



PRE EXAMINED STUDY TO ASSESS THE KNOWLEDGE REGARDING SELF-CARE ACTIVITIES AMONG MYOCARDIAL INFARCTION IN SELECTED HOSPITAL AT KALABURGI.

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ABSTRACT *Background:* health of a man is as much important as the wealth to live a healthy, peaceful and prosperous life. Everyone knows that nothing is important in life than the good health. No one can be happy and peaceful without a good health. There is no success in people's life if they suffer with bad health. *Objectives:* 1) To assess the pre -test knowledge regarding self- care activities among clients with myocardial infarction. 2) To assess the post-test knowledge regarding self-care activities among clients with myocardial infarction. *Methodology:* In the present study mixed research approach with pre experimental study design was used with purposive sampling technique. 60 participants was enrolled in the study, study setting in hospital at Kalburgi Karnataka. *Results:* results shows the respondent's level of knowledge score in pretest and post-test regarding self-care activities in myocardial Infraction reveals that, maximum 28(46.7%) respondents were having average knowledge, 26 (43.3%) respondents were having poor knowledge and remaining 6(10%) of respondents were having good knowledge. In posttest maximum 39(65%) of respondents were having average knowledge and remaining 21(35%) of respondents were having good knowledge. *Conclusion:* The present study conclude that; researcher find out the pre-existing knowledge among clients and assess the knowledge score regarding self-care activities regarding myocardial infraction among clients.

KEYWORDS : Assess, Knowledge, Myocardial Infraction, Self-care.

INTRODUCTION:

Health is wealth, is a common proverb which reveals a very simple meaning by comparing the value of health with the wealth. It is said in this proverb that health of a man is as much important as the wealth to live a healthy, peaceful and prosperous life. Everyone knows that nothing is important in life than the good health. No one can be happy and peaceful without a good health. There is no success in people's life if they suffer with bad health.

Heart disease is first of the largest killer disease over the globe. In recent years, education has come to be considered as an integral component of health care. The modern trend of health care in every society is considering physical exercises, diet, psychological socio environment culture, stress management through alternative therapies such as yoga, meditation and other mean of relaxation².

Myocardial infarction is a chronic life long illness. Earlier study has put forward health guidelines on self-care of myocardial infarction patients. Studies laid emphasis on medication, diet, muscles stretching exercise and stress reduction technique. This was done with a view to assess the effectiveness of health guidelines on health teaching, regular follow up to maintain healthy active life and successful readjustment by careful planning³.

Need Of The Study:

Health is wealth, is a common proverb which reveals a very simple meaning by comparing the value of health with the wealth. It is said in this proverb that health of a man is as much important as the wealth to live a healthy, peaceful and prosperous life. Everyone knows that nothing is important in life than the good health. No one can be happy and peaceful without a good health. There is no success in people's life if they suffer with bad health.

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Aim Of The Study:

the main aim of study is, to assess the knowledge regarding self-care

activities among myocardial infarction clients in selected area.

Research Methodology:

Research Approach- The present study research approach was mixed evaluative approach used. This approach was considered as appropriate to assess the effectiveness of information education communication package on knowledge regarding self-care activities among clients with myocardial infarction in selected hospitals at Kalaburgi.

Research Design- The research design selected for the study is pre experimental one group pre-test post-test design.

Research Variable- The following variables are included in the present study:

- **Independent variable:** Structured questionnaire on knowledge.
- **Dependent variable:** Knowledge regarding self-care among patients with Myocardial Infraction.
- **Socio-demographic variables:** age, gender, religion, educational status, residential area, type of family, previous exposure to educational programs and sources of knowledge regarding self-care in Myocardial Infraction.

Settings- The rationale for selecting this setting was as follows:

Familiarity with this setting , availability of study samples and expected co-operation from the participants of these institutions

Population- A population is the entire aggregation of cases in which a researcher is interested. In the present study population comprises patients of Myocardial Infarction of selected Hospitals, Kalaburgi.

