



EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWLEDGE LEVEL OF PATIENT REGARDING TUBERCULOSIS AND ITS TREATMENT AT CIVIL HOSPITAL UJJAIN

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ABSTRACT Tuberculosis is one of the most common infectious disease known worldwide. It is the 7th leading cause of global disability adjusted life year lost. Around 8 million causes occurred in the year 20007 with 1.8 million TB CASES in India alone. India accounts for 1/5th of world Tb cases and 2/3rd of TB cases in south east region, making it the most affected in the world. The main aim of the study to know about the knowledge regarding tuberculosis and spread the awareness about treatment and care during tuberculosis. The investigator developed one group pre test post test research design. It can be clearly seen that the 't' value was 12.126 and p value was 0.001 which clearly show that video assisted teaching was very effective in increasing the knowledge of patients regarding tuberculosis and its treatment.

KEYWORDS : Tuberculosis, Video Assisted teaching, Knowledge

INTRODUCTION

India has the highest burden of both tuberculosis (TB) and multidrug-resistant (MDR) TB based on estimates reported in Global TB Report 2016. Although the available data suggest that the TB epidemic may be on the decline, the absolute number of new cases is still the highest. India accounts for about 24% of the global prevalence, 23% of the global incident cases, and 21% of the global TB deaths. Taking into consideration the magnitude of the disease burden, the Government of India has announced its plan to eliminate TB by 2025 during the Union Budget 2017–2018.

Over 80% of people with TB first attend the private sector, yet there are no strict guidelines to regulate the private sector which may lead to further amplification of drug resistance. In the NSP 2017–2025, there is a provision of incentives for private providers to promote TB case notification and ensure treatment adherence and treatment completion. The incentives will be provided upon notification in the TB reporting software, i.e., Nikshay through a smooth and program integrated direct beneficiary transfer.

OBJECTIVE OF THE STUDY

- 1) To assess the pretest knowledge score of patients regarding tuberculosis and its treatment at civil hospital Ujjain.
- 2) To assess the effectiveness of video assisted teaching on knowledge of patients regarding tuberculosis and its treatment at civil hospital Ujjain.
- 3) To find out the association between pretest knowledge score of patients with selected demographic variables.

Hypothesis Of The Study

H₀₁ – There will be no significant difference between pre-test and post-test knowledge score of patients regarding tuberculosis and its treatment at civil hospital Ujjain.

H_{A1} – There will be significant difference between pre-test and post-test knowledge score of patients regarding tuberculosis and its treatment at civil hospital Ujjain.

H₀₂ – There will be no significant effectiveness of video assisted teaching on knowledge regarding tuberculosis and its treatment among patients at civil hospital Ujjain.

H_{A2} – There will be significant effectiveness of video assisted teaching on knowledge regarding tuberculosis and its treatment among patients at civil hospital Ujjain.

H₀₃ – There will be no significant association between pre-test and post-test knowledge scores of patients regarding tuberculosis and its treatment at civil hospital Ujjain with selected demographic variables.

H_{A3} – There will be significant association between pre-test and post-test knowledge scores of patients regarding tuberculosis and its treatment at civil hospital Ujjain with selected demographic variables.

Review Of Literature

Sreeharshika dumpeti, Kishore Yadav Jothula, and Navya K. Naidu conducted a study on awareness of Tuberculosis (TB), an infectious disease caused by Mycobacterium tuberculosis discovered in ancient centuries still remains a major public health problem in India. Cross-sectional study was conducted in six randomly selected villages attached to a medical college. Houses were selected by systematic

random sampling method and younger person was identified as study subject. Data were collected from a sample of 300 by predesigned pretested semi-structured questionnaire. The study showed that 79.6% knew that the cause of TB is bacteria. Majority of the participants 93.6% (95% CI: 90.3, 96.1) knew that TB primarily affects lungs. Subjects were aware of free diagnostic services (85.3%), free treatment services (89%) available in the govt setup.

Methodology

In the present study evaluative approach was adopted and one group pretest posttest design is used on tuberculosis patient, a multiple-choice questionnaire prepared to assess the knowledge with selected demographic variables. The sample was selected as per inclusive and exclusive criteria. A non-probability convenient sampling technique adopted. Total number of samples are 30 patients. A prior permission was obtained from hospital and written consent was taken from each sample.

RESULT

It shows that maximum subject is 46.6% in 41-50 years of age were as only 20% subject in 20-30% the religion of subject is maximum of Hindu 83.3% further the tables reveals that the education standard is 30% from higher secondary and graduate level studied. Family income maximum subjects 33.3% (1300-17000) and minimum 13.3 % (9000-12000) the maximum sample is male 63.3% and female were 36.6%.

