



A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON THE LEVEL OF KNOWLEDGE REGARDING DIETARY APPROACH TO STOP HYPERTENSION AMONG HYPERTENSIVE PATIENTS

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ABSTRACT

The present study was aimed to assess the level of knowledge regarding dash diet among patient with hypertension at NIMS hospital, Neyyattinkara. The objective of the study was to assess the level of knowledge regarding dash diet among patient with hypertension before and after structured teaching programme and to find out the association between the levels of knowledge regarding dash diet with their selected demographic variables. The data collected from 30 hypertensive patients through convenient sampling technique to assess the level of knowledge regarding dash diet using questionnaire. Out of 30 samples taken 16.6% have poor knowledge, 60% have adequate knowledge, 23.3% have good knowledge before structured teaching programme and after structured teaching programme none had poor knowledge, 3.33% have adequate knowledge, 36.6% have good knowledge, 60% have very good knowledge. There is a significant difference found between pretest and post test knowledge scores and there is no significant association between pretest knowledge score with selected demographic variables.

KEYWORDS : Assess, Effectiveness, Structured teaching programme, Dash diet, Hypertensive patients

INTRODUCTION

"Stable Blood Pressure For Steady Health"

Hypertension also known as high blood pressure is a long-term medical condition in which the blood pressure in the arteries is persistently elevated. High blood pressure usually does not cause any symptoms. Long term high blood pressure is a major risk factor for stroke, coronary artery disease, heart failure, atrial fibrillation, peripheral arterial disease, vision loss, chronic kidney disease and dementia. The DASH diet (Dietary Approach to Stop Hypertension) is a dietary pattern promoted by the National Heart, Lung, and Blood Institute (a branch of the National Institute of Health) in the United States. The DASH diet is high in fruits and vegetables, whole grains, low-fat dairy products, meat, fish, poultry, and beans and low in sugar. It is intended to be a well-balanced approach to eating for the general public in addition to its effect on blood pressure. The DASH diet includes foods that are rich in potassium, calcium and magnesium. These nutrients help control blood pressure. The diet limits foods that are high in sodium, saturated fat and added sugars, fiber, nutrients believed to help control blood pressure.

The main aim of the DASH diet is not to lose weight but to reduce blood pressure. However, it can also help those who want to lose weight, lower cholesterol, and manage or prevent diabetes. The DASH diet is not a vegetarian diet, but it adds more fruits and vegetables, low or nonfat dairy foods, beans, nuts, and other nutritious items. It provides suggestions about healthy alternatives to "junk food" and encourages people to avoid processed foods. The DASH eating plan follows heart healthy guidelines to limit saturated fat and cholesterol. It focuses on increasing intake of foods rich in nutrients that are expected to lower blood pressure, mainly minerals (like potassium, calcium, and magnesium), protein, and fiber.

Objectives

1. To assess the knowledge of DASH diet among hypertensive patient.
2. To assess the effectiveness of Structured Teaching Programme on knowledge regarding DASH diet among hypertensive patient.
3. To find out the association between demographic variable and pretest.

Methodology

quantitative research approach was used in this study. The research designs adopted for the study was pre experimental one group pre- test - post-test research design. This design judges the effect of intervention by the differences between the

pre-test and post test scores. This study was conducted in NIMS Medcity Neyyattinkara. Population for this study comprises of patient with hypertension. A convenient sampling technique is a subset of a statistical population in which each member of the subset has an equal probability of being chosen. A structured knowledge self-administered questionnaire was used in this study. Data collection was started after getting permission from institute's Ethics committee. Duration of data collection was one week. The data was collected by following steps.

Phase 1: After obtaining clearance from concerned authority permission was taken from the administrative department of NIMS Medcity.

Phase 2: As per the inclusion and exclusion criteria, 30 samples were selected using convenience sampling technique. An informed consent was taken and confidentiality was maintained. The validated structured knowledge questionnaire was used to assess pretest knowledge regarding dash diet. On the same day researcher gave a structured teaching programme of duration of 30 min with AV aids.

Phase 3: Two days after structured teaching programme, the post test knowledge level was assessed using the same structured knowledge questionnaire.

RESULT

Pretest score regarding dash diet among hypertensive patient admitted in pay wards and other wards in NIMS Medcity before structured teaching programme revealed that 16.6% of adult patient show poor knowledge level, 60% show adequate knowledge level, 23.3% show good knowledge level. After structured teaching programme, none had poor knowledge, 3.33% had adequate knowledge level, 36.6% have good knowledge and 60% had very good knowledge level. It reveals that there is improvement in knowledge after structured teaching programme.

The paired t test value with 29 degree of freedom at 0.05 level of significance is 10.21 which is greater than table value (2.05). Hence the research hypothesis is accepted. There will be a significant difference between pretest and post test knowledge of patient with hypertension regarding dash diet following structured teaching programme. This indicates the structured teaching programme was effective in increasing knowledge of patient with hypertension regarding dash diet.

This study shows that there is no association between pretest score with selected demographic variables. This study indicate that 16.6% patient have poor knowledge, 60% patient have adequate knowledge, 23.3%, have good knowledge. The calculated value of Chi square at 0.05 level of significance is less than table value. So there is no significant association between pretest knowledge score regarding dash diet with selected demographic variables.

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