Sample and sample size- A sample is a subset of population, selected to participate in a study. The sample of present study comprises of the patients of Myocardial Infarction of selected Hospitals, Kalaburgi. Sixty (60) participants were selected for study.

Sampling technique- Sampling is the process of selecting a portion of the population to represent the entire population. The non-probability convenient technique was used in the present study.

Criteria for sampling

The study samples were selected keeping in view the following predetermined criteria.

Inclusion Criteria:

The clients with myocardial infarction who are willing;

- To participate in the study.
- Available during the period of data collection.
- Who can able to communicate either in Kannada or English.

Exclusion Criteria:

The clients with myocardial infarction who are not willing

- To participate in the study.
- Present during the period of data collection.
- Who had undergone any teaching programme on self-care activities.

Data Collection Techniques And Instrument: Selection and development of data collection tool are;

- Structured Knowledge Questionnaire regarding self-care activities among myocardial infarction clients.
- Development of structured knowledge scales
- The Structured Knowledge scales were developed after taking following steps.
- No any research literatures related to cardio vascular system, functions of heart, myocardial infarction and self-care after myocardial infarction
- Expert's opinion and suggestions to decide on the areas to be included
- A blue print was prepared and knowledge items were developed for the structured questionnaire.

RESULTS:

Study comprised of 60 participants. The findings are presented in following table and graphs.

Section-I Distribution Of Knowledge Scores During Pre-test And Post-test.

Table 1: Distribution of pre-test and post-test knowledge scores of respondents regarding self-care activities in Myocardial Infarction. (n = 60)

Area of Knowledge	No. of Items	Mean	Median	Mode	Standard deviation	Range
Pre test scores	33	12.93	12	12	5.01	6-25
Post test scores	33	20.08	19	18	4.46	13-29

Above table shows that; pre-test and post-test knowledge score of respondents regarding self-care activities in Myocardial Infarction. In pretest knowledge score there was mean $\pm$ SD 12.93 $\pm$ 5.01, median was 12, mode was 12 and range were as 6-25 and In posttest knowledge score there was mean $\pm$ SD 20.08 $\pm$ 4.46, median was 19, mode was 18 and range was 13-29.

Section-II Distribution Respondent's Pretest And Post Test Scores According To Their Level Of Knowledge

Table 2. Frequency and Percentage distribution of respondents according to level of Knowledge regarding self-care activities in Myocardial Infarction. (n=60)

Level of Knowledge					
Pre test			Post test		
Poor F (%)	Average F (%)	Good F (%)	Poor F (%)	Average F (%)	Good F (%)
26 (43.3%)	28 (46.7%)	6 (10%)	00	39 (65%)	21 (35%)

Above table depicts that; respondent's level of knowledge during pretest and post-test regarding self-care activities in myocardial Infarction; with pre-test level of knowledge it shows that, maximum 28(46.7%) respondents were having average knowledge, 26 (43.3%) respondents were having poor knowledge and remaining 6(10%) of respondents were having good knowledge. In posttest maximum 39(65%) of respondents were having average knowledge and remaining 21(35%) of respondents were having good knowledge.

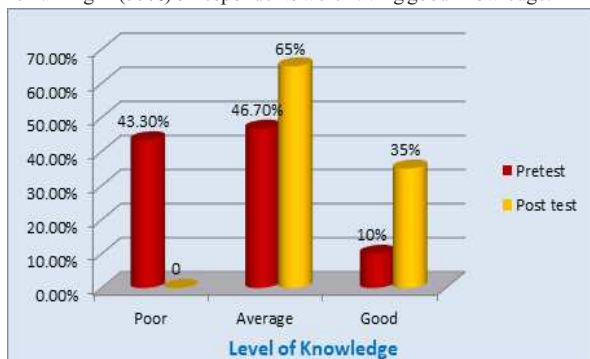


Fig.1: knowledge of respondents regarding self-care activities in Myocardial Infarction.

