ORIGINAL RESEARCH PAPER

Nursing

EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING AHANA PROJECT AMONG HEALTH CARE PERSONALS

KEY WORDS:

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ABSTRACT

Objectives: To assess the pre-test knowledge score regarding Ahana Project among health care personals. To evaluate the effectiveness of structured teaching programme on knowledge regarding Ahana Project among health care personals and To find out association between the pre-test knowledge of health care personals with their selected socio-demographic variables.

Methods: In view of accomplishing the objectives, that is assessing the knowledge regarding Ahana Project among health care personals, a pre-experimental research design with one group pre and post-test was used. The study was conducted in selected health centers in Indore district, Madhya Pradesh. Study samples comprised of 60 health care personals selected by non-probability convenient sampling technique and who are fulfilled the inclusion criteria. To fulfill the study objectives the investigator developed tool consists of two parts. Part-I is demographic proforma consist of 8 items. Part-II structured knowledge questionnaire on Ahana Project.

Results: The data were analyzed by descriptive and inferential statistics. Result reveled that health care personals majority 68.33% had inadequate knowledge, 28.33% had moderately adequate knowledge and only 3.33% had adequate knowledge in pre-test. Whereas in post-test majority 78.33% had adequate knowledge, 15% had moderately adequate knowledge and 6.33% had inadequate knowledge regarding Ahana project. The effectiveness of STP on Ahana project reveals the pre-test mean= 9.58 with standard deviation of ± 4.26 and post-test mean=20.9 with standard deviation of ±4.16 when compare the calculated paired t value was 17.56 which was highly significant at $p<0.01$ level.

Conclusion: Health care personals have little knowledge regarding Ahana project, after intervention knowledge was increased. Further, training programmes are necessary for health care personals for maximizing knowledge and quality practice in these critical areas to apply in health care and community settings.

Introduction:

Prevention of Parent to Child Transmission (PPTCT) of HIV/AIDS is a primary concern for most HIV prevention programmes worldwide. In order to accelerate uptake of PPTCT services among pregnant women and reduce HIV transmissions among babies born from HIV positive mothers. Project Ahana has been launched in 218 high-priority districts across 9 states, where HIV testing uptake is currently only 18%. The project encourages expectant mothers to undergo HIV screening during ANCs, build capacities of health service providers on PPTCT, follow-ups with HIV positive pregnant women.

Objectives:

To assess the pre-test knowledge score regarding Ahana Project among health care personals.

To evaluate the effectiveness of structured teaching programme on knowledge regarding Ahana Project among health care personals.

To find out association between the pre-test knowledge of health care personals with their selected socio-demographic variables.

RESEARCH HYPOTHESIS

·H_1: There is a significant difference between pre and post-test level of knowledge regarding Ahana Project among health care personals at $p <0.05$.

·H_2: There is a significant association between pre-test knowledge of health care personals with their selected socio-demographic variables at $p<0.05$.

MATERIALS AND METHODS:

In view of accomplishing the objectives, that is assessing the knowledge regarding Ahana Project among health care personals, a pre-experimental research design with one group pre and post-test was used. The study was conducted in selected health centers in Indore district, Madhya Pradesh. Study samples comprised of 60 health care personals selected by non-probability convenient sampling technique and who are fulfilled the inclusion criteria such as domicile of M.P, willing to participate in the study, able to understand Hindi and English, working under health care centers

and present during data collection. To fulfill the study objectives the investigator developed tool consists of two parts. Part-I is demographic proforma consist of 8 items. The characteristics included were age, marital status, and religion, level of education, cadre of work, length of services, previous knowledge and sources of health information. Part-II structured knowledge questionnaire on Ahana Project.

PROCEDURE OF THE DATA COLLECTION:

The researcher self-collected data from the subjects. For maximum cooperation, the investigator self-introduced to the respondent and willingness of participants was obtained. Ethical clearance was obtained from the Research Ethical Committee. Permission was obtained from the Medical Officers from various health care centers, Indore Dist, M.P. The data were collected from 60 health care personals that were selected through non probability convenient sampling. The subject's awareness regarding Ahana projects was assessed by administering the structured knowledge questionnaire. Approximately ten samples were covered per day and 12-20 minutes were spent with each subject. The data was collected and recorded systematically from each subject and was organized on master data sheet to facilitate computer entry. Both descriptive and inferential statistics were used for data analysis.

