"Effect of advanced teaching programme on knowledge regarding common health issues among GNM 1st year students in selected nursing schools of Kolhapur district"

[1]Sonia Rahul Shinde, [2]Dr. Manisha Dwivedi

[1]Ph.D. Scholar, [2]Professor

[1]JJT University, Jhunjhunu Rajasthan, India, [2]JJT University, Jhunjhunu Rajasthan, India

Abstract

The present study has been undertaken to assess knowledge score regarding common health issues among GNM 1st year students by advanced teaching programme in selected nursing schools in Kolhapur district, The research design adopted for the study was pre- experimental in nature. The tool for the study was self-structured knowledge questionnaire which consists of two parts-PART- I consisted questions related to Socio-demographic data; PART-II consisted of self - structured knowledge questionnaire to assess the knowledge score regarding common health issues among GNM 1st year students. The data was analyzed by using descriptive and inferential statistical methods. The most significant finding was that 28.0% of GNM 1st year students were having average knowledge regarding common health issues whereas 72.0% had good knowledge after post-test. It was suggested that the nurses must educate GNM 1st year students regarding common health issues.

Keyword- Effect, advanced teaching programme, knowledge and common health issues.

1.INTRODUCTION

Childhood is a wonderful phase in one's life. It's time to let loose and explore various things. With all its great moments, it is also a time when children are susceptible to illnesses as their immune system is still developing. Mild illnesses are a part of growing up and there is not a lot that we can do to avoid them. But a basic awareness of the common health issues faced by children can guide parents and address their concerns. Here we shall be taking a look at selected health problems in children. Common cold or a runny nose is quite frequent in children (an average of 6-8 colds per year) and is often associated with mild fever and myalgia. The best treatment is fluids, comfort and symptomatic management. Antibiotics are not needed in every case. However, the presence of fever, cough, cold and throat pain/sore throat suggest upper respiratory tract infection (for eg tonsillitis or pharyngitis). Appropriate treatment should be initiated for the same following consultation with a doctor. Also, severe respiratory conditions such as Pneumonia and Asthma require definitive management.

2.NEED FOR STUDY

Ashwini Rani S (2021) in their article titled prevalence of recurrent herpes labialis in Western Maharashtra, results were compared statistically, and P < 0.05 was considered statistically significant. Results: The majority of the patients were in the age group of 30–39 years, with a female predominance (63.89%) (male:female = 0.33:0.59). Stress (43%) was the most common risk factor in the occurrence of RHL, followed by disturbed menstruation cycle (21%). Most of the patients had two episodes of RHL (42.4%), whereas some had just one episode of recurrence (25.4%) in the past 1 year. The most commonly occurring location for RHL was upper lip (47%), especially the left side (19.1%) and right side (18.2%) of the upper lip. The overall prevalence rate of RHL in our study was 3.9%. Conclusion: An established prevalence (3.9%) of RHL occurs among patients in western Maharashtra.

Siddhanta S and Bhowmick S (2021) a cross sectional observational study on assessment of knowledge and practice of personal hygiene among school children in a government school in Liluah, Howrah, the importance of hand washing with soap after defecation and before meals was known to 100% and 98% students respectively, however was practised by 98% and 76% students respectively. There is significant association between knowledge and practice of hand washing with soap after meals (P value 0.04146). Brushing teeth, washing feet and taking daily bath (80.77%) are the most common practices. Most common morbidities were fever with cough (17.3%), worm infestation (13.5%) and dental caries.

3.OBJECTIVE OF THE STUDY

1. To assess the pre-test and post-test Knowledge score regarding common health issues among GNM 1st year students.
2. To assess the effectiveness of advanced teaching programme on knowledge regarding common health issues among GNM 1st year students.
3. To find out the association between the pre-test knowledge score regarding common health issues among GNM 1st year students with their selected demographic variables.

4.HYPOTHESES:

RH_0:   There will be no significant difference between pre test and post-test knowledge score on common health issues among GNM 1st year students.

RH_1:   There will be significant difference between pre test and post-test knowledge score on common health issues among GNM 1st year students.

RH_2:   There will be significant association between the pre-test score on common health issues among GNM 1st year students with their selected demographic variables.

5.ASSUMPTION

1. GNM 1st year students may have deficit knowledge regarding common health issues.
2. Advanced teaching programme will improve knowledge of GNM 1st year students regarding common health issues.

