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A study to assess the effectiveness of structured teaching programme on knowledge regarding Amrutham Aarogyam Programme among adults in selected rural areas of Kollam District

Abstract

The present study investigated the effectiveness ofStructured teaching programme on Knowledge regarding Amrutham Aarogyam among adults in selected rural areas of Kollam District .

Objectives : The objectives of the study were to assess the knowledge regarding AmruthamAarogyam programme among adults, to evaluate the effectiveness of structured teaching programme on knowledge regarding Amrutham Aarogyam among adults and to find out the association between pretest knowledge score regarding Amrutham Aarogyam programme among adults and demographic variables.

Materials & Methods : Convenience sampling technique was used in this study. The research design was one group pre-test, post-test research design. The tools used in the study were sociodemographic Proforma, structured knowledge questionnaire. Pre-test was conducted followed by intervention. Post-test was conducted after the intervention. The data collected were tabulated and analyzed by using descriptive and inferential statistics.

Result : In pretest 66% samplehave average knowledge,32%poor knowledge and in posttest 84%average, 16% have poor knowledge. The computed 't' value of knowledge regarding Amrutham Aarogyam was 17.77 with 'p' value 0.001. Thus it can be concluded that the structured teachingprogramme was effective and improved the knowledge level of adults in the rural areas.

Keywords: Amrutham Aarogyam Programme; knowledge; structured teaching program

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INTRODUCTION

"Every human being is the author of his own health or disease" - Buddha

Health is a fundamental human right, essential for overall well-being and quality of life.Non-communicable diseases are chronic conditions that cannot be spread from person to person that pose a significant threat to global heath. World widely 74% of deaths occur due to non-communicable diseases. This account for a significant proportion of morbidity and mortality in the state. Non-communicable diseases are a group of conditions that are not caused by infection and can have long term health consequences. They are the leading cause of death worldwide and can have a significant impact on communities. Non-communicable diseases are one of the major challenges for public health in the 21st century. According to World Health Organization, non-communicable diseases kill 41 million people worldwide each year. That is around 74% of global deaths. Each year 17 million people die due to non-communicable diseases before age the age of 70,account for most non-communicable diseases deaths that is around 17.9 million people annually followed by cancers 9.3 million, chronic respiratory diseases 4.1 million, and diabetes 2.0 million. The total annual number of deaths from non-communicable diseases will increase to 55 million by 2030.These are caused by a combination of genetic, physiological, environmental, and behavioural factors. The Premature mortality, disability and morbidity, economic burden, social impact, healthcare system overload are the consequences of non-communicable diseases. Pollution, stress and genetic factors are some of the risk factors of non-communicable disease. Complications include heart failure, stroke, kidney diseases, recurrence of cancer ,respiratory failure, pneumonia and diabetic complications.[1]

The strategic thinking on controlling the epidemic of non -communicable diseases started in the first decade of this century with the support of localized Government projects in selected districts of the state. AmruthamAarogyam was launched at Kerala by the state government in 2011." In this project all the people above the age of 30 years are screened for life style diseases. 'India is experiencing a rapid health transition with a rising burden of non-communicable diseases. In India, nearly 5.8 million people die from non-communicable diseases every year. In other words 1 in 4 Indians has a risk of dying from non-communicable diseases before they reach the age of 70 years. Non-communicable diseases like cardiovascular diseases, cancer, chronic respiratory diseases, diabetes and other non-communicable diseases are estimated to account for around 60% of all deaths. In Kerala non-communicable diseases account for more than 50% of total deaths occurring in the age group between 30 and 60years in which 27% of adult males and 19% of adult females being diabetic. Kerala is considered to be the diabetic capital of India. In Kollam district 116136 patients are screened .out of these 2066 number of new diabetes cases are detected and 1377 number of new hypertensive cases are detected.[2]

Amrutham Aarogyam programme launched at Kerala to combat non-communicable diseases through health promotion and disease prevention.In Kerala state the government run non -communicable disease control programme named "Amrutham Aarogyam". The services are rendered through all district or general hospitals, sub district hospitals, community health centers, primary health centers and sub centers."The programme is a vital initiative aimed at combating the rising burden of non-communicable diseases in Kerala.Amrutham Aarogyam programme empowers individuals by emphasizing regular physical activity, balanced diet, stress management, and tobaccocessation, to reduce their risk of developing non-communicable diseases. Through its comprehensive approach, AmruthamAarogyam programme plays a crucial role inmitigating the impact of non-communicable diseases, promoting health and wellbeing,and enhancing the overall quality of life in Kerala.[3]

Objectives

1. To assess the knowledge regarding AmruthamAarogyam programme among adults.
2. To evaluate the effectiveness of structured teaching programme on knowledge regarding Amrutham Aarogyam among adults.

3. To find out the association between knowledge regarding Amrutham Arogyam Programme and demographic variables.

Methodology

Research approach: quantitative approach.

Research design: one group pretest posttest design.

Research Settings : In selected rural area at Kollam District

Population : Adults between 30-60 years in selected rural area at Kollam district

Sample size: 50 Adults between 30-60 years in selected from rural area at Kollam district based on inclusion criteria.

Sampling technique: non-probability convenience sampling

Tools and Technique

Tool

Section A : Socio demographic proforma

Section B : Structured knowledge questionnaire

Technique: Structured teaching programme

Data collection process

Study was conducted among 50 samples who satisfied the inclusion criteria .The investigator obtained approval from the concerned authority. Samples were selected from Ottaplamoodu rural area, Kottiyam,Kollam district through convenient sampling technique. The investigator assessed the knowledge regarding AmruthamAarogyam by using a structured knowledge questionnaire by giving pretest. On the same day of pretest educative intervention (structured Teaching Program) was conducted in the same group using same tool. Post test was conducted after structured teaching program using the same knowledge questionnaire.The investigator met each participant individually, established rapport with them and the purpose and objectives of the study were explained to the participants and confidentiality was assured to them. A copy of the participant information sheet was given and obtained the written informed consent from each participant prior to data collection.