Results:

Table representing Description of socio - demographic variables of health care personals

(N=60)

Sl.no	Demographic variables	Frequency(N)	Percentage(%)
1	**Age in years**		
	a. 20-30 Years	22	36.67
	b. 31-40 Years	17	28.34
	c. 41-50 Years	17	28.34
	d. 51-60 Years	4	6.67
2	**Marital Status**		
	a. Married	39	65
	b. Unmarried	8	13.33

	c. Widow	6	10
	d. Divorce	7	11.66
3	**Religion**		
	a. Hindu	24	40
	b. Christian	15	25
	c. Muslim	16	26.67
	d. Others	05	8.34
4	**Level of education**		
	a. Primary	00	00
	b. Secondary	28	46.66
	c. Higher secondary	14	8.34
	d. UG	08	13.34
	e. PG	10	16.66
5	**Cadre of work**		
	a. A.N.M	34	56.67
	b. ASHA	26	43.33
6	**Length of services**		
	a. 1-5 years	5	8.34
	b. 6-10 years	8	13.34
	c. 11-15 years	18	30
	d.16-20 years	19	31.66
	e. 21 years and Above	10	16.66
7	**Previous knowledge**		
	a. Yes	16	26.67
	b. No	44	73.33
8	**Source of information**		
	a. Social Network	2	3.34
	b. Conference/Workshops	17	28.33
	c. Others	41	68.34

Graph representing: Bar diagram shows the knowledge score of health care personals in pretest and posttest.
(N=60)
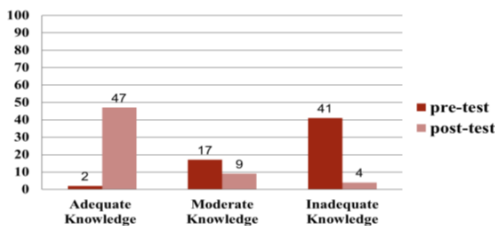
Bar diagram shows: Health care personals majority 68.33% had inadequate knowledge, 28.33% had moderately adequate knowledge and only 3.33% had adequate knowledge in pre-test. Whereas in post-test majority 78.33% had adequate knowledge, 15% had moderately adequate knowledge and 6.33% had inadequate knowledge regarding Ahana project.

Evaluation of Effectiveness of Structured Teaching Programme on knowledge regarding Ahana Project

	Mean	SD	Mean Deviation	Paired 't' Value
Pre-test	9.59	±4.26	z	17.56*
Post-test	20.9	±4.16		P<0.05 S

The above table shows: that the mean value in pretest is 9.59 and in posttest is 20.9.The mean deviation is 11.31 and calculated t value is 17.56 .Which is more than table value and shows highly significant. Hence Thus **H₁ was accepted.**

Association between pre-test knowledge score and socio-demographic variables of health care personals

(N=60)

Sl.no	Demographic variables	Pre-test knowledge scores			Chi-square value		
		Inade quate	Mode rate	Adeq uate	χ^2	df	Inferen ce

1	Age in years				$\chi2=7.75$	6	P=0.257 > 0.05 NS
	a. 20-30 Years	16	06	00			
	b. 31-40 Years	12	05	00			
	c. 41-50 Years	09	06	02			
	d. 51-60 Years	04	00	00			
2	Marital Status				$\chi2=1.87$	6	P=0.931 3>0.05 NS
	a. Married	26	11	2			
	b. Unmarried	5	3	00			
	c. Widow	5	1	00			
	d. Divorce	5	2	00			
3	Religion				$\chi2=4.37$	6	P=0.626 > 0.05 NS
	a. Hindu	19	04	01			
	b. Christian	08	06	01			
	c. Muslim	11	05	00			
	d. Others	03	02	00			
4	Level of education				$\chi2=16.33*$	8	P=0.037 <0.05 S
	a. Primary	00	00	00			
	b. Secondary	26	02	00			
	c. Higher secondary	07	06	01			
	d. UG	04	04	00			
	e. PG	04	05	01			
5	Cadre of work				$\chi2=8.82*$	2	P=0.012 <0.05 S
	a. A.N.M	18	14	02			
	b. ASHA	23	3	00			
6	Length of services				$\chi2=5.37$	8	P=0.717 > 0.05 NS
	a. 1-5 years	03	02	00			
	b. 6-10 years	03	04	01			
	c. 11-15 years	14	03	01			
	d.16-20 years	14	05	00			
	e. 21 years and Above	07	03	00			
7	Previous knowledge				$\chi2=32.22**$	2	P=0.001 <0.05 S
	a. Yes	02	12	02			
	b. No	39	5	00			
8	Source of information				$\chi2=5.66$	4	P=0.22 >0.05 NS
	a. Social Network	02	00	00			
	b.Conference/ Workshops	14	03	00			
	c. Others	22	17	02			

Above table shows: There is significant association between pre-test knowledge scores of health care personals with their level of education, cadre of work and previous knowledge and there is no association with their age, marital status, religion, length of services and source of information . Hence Thus **H₂ was rejected**.

CONCLUSION
Health care personnels have little knowledge regarding Ahana project, after intervention knowledge was increased. Further, training programmes are necessary for health care personals for maximizing knowledge and quality practice in these critical areas to apply in health care and community settings.

IMPLICATIONS AND RECOMMENDATIONS
Nursing Practice: Educative role of nurse could be implemented in nursing practice to safe guard others.

Nursing Education: In-service education should be conducted to improve knowledge of health care personals.

Nursing Administration: Nursing administration should implement out reach teaching to make the Health care personnel aware about the PPTCT programme.

Nursing Research: The health care environment is dynamic and more demanding. Further, follow up research are necessary for maximizing knowledge regarding PPTCT Programme.

Recommendations: A similar study can be done in various setups with different samples and self-instructional module on PPTCT Programme can be prepared for health care personnals.

ACKNOWLEDGEMENT

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