



EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING TREATMENT OF TB AMONG ASHA WORKERS IN SELECTED COMMUNITY HEALTH CENTRES OF TRIPURA

Nursing

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ABSTRACT

A quasi experimental study to assess the effectiveness of structure teaching programme regarding treatment of TB among ASHA workers working in community health center, Tripura. The objectives of the study were to assess the pre test and post test level of knowledge regarding treatment of TB among ASHA workers working in community health center, Tripura to evaluate the effectiveness of structure teaching programme regarding treatment of TB among ASHA workers working in community health center, Tripura and to find out the association between pretest knowledge regarding treatment of TB among ASHA workers working in community health center, Tripura with their selected demographic variables. **Aims And Objectives** 1. To assess the level of knowledge regarding treatment of TB among ASHA workers in selected Community Health Centres (CHCs) of Tripura before and after the structured teaching programme. 2. To determine the effectiveness of structured teaching programme regarding treatment of TB among ASHA workers. 3. To find out the association level of pretest knowledge score regarding treatment of TB among ASHA workers in selected Community Health Centres (CHCs) of Tripura with their selected demographic variables. **Methodology:** The investigators adopted quantitative research approach with one group pre-test and post-test design. The total period of data collection was 7 days. He selected 60 ASHA worker by Probability random sampling using lottery method. Data was collected with the using of valid and reliable structured knowledge questionnaire tools. **Results:** After exposure to the Structure teaching programme among the ASHA workers, the findings of the study revealed that mean post test knowledge score of the ASHA workers were significantly higher than the mean pre-test knowledge with a mean difference of 6.32, t value was 2.001, which was significant at 0.05 level. **Conclusion:** Therefore the structure teaching programme was an effective method of imparting knowledge to ASHA workers. Study has implications on clinical Nursing practice and Nursing research. This study can be repeated with a larger sample in another setting with other teaching strategies.

KEYWORDS

Tuberculosis, ASHA Workers, Community Health Centre, Programme

INTRODUCTION

Tuberculosis (TB) remains a significant global health challenge, requiring concerted efforts at various levels to enhance awareness, prevention, and treatment¹. Among the crucial stakeholders in TB management are Accredited Social Health Activists (ASHA) workers², who play a pivotal role in disseminating health information and providing support at the community level³. This research study aims to evaluate the impact of a structured teaching programme on the knowledge of TB treatment among ASHA workers operating in selected Community Health Centres (CHCs) in the state of Tripura⁴.

The state of Tripura, like many others, faces unique challenges in combating TB, necessitating targeted interventions to empower frontline health workers. This research focuses on assessing the effectiveness of a carefully designed structured teaching programme, tailored to the specific needs of ASHA workers⁵.

Through this study, we endeavor to contribute valuable insights into the role of education in enhancing the knowledge base of ASHA workers, consequently improving their effectiveness in TB management. The findings from this research will not only inform local health policies but may also serve as a template for similar initiatives in diverse socio-cultural contexts⁶.

By bridging the knowledge gap among ASHA workers through a structured teaching programme, we aspire to strengthen the foundation of TB control efforts at the grassroots level. This study aligns with the broader goal of achieving a TB-free society by empowering frontline health workers with the necessary tools and knowledge to effectively address the challenges posed by this infectious disease in the community health setting⁷.

Need Of Study:

The study is imperative due to the persistent challenge of tuberculosis (TB) and the crucial role played by Accredited Social Health Activists (ASHA) workers in community health. Given the unique context of Tripura, this research aims to assess the effectiveness of a structured teaching programme tailored to ASHA workers⁸.

HYPOTHESIS

H₁: There is a significant difference between pre-test and post-test knowledge of ASHA workers regarding treatment of TB at level of 0.05 significant.

H₂: There is a significant association between pre-test knowledge of

ASHA workers regarding treatment of TB with their selected demographic variables.

