

“Effect of awareness program on knowledge regarding Pediatric thalassemia among Peoples”

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Abstract

The current study has been undertaken to assess knowledge score regarding Pediatric thalassemia among Peoples by awareness program in vill-Mangliya, Indore. The research design used for study was pre-experimental in nature. The tool for study was self-structured knowledge questionnaire which consists of 2 parts-PART- I consisted questions related to Socio-demographic data; PART-II consisted of self -structured knowledge questionnaire to assess knowledge score regarding Pediatric thalassemia among Peoples. The data was analyzed by using descriptive & inferential statistical methods. The most significant finding was that 20.0% of Peoples were having average knowledge regarding Pediatric thalassemia whereas 80.0% had good knowledge after post-test. It was suggested that nurses must educate Peoples regarding Pediatric thalassemia.

Keyword- Effect, awareness program, knowledge & Pediatric thalassemia.

1. INTRODUCTION

Thalassemia is a blood disease where the body doesn't make enough hemoglobin, a protein that helps carry oxygen through the body. Parents from across Texas bring their kids to Children's Health for expert thalassemia care. Our patients have access to innovative treatments and a leading blood banking program that gives kids safe access to transfusions. We're one of only a handful of programs designated as a center of excellence through the Cooley's Anemia Foundation, underscoring our ability to provide leading care for kids with blood disorders. Typically, thalassemia is diagnosed by a newborn screening that every child in Texas receives. This screening can detect the most common and severe forms of thalassemia. If your child has a milder form that wasn't detected on their newborn screen, it can be discovered during a routine anemia screening by your primary care provider when your child is 1 to 2 years old. This milder form can be mistaken for iron deficiency anemia.

2. NEED FOR STUDY

Burden of thalassemia in India: the road map for control, In the south, in Bangalore antenatal screening was undertaken at a Primary Health Centre attached to the Department of Community Medicine. Here only 50% of the husbands of suspected β thalassemia carrier women could be tested and none of the pregnant women had any knowledge of thalassemia. Around 25% of the population reside in the eastern states in Bihar, Chhattisgarh, Jharkhand and eastern Uttar Pradesh, a region which had not been investigated adequately. A recent study has shown that the prevalence of β thalassemia trait here (3.4%) was similar to that of HbE and HbS trait. Thus, all the screening programmes undertaken in different regions have shown that many ethnic groups like Sindhis, Kutchi Bhanushalis, Lohanas, Punjabi Khatri and Aroras, Bengalees, some Muslim groups and some tribal populations from Orissa and Gujarat have much higher prevalence rates than the average ranging from 4 to 17%. [Colah, R., et al (2017)].

3. OBJECTIVE OF THE STUDY

1. To assess the pre-test & post-test Knowledge score regarding Paediatric thalassemia among Peoples.
2. To assess effect of awareness program on knowledge regarding Paediatric thalassemia among Peoples.

3. To find out association between pre-test knowledge score regarding Paediatric thalassemia among Peoples with their selected demographic variables.

4. HYPOTHESES:

RH₀: There will be no significant difference between pretest & post-test knowledge score on Pediatric thalassemia among Peoples.

RH₁: There will be significant difference between pretest & post-test knowledge score on Pediatric thalassemia among Peoples.

RH₂: There will be significant association between pre-test score regarding Pediatric thalassemia among Peoples with their selected demographic variables.

5. ASSUMPTION

1. Peoples may have deficit knowledge regarding Pediatric thalassemia.
2. Awareness program will enhance knowledge of Peoples regarding Pediatric thalassemia.

6. METHODOLOGY:

An evaluative approach was used and research design pre-experimental one group pre-test post-test research design was used for the study. The samples consisted of 80 Peoples selected by Non probability convenient sampling technique. The setting for the study was Pardesi pura, Indore. Data was gathered with help of demographic variables & administering a self-structured knowledge questionnaire by analyst prior & after awareness program. Post-test was done after seven days of pre-test. Data were analysis using descriptive & inferential statistics.

7. ANALYSIS AND INTERPRETATION

SECTION-I Table -1 Frequency & percentage distribution of samples according to their demographic variables.

n = 80

S. No	Demographic Variables	Frequency	Percentage
1	Age in Years		
a.	21-25	11	13.8
b.	26-30	41	51.2
c.	>30	28	35.0
2	Gender		
a.	Male	45	56.2
b.	Female	35	43.8
3	Types of family		
a.	Nuclear	29	36.3
b.	Joint	42	52.5
c.	Extended	9	11.3

4	Educational Status		
a.	Graduate and above	27	34.0
b.	Primary	26	32.5
c.	Secondary	24	30.0
d.	Higher secondary	3	3.5

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

Category and test	Frequency	Frequency
Score	(N=80)	Percentage (%)
POOR (1-10)	72	90.0
AVERAGE (11-20)	8	10.0
GOOD (21-30)	0	0.0
TOTAL	80	100.0

The present table 2.1.1 concerned with the existing knowledge regarding Pediatric thalassemia among Peoples were shown by pre-test score and it is observed that most of the Peoples 72 (90.0%) were poor (01-10) knowledge & some Peoples have 8 (10.0%) were from average category.