Table – 1 Frequency And Percentage Distribution Of Selected Demographic Variables-

S.no	Demographic Variables	Frequency	Percentage (%)
1	Age in years -		
	20-30 years	6	20.0
	31-40 years	3	10.0
	41-50 years	14	46.6
2	51-60 years	7	23.3
	Gender-		
3	Male	19	63.3
	Female	11	36.6
4	Religion -		
	Hindu	25	83.3
	Muslim	3	10.0
5	Other	2	06.0
	Educational Qualification-		
	No formal education	5	16.6
	Primary Education	7	23.3
6	Higher Secondary	9	30.0
	Graduates	9	30.0
7	Monthly Income of family-		
	9000-12000/-	04	13.3
	13000-16000/-	10	33.3
	17000-20000/-	10	33.3
8	Above 20000/-	06	20.4

Table- 2 Mean, Median, Standard deviation (S.D) & t-value compression to determine the difference between mean pretest and posttest knowledge level regarding tuberculosis and its treatment at

civil hospital Ujjain.

Knowledge Score	Mean (\bar{X})	S. D. (s)	Std. Error of Mean	D. F.	t-value	Significance
Pre-test	6.45	3.05	0.630	29	12.126	P<0.001*
Post-test	14.09	3.81				

When the mean and SD of pre-test and Post-test were compared and 't' test was applied. It can be clearly seen that the 't' value was 12.126 and p value was 0.001 which clearly show that video assisted teaching was very effective in increasing the knowledge of patients regarding tuberculosis and its treatment.

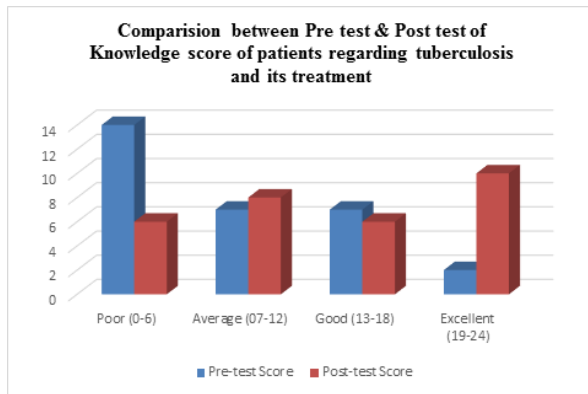


Figure-1 Shows that the comparison between Pre-test & Post-test Knowledge scores of the patients regarding tuberculosis and its treatment.

CONCLUSION

The video assisted teaching is effective in enhancing the knowledge of patients regarding tuberculosis treatment. And it is a best way to create the awareness of prevention, care during tuberculosis infection.

Limitations

- It is pilot study to see knowledge of patient so the result is not generalized.
- This study is limited to only 30 patients.

REFERENCES-

1. Mandell GL, Bennett JE, Raphael. *Mandell, Douglas, and Bennett's principles and practice of infectious diseases*. 7th ed. USA: Churchill Livingstone/Elsevier; 2010. 4320 p.
2. Smeltzer C Suzanne, Brenda G Bare, Janice L Hinkle, et al. *Brunner and Suddhart's Textbook of Medical-surgical Nursing*. 11th ed. India: Wolters and kluwer; 2008.
3. Wei Sheng, Yan Jui, Robert Koch. Tuberculosis. *Am J Respir Crit care Med*. 2009;180:475-480.
4. Park K. *Park's Textbook of preventive and social medicine*. 18th ed. India: Banarsidas Bhanot Publishers; 2005. p. 1-4.
5. Department of health and population.
6. HIV and AIDS SAARC Region update 2013.
7. WHO. *Global TB control epidemiology strategy financing, published on the occasion of year 2004-SAARC awareness year for TB and HIV/AIDS, 2004*. Nepal: SAARC tuberculosis and HIV/AIDS Center; 2013.
8. STAC. *Special document published on the occasion of the year 2004-SAARC awareness year for TB and HIV/AIDS, 2004*. Nepal: SAARC Tuberculosis and HIV/AIDS Center; 2004.
9. Tanimowo MO. Knowledge, attitudes and practices regarding tuberculosis among senior secondary school students. *East Afr Med J*. 1999;76(1):47-50.
10. Kiefer E, Shao T, Carrasquillo O, et al. Knowledge and attitudes of tuberculosis management in san Juan de Lurigancho district of Lima, peru. *J Infect Dev Ctries*. 2009;3(10):783-788.
11. Bai LQ, Xiao SY, Xie HW, et al. Knowledge and practice regarding tuberculosis among final-year medical students in human, China. *Zhonghua Jie He He Xi Za Zhi*. 2003;26(8):458-461.
12. Comstock GW, Livesay VT, Woolpert SF. The prognosis of a positive tuberculin reaction in childhood and adolescence. *Am J Epidemiol*. 1974;99(2):131-138.
13. Joan Slonczewski, Stephanie white. Tuberculosis in children in developing countries. *Microbe Wiki*. 2009.