6.METHODOLOGY:

A quantitative evaluative approach and pre-experimental one group pre-test post-test research design was used for the study. The samples consisted of 50 GNM 1st year students of preterm selected by Non probability convenient sampling technique. The setting for the study was Selected nursing school of Kolhapur district. Data was collected with the help of demographic variables and administering a self structured knowledge questionnaire by the investigator before and after advanced teaching programme. Post-test was conducted after 7 days of pre test. Data were analysis using descriptive & inferential statistics.

7.ANALYSIS AND INTERPRETATION

SECTION-I Table -1 Frequency and percentage distribution of samples according to their demographic variables.
n = 30

S. No	Demographic Variables	Frequency	Percentage
1	**Age in Years**		
a.	18-19	11	22.0
b.	20-21	11	22.0
c.	22-23	13	26.0
d.	$\geq$24	15	30.0
2	**Family Monthly income**		
a.	4000-8000/-	10	20.0
b.	9000-13000/-	4	8.0
c.	14000-18000/-	17	34.0
d.	$\geq$ 19000/-	19	38.0
3	**Religion**		
a.	Christian	8	16.0
b	Sikh	8	16.0
c	Hindu	17	34.0
d.	Muslim	17	34.0
4	**Fathers Occupation**		
a.	Shopkeeper	7	14.0
b.	Business women	8	16.0
c.	Laborer	19	38.0
d.	Office worker	16	32.0

SECTION-II- Table- 2.1.1- Frequency and percentage distribution of Pre-test scores of studied subjects:

Category and test Score	Frequency (N=50)	Frequency Percentage (%)
POOR(01-07)	41	82.0
AVERAGE (8-14)	9	18.0
GOOD (15-20)	0	0.0
TOTAL	50	100.0

The present table 2.1.1 concerned with the existing knowledge regarding common health issues among GNM 1st year students was shown by pre-test score and it is observed that most of the GNM 1st year students 41 (82.0%) were poor (01-07) knowledge and some GNM 1st year students have 9(18.0%) average categories.
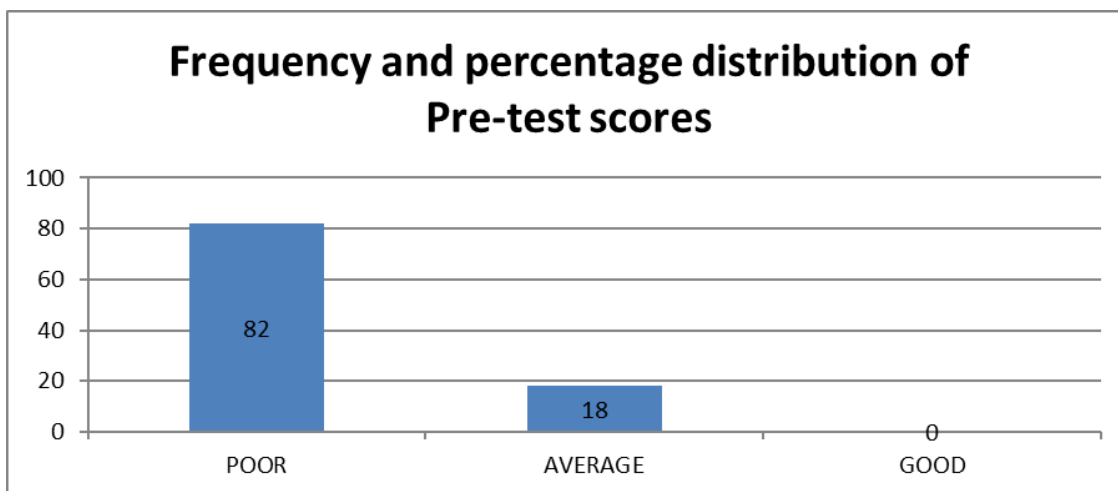

FIG.-2.1.1- Frequency and percentage distribution of Pre-test scores of studied subjects

Table-2.1.2. - Mean ($\overline{X}$) and standard Deviation (s) of knowledge scores:

Knowledge Pre –test	Mean ($\overline{X}$)	Std Dev (S)
Pre-test score	1.18	0.38

The information regarding mean, percentage of mean and standard deviation of test scores in shown in table 2.1.2 knowledge in mean pre-test score was 1.18±0.38 while in knowledge regarding common health issues among GNM 1st year students in Selected nursing school of Kolhapur district.
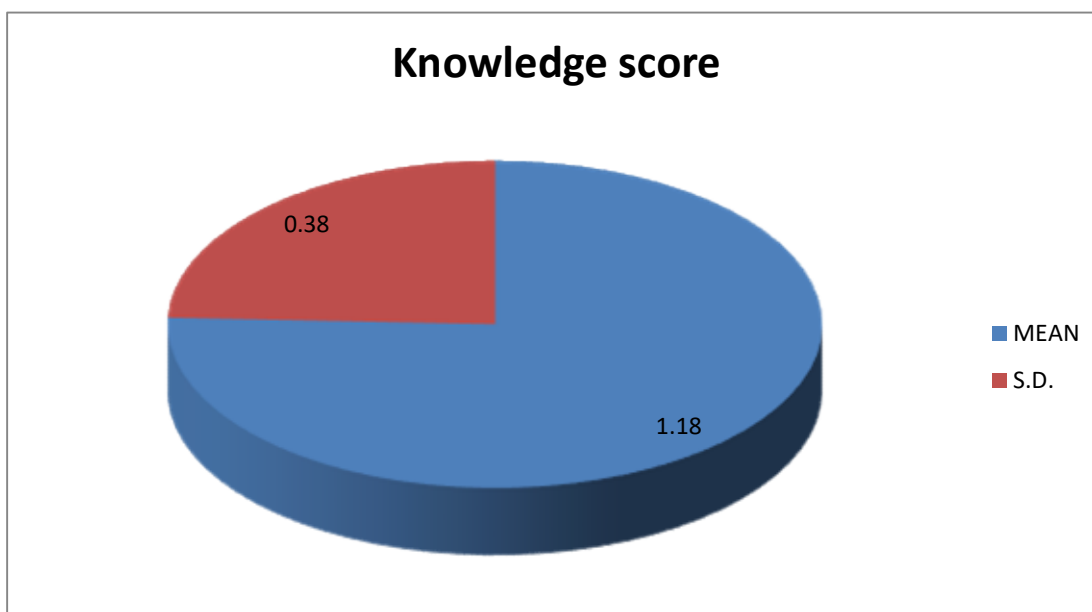
FIG.-2.1.1. - **Mean ($\overline{X}$) and standard Deviation (s) of knowledge scores**

Table-2.2.1- Frequency and percentage distribution of Post test scores of studied subjects:

Category and post-test Score	Frequency (N=50)	Frequency Percentage (%)
POOR(01-07)	0	0.0
AVERAGE (8-14)	14	28.0
GOOD (15-20)	36	72.0
TOTAL	50	100%

The present table 2.2.1 concerned with the existing knowledge regarding common health issues among GNM 1st year students was shown by post test score and it is observed that most of the GNM 1st year students 36(72.0%) were **GOOD** (15-20) knowledge and other GNM 1st year students have 14(28.0%) category which are **AVERAGE** (08-14) post test knowledge score in the present study.
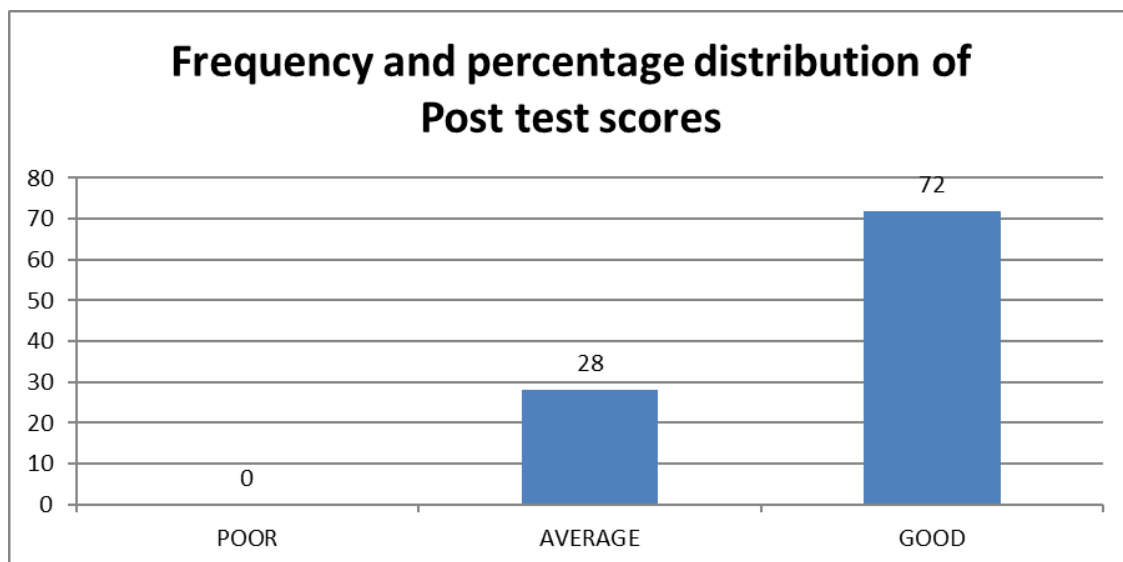