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

Category and post-test	Frequency	Frequency
Score	(N=80)	Percentage (%)
POOR (01-10)	0	0.0
AVERAGE (11-20)	16	20.0
GOOD (21-30)	64	80.0
TOTAL	80	100%

The present table 2.2.1 concerned with the existing knowledge regarding Pediatric thalassemia among Peoples was shown by post test score and it is observed that most of the Peoples 64 (80.0%) were **GOOD** (21-30) knowledge & other Peoples have 16 (20.0%) category which are **AVERAGE** (11-20) posttest knowledge score in present study.

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

Knowledge	Mean	S. D.	Std. Error of	D. F.	t-value	Significance
Score of Peoples	(\bar{X})	(s)	Mean			
Pre-test	1.11	0.30	0.05	79	-29.63	P<0.05

Post-test	2.81	0.40				
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When the mean and SD of pre-test & post-test were compared & 't' test was applied. It can be clearly seen that the 't' value was -29.63 and p value was <0.05 which clearly show that awareness program was very effective in enhancing the knowledge of Peoples.

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

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

Age (in years)	Test scores			Total
	POOR (1-10)	AVERAGE (11-20)	GOOD (21-30)	
21-25	8	3	0	11
26-30	36	5	0	41
>30	28	0	0	28
Total	72	8	0	80
X= 6.97 p<0.05(significant)				

The association of age test scores is shown in present table 3.1. The probability value for Chi-Square test is 6.97 for 2 DF which indicated significant value (p<0.05). Hence, it is identified that there is a insignificant association between age & test scores. Moreover, it is reflected that age is influenced with current problem.

Table- 3.2 Association of gender with pre-test scores:

Gender	Test scores			Total
	POOR (1-10)	AVERAGE (11-20)	GOOD (21-30)	
Male	41	4	0	45
Female	31	4	0	35
Total	72	8	0	80
X= 0.14 p>0.05 (Insignificant)				

The association of gender & test scores is shown in present table 3.2. The probability value for Chi-Square test is 0.14 for 1 degrees of freedom which indicated a insignificant value (p>0.05). Hence, it is identified that there is a insignificant association between gender & test scores.

Table- 3.3 Association of types of family with pre-test scores:

Types of family	Test scores			Total
	POOR (1-10)	AVERAGE (11-20)	GOOD (21-30)	
Nuclear	27	2	0	29
Joint	41	1	0	42

Extended	4	5	0	9
Total	72	8	0	80
X= 23.77 p<0.05 (significant)				

The association of types of family & test scores is shown in present table 3.3. The probability value for Chi-Square test is 23.77 for 2 degrees of freedom which indicated a insignificant value ($p < 0.05$). Hence, it is identified that there is a significant association between types of family & test scores.

Table- 3.4 Association of educational status with pre-test scores:

Educational Status	Test scores			Total
	POOR (1-10)	AVERAGE (11-20)	GOOD (21-30)	
Graduate	27	0	0	27
Primary	21	5	0	26
Secondary	22	2	0	24
Higher sec.	2	1	0	3
Total	72	8	0	80
X= 7.35 p>0.05 (insignificant)				

The association of educational status & test scores is shown in present table 3.4. The probability value for Chi-Square test is 7.35 for 3 degrees of freedom which indicated educational & test scores. Moreover, it is reflected that educational is not influenced with present problem.

8. RESULTS

The result of this study indicates that there was a significant increase in post-test knowledge scores compared to pre-test scores of Pediatric thalassemia. The mean percentage knowledge score was observed 1.11 ± 0.30 in pre-test & after implementation of awareness program post-test mean percentage was observed with 2.81 ± 0.40 .

9. CONCLUSION

Thus, after the analysis and interpretation of data we can conclude that the hypothesis RH1 that, there will be significance difference between pre-test knowledge score with post-test knowledge score at ($P < 0.05$) is being accepted.

Furthermore, awareness program related to Pediatric thalassemia among Peoples may consider as an effective tool when there is a need in bridging & modifying knowledge.

10. LIMITATIONS-

- This was limited to Mangliya, Indore.
- This was limited to 80 Peoples.

11.REFERENCE-

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