METHODOLOGY

Research Design:

The study adopts a Quasi-experimental design with a One Group Pre-test-experimental design with a One Group Pre-test-Post-test structure.

Research Variables:

Independent Variable: Structured Teaching Programme

Dependent Variable: Knowledge Level among ASHA Workers.

Setting: The study was conducted at Mohanpur Community Health Centre, Tripura.

Sample: 60 ASHA workers selected through Probability-Random Sampling.

Ethical Permission:

Obtained from the institute's research and ethical committee, Chief Medical Officer, Directorate of Health Service, and Medical Officers In-charge. Informed consent obtained from participants.

Item Analysis:

26 items showed very good discriminative power, 4 marginal, and 2 poor.

Pilot Study:

Conducted in Jirania CHC, Tripura, with 11 ASHA workers. Confirmed tool adequacy and techniques without alterations.

Procedure for Data Collection:

Data collected in two groups of 30 ASHA workers each for pretest, followed by a structured teaching program. Post test conducted after 7 days.

Plan For Data Analysis:

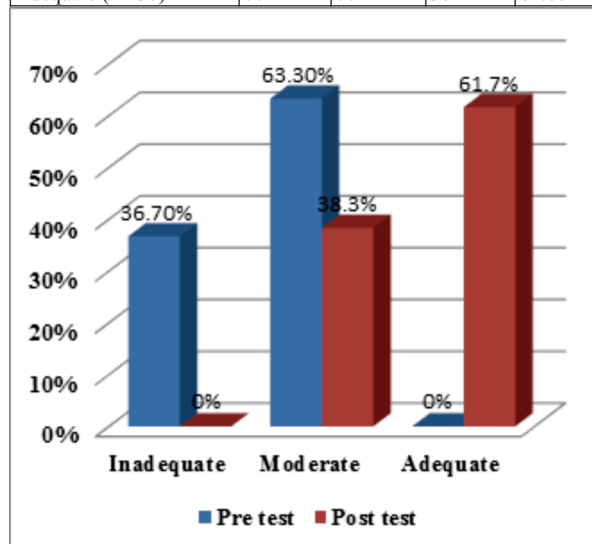
Descriptive statistics used for socio-demographic variables. Mean, median, and standard deviation used to analyze pretest and post test knowledge levels. Paired t-test employed for comparing pretest and post test knowledge levels. Chi-square test used to associate median difference in knowledge with socio-demographic variables.

RESULTS OF THE STUDY**Table 1 Demographic Variable Of The ASHA Workers.**

Demographic variables	(f)	(%)
Age in years		
Less than 25	04	6.67
25-35	10	16.67
36-45	21	35
Above 45	25	41.66
Experience of work Years		
0 to 1 year	06	10
2 to 3 year	07	11.67
4 to 5 year	08	13.33
More than 5 year	39	65
Place of residence		
Urban	25	41.67
Rural	35	58.33
Educational status		
Middle level	18	30
Madhyamik	25	41.67
Higher secondary	12	20
Graduate	05	8.33
Marital status		
Married	37	61.67
Unmarried	05	8.33
Widow	14	23.33
Divorced	04	6.67
Individual remuneration		
2001-3000	29	48.33
3001-4000	17	28.33
4001-5000	07	11.67
Above 5000	07	11.67
Area population		
500-1000	29	48.33
1001-1500	14	23.33
1501-2000	08	13.33
More than 2000	09	15

Table 2. Frequency And Percentage Distribution Of ASHA Workers According To Pre-test And Post-test Level Of Knowledge.