Frequency and percentage distribution of Post test scores

FIG.-2.2.1- Frequency and percentage distribution of Post test scores of studied subjects

Table-2.2.2. - Mean ($\overline{X}$) and standard Deviation (s) of knowledge scores:

Knowledge Test	Mean ($\overline{X}$)	Std Dev (S)
Post-test score	2.72	0.45

The information regarding mean, percentage of mean and standard deviation of post test scores in shown in table 2.2.2 knowledge in mean post test score was 2.72±0.45 while in knowledge regarding common health issues among GNM 1st year students in Selected nursing school of Kolhapur district.

Hence, it is confirmed from the tables of section-II that there is a significant difference in mean of test scores which partially fulfill the first second objective of the present study.
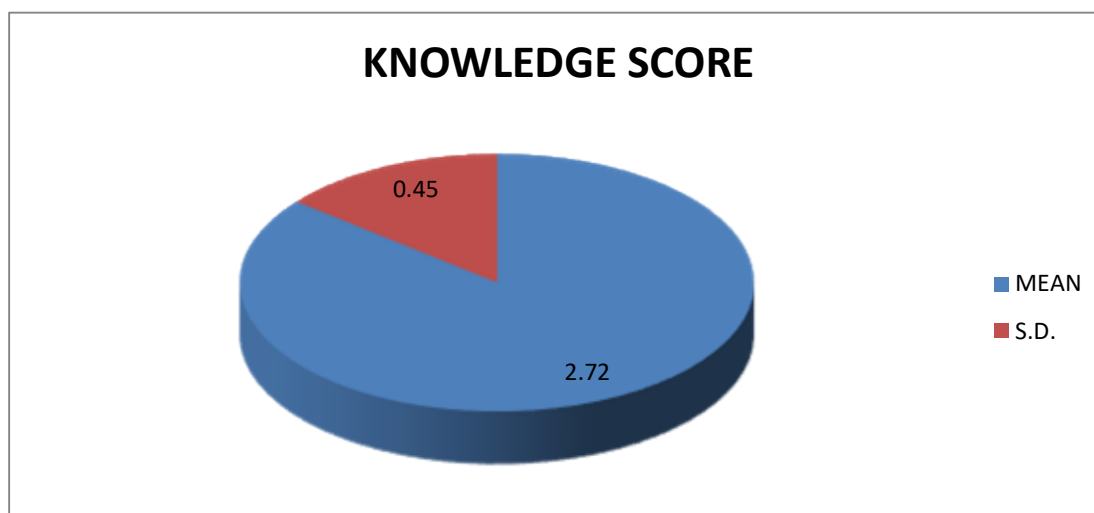

FIG.-2.2.2. - Mean ($\overline{X}$) and standard Deviation (s) of knowledge scores:

TABLE 2.2.3: Effectiveness of awareness package by calculating Mean, SD, Mean Difference and 't' Value of Pre-test and Post-test knowledge.

Knowledge Score of GNM 1st year students	Mean ($\overline{X}$)	S. D. (s)	Std. Error of Mean	D. F.	t-value	Significance
Pre-test	1.18	0.38	0.08	49	-18.81	P<0.0001[*]
Post-test	2.72	0.45				

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 -18.81 and p value was 0.0001 which clearly show that advanced teaching programme was very effective in increasing the knowledge of GNM 1st year students.

SECTION-III Association of knowledge scores between test and selected demographic variables:

Table- 3.1 Association of age with pre-test scores:

Age	Test scores			Total
(in years)	POOR (1-5)	AVERAGE (6-10)	GOOD (11-16)	
18-19	11	0	0	11
20-21	10	1	0	11
22-23	10	3	0	13
≥24	10	5	0	15
Total	41	9	0	50
X=5.62 p>0.05(Insignificant)				

The association of age and test scores is shown in present table 3.1. The probability value for Chi-Square test is 5.62 for 3 degrees of freedom which indicated a insignificant valve (p>0.05). Hence, it is identified that there is a insignificant association between age and test scores. Moreover, it is reflected that age isn't influenced with the present problem.

