from ethical committee of college and PHC main study was conducted. Informed consents taken from the participants and self administered questionnaire given to samples. Time taken to complete question paper is 20 minutes. Then video assisted teaching programme given to the students and after seventh day post test was done with the same questionnaire for the same subject.

**RESULTS**

The data was analysed used inferential statistics. The data was organised, tabulated, summarised and analysed. Frequency and percentage where used for the analysis of demographic and effectiveness of video assisted teaching programme regarding life style modification of hypertension

on knowledge and knowledge on practice among clients with hypertension. Chi Square was used to determine the association of post test score with demographic variables. The study variables were described in the form of percentages. The pre test score and post test score were interpreted by paired t test. The association between post test score and selected demographic variables were tested by Kearn Pearson s formula.

**TABLE 1: Description of demographic variables (n=40)**

Sl. No	Demographic variables	Frequency(f)	Percentage (%)
1.	Age		
	a)30-40 yrs	4	10%
	b)41 -50 yrs	6	15%
	c)51 -60 yrs	30	75%
2.	Sex		
	a)Male	12	30%
	b)Female	28	70%
3.	Religion		
	a)Hindu	40	100%
	b)Muslim	0	0
	c)Christian	0	0
4.	Place of residence		
	a)Urban	0	0
	b) Rural	40	100%
5.	Occupation		
	a)Labour	24	60%
	b)Dependent	16	40%
	c)Govt.employee	0	0
6.	Education		
	a)Illiterate	6	15%
	b)Primary	20	50%
	c)Secondary	12	30%
	d)Higher secondary	2	15%
	e)Diploma	0	0
	f)Graduate and above	0	0
8.	Leisure Time Activities		
	a)Watching TV	20	50%
	b)Gardening	12	30%
	c)Reading	0	0
	d)Any other work	8	20%
9.	Diet		
	a)Vegetarian	11	27.5%
	b)Mixed	29	72.5%

Table 1 depicts that 75% of samples belong to age group

years. In the study, 30% belongs to Male and 70% belongs to female. In religion, 100% belong to Hindu. In place of residence, 100% belongs to rural. In occupation, 60% belongs to labour and 40% belongs to dependent .In educational status, 15% belongs to illiterate, 50% belongs to primary, 30% belongs to secondary, 15% belongs to higher secondary. In type of family, 55% belongs to nuclear family, 45% belongs to joint family .In leisure time activities,50% belongs to watching TV,30% belong to gardening,20 % any other work. Diet, 27.5% belongs to veg, 72.5% to Mixed.

**Table 2: Comparison of Pretest and Post test knowledge score regarding life style modification of Hypertension (N= 40)**

S.No	Knowledge	Mean	S.D	t' value
1.	Pre test	10.3	2.47	39.3 *
2.	Post test	14.0	1.66	

\*Significant at 0.05 level

Table 2 shows the mean score of knowledge in pre test was 10.3 and in post test was 14 and the calculated t' value is 39/3 at df (39) was significant was 0.05 levels. The results shows that there was significant difference between pre test and post test knowledge. It reveals that structured teaching programme has a significant effect in improving the knowledge of the score.

**Table 3 : Comparison of Pretest and Post test score of knowledge on practice regarding life style modification of hypertension. (N=40)**

S.No	Knowledge on Practice	Mean	S.D	t' value
1.	Pre test	10.0	1.43	22.49*
2.	Post test	16.0	2.24	

\*Significant at 0.05 level

Table 3 shows the Pretest mean of practice was 10 and Post Test was 16 and the obtained t value was 22.49 at df (39) significant at 0.05 level. Teaching programme has significant effect in practice regarding life style modification of hypertension.

**Table 4 : Correlation between Knowledge and Knowledge on Practice on Life Style Modification of Hypertension in Pre test (N= 40)**

Sl.No	Knowledge and Practice	Mean	S.D	r
1.	Knowledge	10	2.47	+0.03
2.	Practice	8	1.43	

Table 4 shows there was a positive relation between the knowledge and Practice in pretest.

**Table 5 ; Corelation between knowledge and knowledge on Practice in life style modification of Hypertension in Post Test (N= 40)**

Sl.no	Knowledge and Practice	Mean	S.D	r
1.	Knowledge	14.0	1.66	+0.5
2.	Practice	10.0	2.24	

Table 5 shows there was a positive relation between the knowledge and practice in Post test

**Table 6: Association between selected demographic variables with level of knowledge on life style modification of hypertension in Post test (N= 40)**

S.No	Demographic variables	Below Mean	Above Mean	Degree of freedom	X <sup>2</sup>
1.	Education	2	0	4	20.4 *
	a)Illiterate	20	0		
	b) Primary	4	0		
	c)Secondary	10	4		
	c)Higher secondary				

Table 6 : shows that educational status had significant association with Post test knowledge score of subjects.

**Table 7: Association between selected demographic variables with level of knowledge on Practice on life style modification of hypertension in Post test (N= 40)**

S.No	Demographic variables	Below Mean	Above Mean	Degree of freedom	X <sup>2</sup>
1.	Age	4	1		4.95
	a)30-40 yrs	17	1		
	b)41 -50 yrs	14	1	2	
	c)51 -60 yrs				
2.	Sex	5	10		0.6
	a)Male	10	15	1	
	b)Female				
3.	Religion	39	10	2	0
	a) Hindu	0	15		
	b) Muslim	0			
	c) Christian				
4.	Place of residence	30	10	1	0
	a)Urban	0	0		
	b) Rural				
5.	Occupation	17	5	3	6.1
	a)Labour	10	8		
	b)Dependent	0	0		
	c)Govt.employee				
6.	Education	0	2		3.3
	a)Illiterate	20	0	4	
	b)Primary	8	0		
	c)Secondary	10	0		
	d)Higher secondary				
7.	Types of family	16	4		0.52
	a)Nuclear family	14	6	2	
	b)Joint family				
8.	Leisure Time Activities	17	4		7.44
	a)Watching TV	10	2	3	
	b)Gardening	0	0		
	c)Reading	5	2		
	d)Any other work				
9.	Diet	26	6	1	1.29
	a)Vegetarian	5	3		
	b)Mixed				

Table 7 shows that that there was no association between demographic variables and Post test practice on subjects.

**DISCUSSION:**

The pre test mean scores of life style modification of hypertension are as follows. The pretest score of knowledge was 10.3.The post test mean score of knowledge among clients with hypertension was 14.The post test score of practice among client with hypertension was 10.The post test score of practice among clients with hypertension was 16.The obtained t value of comparison of knowledge was 39.3 at 39 (df) at (p=0.05) level. The correlation between knowledge and knowledge on practice towards lifestyle modification of hypertension in pre test was +0.03 and post test was +0.05. There was association between post test knowledge and educational status .But no association between post test knowledge score and demographic variables, post test practice score and demographic variables.

**SUMMARY**

Most of the clients have poor knowledge level of life style of clients with hypertension in the pretest. After video assisted teaching programme, the clients had significant knowledge regarding life style modification on hypertension. Mean pretest knowledge score were 10.3 and practice were 10, post test knowledge score were 14 and practice were 16

respectively. The video assisted teaching programme is very effective to improve the knowledge and practice on life style modification of hypertension. The study shows that there is an association between post test score and education and no significant between posttest score and age ,sex, religion, place of residence, occupation, education ,types of family, leisure time activities, diet. Therefore the knowledge level of life style modification increased after video assisted teaching programme. Hence the research Hypothesis ( $H_1$ ) -There is a significant relationship between video assisted teaching programme and level of post test score.

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