Level of knowledge	Pre test		Post test	
	(f)	(%)	(f)	(%)
Inadequate (0-10)	22	36.7	00	00
Moderate (11-20)	38	63.3	23	38.33
Adequate (21-30)	00	00	37	61.67

**Graph-1** Pre-test And Post-test Level Of Knowledge Among ASHA workers.**Table 3 Paired T-test Analysis To Assess The Significance Of Pre And Post Test Level Of Knowledge Among ASHA Workers.**

Observation	Mean	Mean difference	SD	Paired t test
				Calculated value
Pretest	13.18	6.32	4.40	10.25
Posttest	19.5		4.54	df=59

Table 3.1: revealed that mean post test knowledge score 19.5 which is higher than the mean pretest knowledge score 13.18. Calculated 't' value 10.25 which is higher than tabulated 't' value 2.001 at df 59. Thus the findings signify that structured teaching programme was effective in improving the knowledge score among ASHA workers. Therefore, the paired 't' test was found highly significant at 0.05 level.

Table 4 Association Between The Pre Test Level Of Knowledge Among ASHA Workers Working In CHC With Their Selected Demographic Variables.

Demographic variables	Chi-square test		p-value
	X ² Value	Table value	
Age in years	7.57	7.81 (3)	0.06 (NS)
Less than 25			
25-35			
36-45			
Above 45			
Experience work	2.50	7.81 (3)	0.48 (NS)
0 to 1 year			
2 to 3 year			
4 to 5 year			
More than 5 year			
Place of residence	4.56	3.84 (1)	0.03 (S)
Urban			
Rural			
Educational status	2.98	7.81 (3)	0.39 (NS)
Middle level			
Madhyamik			
Higher secondary			
Graduate			
Marital status	10.28	7.81 (3)	0.02 (S)
Married			
Unmarried			
Widow			
Divorced			
Individual remuneration	6.57	7.81 (3)	0.09 (NS)
2001-3000			
3001-4000			
4001-5000			
Above 5000			
Area population	17.76	7.81 (3)	0.005 (S)
500-1000			
1001-1500			
1501-2000			
More than 2000			

The chi-square analysis assessed the association between the pretest knowledge score of ASHA workers and selected demographic variables. The categories considered included age, experience, place of residence, educational status, marital status, individual remuneration, and the area of population regarding TB treatment. The results revealed that place of residence, marital status, and area of population demonstrated significance ($\chi^2 = 3.84$, $df = 1$, $\chi^2 = 7.81$, $df = 3$, $\chi^2 = 7.81$, $df = 3$) at a 5% level of significance ($p < 0.05$). In contrast, the remaining demographic variables did not show significant associations with the knowledge level of ASHA workers in CHC.

DISCUSSION:

The findings of this study provide valuable insights into the association between the pretest knowledge levels of ASHA workers and selected demographic variables in the context of TB treatment. The chi-square analysis revealed significant associations with place of residence, marital status, and the area of population regarding TB treatment, while other demographic variables did not exhibit significance.

The observed significance with place of residence suggests that the geographical location of ASHA workers plays a role in their baseline knowledge regarding TB treatment. This may be attributed to variations in access to training programs, community health infrastructure, or local prevalence rates, influencing the awareness levels of ASHA workers in different regions.

Furthermore, the area of population served by ASHA workers demonstrated significance. This suggests that the demographic characteristics of the population they serve, such as density, socio-economic factors, or cultural nuances, can influence the baseline knowledge levels of ASHA workers regarding TB treatment. Tailoring training programs to address specific community needs could prove

beneficial in enhancing the effectiveness of these health workers.

However, it is noteworthy that other demographic variables like age, experience, education, and individual remuneration did not show significant associations with the knowledge levels of ASHA workers. This could be attributed to the diverse backgrounds and experiences of ASHA workers, suggesting that these factors alone may not be reliable indicators of their baseline knowledge levels regarding TB treatment.

CONCLUSION:

In conclusion, the study findings underscore the importance of considering specific demographic variables when designing targeted training programs for ASHA workers. Addressing regional variations, marital status, and the characteristics of the population served can enhance the effectiveness of educational interventions, ultimately contributing to improved TB management at the community level. Future research should explore additional factors influencing the knowledge levels of ASHA workers to further refine and customize training initiatives for optimal impact.

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