Table- 3.2 Association of Family monthly income with pre-test scores:

Family Monthly Income	Test scores			Total
	POOR (1-5)	AVERAGE (6-10)	GOOD (11-16)	
4000-8000	6	4	0	10
9000-13000	4	0	0	4
14000-18000	14	3	0	17
≥ 19000/-	17	2	0	19
Total	41	9	0	50
X=4.87 p>0.05 (Insignificant)				

The association of family monthly income and test scores is shown in present table 3.2. The probability value for Chi-Square test is 4.87 for 3 degrees of freedom which indicated a insignificant value (p>0.05).Hence, it is identified that there is a significant association between family monthly income and test scores.

Table-3.3. Association of religion with pre-test scores:

Religion	Test scores			Total
CLASS	POOR (1-5)	AVERAGE (6-10)	GOOD (11-16)	
Christian	8	0	0	8
Sikh	7	1	0	8
Hindu	12	5	0	17
Muslim	14	3	0	17
Total	41	9	0	50
X=3.42 p>0.05 (Insignificant)				

The association of religion and test scores is shown in present table 3.3. The probability value for Chi-Square test is 3.42for 3 degrees of freedom which indicated a insignificant valve (p>0.05). Hence, it is identified that there is a insignificant association between religion and test scores. Moreover, it is reflected that religion isn't influenced with the present problem.

Table- 3.4 Association of father's occupation with pre-test scores:

Father's Occupation	Test scores			Total
CLASS	POOR (1-5)	AVERAGE (6-10)	GOOD (11-16)	
Shopkeeper	7	0	0	7
Business-women	5	3	0	8
Laborer	16	3	0	19
Office-worker	13	3	0	16
Total	41	9	0	50
X=3.66		p>0.05 (Insignificant)		

The association of father's occupation and test scores is shown in present table 3.4. The probability value for Chi-Square test is 3.66 for 3 degrees of freedom which indicated father's occupation and test scores. Moreover, it is reflected that father's occupation age isn't influenced with the present problem.

8.RESULTS

The result of this study indicates that there was a significant increase in the post-test knowledge scores compared to pre-test scores of common health issues. The mean percentage knowledge score was observed 1.18 ± 0.38 in the pre-test and after implementation of advanced teaching programme post-test mean percentage was observed with 2.72 ± 0.45.

9.CONCLUSION

Thus after the analysis and interpretation of data we can conclude that the hypothesis RH1 that, there will be significance difference between the pre-test knowledge score with post-test knowledge score at the (P<0.05) is being accepted. Furthermore, advanced teaching programme regarding common health issues among GNM 1st year students may consider as an effective tool when there is a need in lacking, bridging and modifying the knowledge.

10.LIMITATIONS-

- The study was limited to selected nursing school of Kolhapur district.
- The study was limited to 50 samples.

11.REFERENCE-

1. Fisher-Owens, S. A., Gansky, S. A., Platt, L. J., Weintraub, J. A., Soobader, M. J., Bramlett, M. D., & Newacheck, P. W. (2007). Influences on children's oral health: a conceptual model. *Pediatrics*, *120*(3), e510-e520.
2. Fan, D. S., Lam, D. S., Lam, R. F., Lau, J. T., Chong, K. S., Cheung, E. Y., ... & Chew, S. J. (2004). Prevalence, incidence, and progression of myopia of school children in Hong Kong. *Investigative ophthalmology & visual science*, *45*(4), 1071-1075.

3. Goudet, S., Griffiths, P., Bogin, B., & Madise, N. (2017). Interventions to tackle malnutrition and its risk factors in children living in slums: a scoping review. *Annals of Human Biology*, *44*(1), 1-10.

4. Gilliland, F. D., Berhane, K., Islam, T., McConnell, R., Gauderman, W. J., Gilliland, S. S., ... & Peters, J. M. (2003). Obesity and the risk of newly diagnosed asthma in school-age children. *American journal of epidemiology*, *158*(5), 406-415.

5. İnanir, I., Şahin, M. T., Gündüz, K., Dinç, G., Türel, A., & Öztürkcan, S. (2002). Prevalence of skin conditions in primary school children in Turkey: differences based on socioeconomic factors. *Pediatric dermatology*, *19*(4), 307-311.

6. Joshi, A., & Amadi, C. (2013). Impact of water, sanitation, and hygiene interventions on improving health outcomes among school children. *Journal of environmental and public health*, *2013*.

7. Kelly, K. A., Balogh, E. A., Kaplan, S. G., & Feldman, S. R. (2021). Skin disease in children: effects on quality of life, stigmatization, bullying, and suicide risk in pediatric acne, atopic dermatitis, and psoriasis patients. *Children*, *8*(11), 1057.