DISCUSSION:

In pretest knowledge score, respondents mean was 12.93, median was 12, mode was 12 with standard deviation 5.01 and score range was 6-25. In posttest knowledge score, respondents mean was 20.08, median was 19, mode was 18 with standard deviation 4.46 and score range was 13-29. With regard to pretest level of knowledge it shows that, maximum 28(46.7%) respondents were having average knowledge, 26 (43.3%) respondents were having poor knowledge and remaining 6(10%) of respondents were having good knowledge. During posttest maximum 39(65%) of respondents were having average knowledge and remaining 21(35%) of respondents were having good knowledge.

Similar results were observed in another study conducted by Srivatsa UN et al, they reported that female have moderate level of knowledge and attitude regarding care taken in cardio vascular disorders. Similar results were observed in another study conducted to determine knowledge, attitude, and practice (KAP) regarding the risk of CVD in patients attending an outpatient clinic in Kuantan, Malaysia. It revealed that, the mean scores (standard deviation) for KAP were 60.75 $\pm$ 4.823, 54.36 $\pm$ 8.711, and 33.43 $\pm$ 4.046, respectively, whereas the maximum scores obtained by the subjects for KAP were 71, 65, and 43, respectively. Regarding questions related to knowledge, 88% subjects knew irregular eating pattern can cause disease and the benefits of vegetable intake. Most subjects recognized that smoking and obesity were CVD risk factors. Regarding questions related to attitude, 96% agreed that exercise can prevent CVD. More than half of the subjects followed healthy lifestyle. There were statistically significant differences observed in knowledge level between sexes (P = 0.046) and races (P = 0.001).

The other study conducted to assess the knowledge, attitude and practice regarding modifiable risk factors of cardiovascular diseases among adults in rural community, Lahore reveals that, good knowledge with (67%) high response of correct answer of "Smoking is risk factor of CVD". The attitudes were negative, (28%) high correct response for "Do exercise for good health". The practices were very poor regarding the risk-factors of cardiovascular diseases.

Similar results were observed in another study conducted among 154 medical students to assess the CVD risk factor knowledge among first-year medical students by distributing an anonymous pretested, self-administered, and structured questionnaire. Results of the study revealed that, major risk factors for heart disease as identified by students are dyslipidemia (96.8%), obesity (94.1%), high blood pressure (92.8%), smoking (84.4%), diabetes (82.4), age (81.8%), male gender (80.4%), lack of physical activity (73.9%), and family history (63.6%). However, only 12.5% correctly identified High density lipoprotein (HDL) to be the good cholesterol. On comparing the mean knowledge score for individual components, female participants scored better for epidemiology (3.01 $\pm$ 0.10 vs. 3.33 $\pm$ 0.11, p = 0.031) and lifestyle behavior (2.97 $\pm$ 0.11 vs. 3.60 $\pm$ 0.12, p = 0.0001). We could also derive statistically significant differences between students with smoking history (21.82 $\pm$ 0.26 vs. 18.75 $\pm$ 1.01, p = 0.001) and alcohol consumption (21.84 $\pm$ 0.26 vs. 18.91 $\pm$ 0.92, p = 0.001) compared with those without, in case of total knowledge score.

Results can be correlated with the other survey conducted among 400 voluntarily individuals selected between end of 2016 and beginning of 2017 to determine the knowledge levels and awareness of people on cardio vascular disorders. Results of this study showed that 94% of individuals had knowledge about cardio vascular disorders based on data analysis.

SUMMARY AND CONCLUSION:

The present pre examined study to assess the knowledge regarding self-care activities among clients with myocardial infarction. The focus of this study was to assess the knowledge regarding self-care activities among clients with myocardial infarction in selected hospitals at Kalaburgi. A one group pretest posttest design and evaluative approach was used in the study. The data was collected from 60 samples through non probability purposive sampling technique.

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