Effectiveness of Planned Teaching Programme on Knowledge Regarding Causes and Prevention of Hepatitis-B among Patients Admitted In the Hospital for Treatment

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ABSTRACT

A study was conducted to see the effectiveness of planned teaching programme on knowledge regarding causes and prevention of Hepatitis B on hospital admitted patients in the 3 selected hospital.

Aim:-The aim of study was to assess the knowledge regarding causes and prevention of Hepatitis B on hospital admitted patients.

Material and Method:-The methodology preexperimental one group pre test post test group design. Sample size was 60. The data collection was done with the help of structured knowledge questionnaire and observed by Likert Scale. The statistical method for demographic variable was presented by using frequency and percentage. The mean and standard deviation was used to describe the knowledge of the patients regarding causes and prevention of Hepatitis B. The effectiveness of the STP was analyzed by t test. Association between demographic variable with knowledge was tested using chi square test. Result revealed the mean post test knowledge score was 17.5 with SD of 3.96. Mean score of pre test was 7. The calculated t value was 28.68 which is significant at p<0.05.

Conclusion:- The study revealed that the patient knowledge assessed by objective questionnaire based on causes and prevention of hepatitis B is beneficial.

Key Words: Planned programme, hepatitis, prevention, hospital

INTRODUCTION

The word Hepatitis refers to an inflammatory condition of the liver. It's commonly caused by a viral infection, but there are other possible causes of hepatitis are auto-immune disorder, alcohol, toxins, and certain drugs, some inherited diseases, along with prolonged obstruction of bile

flow. Viral infections of the liver that are classified as hepatitis include hepatitis A, B, C, D, and E.

2013, an estimated 19,764 persons in the US were newly infected with Hepatitis B. Globally, it is estimated that more than 2 billion people have been infected with HBV. 240 million people have chronic infection, and roughly 600,000 persons die from HBV-related liver disease each year. Perinatal HBV infection is almost always asymptomatic, whereas 5% to 15% of children 1 to 5 years of age and 33% to 50% of older children, adolescents, and adults develop acute hepatitis after HBV infection. More than 90% of infected infants, 25% to 50% of children infected between 1 and 5 vears of age, and 6% to 10% of acutely infected older children develop chronic infection.

Need for the study

Hepatitis B is 50-100 times more infectious than HIV. About 1 million Indians are at risk of acquire Hepatitis infection and about 10,000 dies by virus every year.

The prevalence of Hepatitis B carrier state in the general population, countries are classified as having high (8% or more), intermediate (2-7%), or low (less than 2%) Hepatitis B virus endemicity. India is at the intermediate endemic level of Hepatitis B, with Hepatitis B surface antigen prevalence between 2% and 10% among the populations studied. The prevalence does not vary significantly by region in the country. The number of Hepatitis B surface antigen carriers in India has been estimated to be over 40 million.

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In the light of above facts an investigator felt the need to provide the proper education regarding causes and prevention of Hepatitis B.

OBJECTIVES OF THE STUDY:

- To assess the pre-test level of knowledge regarding causes and prevention of Hepatitis B among patients admitted in selected hospitals.
- To administer planned teaching programme on causes and prevention of Hepatitis B among patients admitted in selected hospitals.
- To assess the post-test level of knowledge regarding causes and prevention of Hepatitis B.
- To compare the pre-test level of knowledge with post-test level of knowledge regarding causes and prevention of Hepatitis B among patients admitted in selected hospitals.
- To evaluate the effectiveness of planned teaching programme on knowledge regarding causes and prevention of Hepatitis B among patients admitted in selected hospitals.
- To determine association between the pre-test knowledge score with selected demographic variables among patients admitted in selected hospitals.

Hypothesis

- H1: There will be significant difference between pre-test and post-test level of knowledge.
- H2: Significant association between the pre - test level of knowledge and selected demographic variables.

CONCEPTUAL FRAME WORK

Based on Ludwig Von Bertalanffy's (1968) General System Theory

METHODOLOGY

Research approach: - A quantitative research approach.

Research design: - A pre-experimental one group pre test, post test research design.

Independent Variable:-S.T.P (Structured Teaching Programme) on cause and prevention of Hepatitis B.

Dependant variable:-The level of knowledge of admitted patients.

Setting of the Study:-Three hospitals (Lalgarhia hospital, Jan Sewa hospital, Dr. Deepak Choudhary Hospital) in Shree Ganganagar, Rajasthan.

Sampling Technique:-Non-probability convenient sampling technique.

Sample Size:-60 patients, (males and females).

Plan for Data Analysis:

It is planned to analysis and interprets data with the help of descriptive and inferential statistics.

The following methods are planned to analyze the data

- Frequencies and percentage were used to summarize the sample characteristics and item wise analysis.
- Mean, standard deviation and paired 't' test were used to calculate the effectiveness of individual teaching programme.
- Chi-square values were computed to find out the relationship between the level of knowledge and selected socio demographic variables.

Data Collection Tool:

- A structured questionnaire on knowledge regarding causes and prevention of Hepatitis B.
- Part-A: Demographic Variable
- Part-B:-Structured questionnaire containing 30 multiple choice questions.

Content validity and Reliability: The tool was validated by 9 expert from medical surgical nursing. The reliability was tested by split-half method and reliability is (r=.83).The reliability of 4 point Likert Scale was tested and alpha value found reliable.

Ethical Consideration

Written consent was obtained from S.N college and formal approval of data collection from 3 hospital authority.

Data Collection Process

Pre-test was conducted by distribution of information booklet to the patient. The post-test was conducted after 7 days.

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RESULTS

uist	Tibution of socio-demographic v	Frequency	Percentage				
1	Gender	rrequency	rercentage				
1							
	Male Female	35 25	58.33 41.66				
2		25	41.00				
Z	Education I'll literate 0 0						
		5	8.33				
	Primary education	5 45					
	Senior secondary education	-	75				
2	Graduate	10 16.66					
3	Occupation						
	Govt.job	10	16.66				
	Private Job	30	50				
	Self employ	15	25				
	House hold	5	8.33				
4	Family Income						
	Less than 5000	10	16.66				
	5000 - 10000	20	33.33				
	10000 - 15000	18	30				
	More than 15000	12	20				
5	Religion	1	1				
	Hindu	30	50				
	Muslim	5	8.33				
	Sikh	20	33.33				
	Christian	5	8.33				
6	Type of family						
	Nuclear	30	50				
	Joint	25	41.66				
	Extended	5	8.33				
7	Past medical history						
	Patient	5 5	8.33				
	Family member		8.66				
	Both patient & family member	2	3.33				
	No one	48	80				
8	Living Area						
	Rural area	20	33.33				
	Semi Urban area	10	16.66				
	Urban area	30	50				
	Hilly area	0	0				
9	Marital Status						
	Married	35	58.33				
	Unmarried	17	28.33				
	Widow	5	8.33				
	Divorce	3	5				

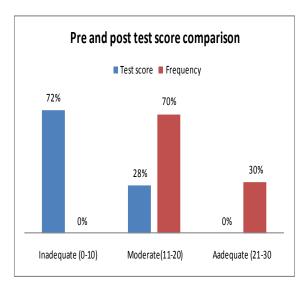


Fig.1 Finding related to comparative distribution of patients according to knowledge level in pre and post test assessment

The knowledge regarding cause and prevention of Hepatitis B among patients revealed by pre test score and it is reflected that most of the patients 43(72%) were in inadequate(0-10) and 17 (28%) patient were in moderate category (11-20) and none of them having adequate (0%) category (21-30) .The post test score is reflected that most of the patients 42 (70%) were in moderate (11- 20) and 18 (30%) patient were in adequate category (21-30) and none of them having inadequate (0%) category.

Table 2. Mean score, standard deviation, mean difference and paired 't'- test of pre and post - test:

Knowledge	Mean score	Standard deviation	Mean percentage	Mean difference	't' value
score					
Pre test	7	4.78	23.33	10.5	28.68
Post test	17.5	3.96	58.33		

This table revealed that in pre - test overall mean score was 7 with the SD of 4.78 and the mean percentages 23.33 and in post - test, the overall mean score was increased to 17.5 with SD of 3.96 and the mean percentages was 58.33. The mean difference of pre and post - test was 10.5. The calculated 't' value was 28.68, which is significant at p<0.05 level. This indicates that Planned Teaching Programme on causes and prevention of Hepatitis B for

among patients was highly effective in improving the level of knowledge. Hence the stated research hypothesis H_1 was accepted.

The association of pre-test score of patient with selected demographic variable:

The findings reveals that there was significant association between pre test knowledge score and selected demographic variables as calculated p value was .04 was

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< established "p" value .05. There was no significant association found between the level of knowledge and selected demographic variable. Hence the stated hypothesis H_2 was rejected.

DISCUSSION

Finding of the study:

First objective :- The study finding revealed that, in pre-test, out of 60 sample, most of them 43 (72%)had Inadequate, 17 (28%) had moderately and none of them had adequate level of knowledge,

Second objective: - Totally 60 sample were selected and teach them.

Third objective: - The study finding revealed that in post - test, out of 60 sample most of them 42 (70%) had moderately and 18 (30%) had adequate level of knowledge and none of them had Inadequate level of knowledge.

Fourth objective: - In pre - test most of them, 43 (72 %) had Inadequate, 17(28%) had moderate and none of them had adequate level of knowledge. In post - test most of them, 42 (70%) had moderate, 18 (30%) had adequate level of knowledge and non them had Inadequate level of knowledge.

Fifth objective:- The mean difference of pre - test and post - test (10.5),the calculated 't' value was (28.68) which is significant at p <0.05 level. This indicates the planned teaching programme was highly effective. Hence the stated research hypothesis H₁ was accepted.

Sixth objective:- The result revealed that there was no significant association found between pre- test level of knowledge and selected demographic variables. Hence the stated research hypothesis H_2 was rejected.

Recommendation:

On the basis of the finding of the study, it is recommended that-

The similar study can be conducted among the other population as it is important for all the group in the community.

- The same study can be replicate using large sample.
- Each hospital should develop standards of care regarding Hepatitis B positive patients.

CONCLUSION

This study was conducted to evaluate the effectiveness of planned teaching programme regarding causes and prevention of Hepatitis B among patients admitted in selected hospitals. End of the implementation of the planed teaching programme there were statistically significant improvement in patient's knowledge. And measure the knowledge from pre - test and post - test and calculated 't' value show that the demographic variable not affect the knowledge. Continuous education about communicable disease gives to patients that are helpful in reducing the morbidity and mortality rate of communicable disease.

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