Inclusion criteria

✶ Age between 30-60 years.

✶ Adults who are willing to participate.

✶ Who can read and understand Malayalam

Exclusion criteria

✶ Age below 30 years.

✶ Who are not willing to participate

✶ Who have cognitive and sensory impairment

Analysis and interpretation

Data were entered using Microsoft Excel worksheet and analysed using appropriate statistical tests, using the Statistical Package for Social Sciences (SPSS) software. Data were analysed using descriptive and inferential statistics. Socio demographic data, knowledge regarding Amrutham Aarogyam Programme were expressed as frequency and percentage. Effectiveness of structured teaching programme on knowledge regarding AmruthamAarogyam Programme was analysed using descriptive statistics such as mean and standard deviation and inferential statistics such as paired 't' test.The Chi square test was used to analyze the association between pretest scores of knowledge regarding AmruthamAarogyam Programme with selected socio demographic variables such as age, gender, religion, educational status, occupation, socio economic status,health care services and health sector approach.Findings were communicated through tables and figures.

Results

Section A: Distribution of subjects based on the socio demographic variables : Out of 50, majority of the sample (52%) belongs to the age group 51-60 years. The majority (66%)are Females and the remaining (34 %) are Males. Out of 50 participants 40% are Hindu, 30% are Christian andremaining 30% are Muslim, majority (40%) are unemployed 94% are seeking health care services as Allopathy, Out of 50 samples, majority (58%) of the samples werehaving health sector approaches in Private 38% consult in Government sectors and only 4%consult in both Government and Private sectors.

Section B: Knowledge regarding Amrutham Aarogyam Programme among adults : In pre test regarding knowledge of Amrutham Aarogyam Programme among adults, 66% of samples have Average knowledge, 32% samples have Poor knowledge and in posttest 84% of samples have average knowledge, 16% have poor knowledge regarding Amrutham Aarogyam

Programme.

Section C: Effectiveness of structured teaching programme on knowledge regarding Amrutham Aarogyam among adults : Effectiveness of structured teaching programme on knowledge regarding Amrutham Aarogyam among adults showed that the mean scores of knowledge before and after structured teaching programme in the subject were 4.38 and 8.02 respectively. Mean difference in knowledge score was 3.64. The computed t-value of knowledge regarding Amrutham Aarogyam was 17.77 with p-value of 0.001. Since calculated p value(0.001) of knowledge regarding AmruthamAarogyam was less than 0.05, The increase in the score of knowledge regarding AmruthamAarogyam is statistically significant at 0.05 level.

Section D : Association between pre test scores of knowledge and selected socio-demographic variables : There is no significant association between the pre test scores of knowledge with selected socio demographic variables.

Discussion

The present study investigated the effectiveness of Structured teaching programme on Knowledge regarding AmruthamAarogyam among adults in selected rural areas of Kollam district. The objectives of the study were to assess the knowledge regarding Amrutham Aarogyam programme among adults,to evaluate the effectiveness of structured teaching programme on knowledge regarding Amrutham Aarogyam among adults and to find out the association between pre test knowledge regarding AmruthamAarogyam programme among adults.

Assess the knowledge regarding Amrutham Aarogyam program among adults : The present study result showed that in pre test, regards knowledge of Amrutham Aarogyam Programme among adults 66% of samples have Average knowledge, 32% samples have Poor knowledge and in post test 84% of samples have average knowledge, 16% of have poor knowledge regarding Amrutham Aarogyam Programme.This findings is supported by a Cross sectional study conducted in Kerala in 2017, among above 30 years of age group regarding non communicable disease control program, revealed that mortality and morbidity due to

lifestyle diseases soon began to surpass those due to communicable diseases and RCH combined issues.[4]

Evaluate the effectiveness of structured teaching program on knowledge Regarding Amrutham Aarogyam among adults : The present study result shows that the mean scores of knowledge before and after structured teaching programme in the subject were 4.38 and 8.02 respectively. Mean difference in knowledge score was 3.64. The computed 't' value of knowledge regarding Amrutham Aarogyam was 17.77 with p' value of 0.001.Since calculated p value (0.001) of knowledge regarding Amrutham Aarogyam was less than 0.05, above mentioned that increase in the score of knowledge regarding Amrutham Aarogyam is statistically significant at 0.05 level.This findings is congruent with a cross sectional study conducted among adults ($\geq$ 18 years) with non- communicable diseases in the Thiruvananthapuram district in Kerala, India on 2021. In Kerala state, the Government run non-communicable diseases control program, named "Amrutham Aarogyam "covers the whole state including all 14 districts . The study demonstrated that a high proportion of people with NCDs, face to difficulties in health care assess and had a adverse health care behaviors during the pandemic this will have both short term and long term impacts on the health of the people with NCDs, which highlights the need for essential health care delivery during emergencies.[5]

Association between pre-test knowledge regarding Amrutham Aarogyam program among adults : The present study result showed that there was no significant association of the pre test scores of knowledge with selected socio demographic variables.

Limitations

✷ The study is confined to specific age group of 30-60 years.

✷ The study was only focused on rural areas.

✷ The sample size 50 is small to draw generalization.

✷ The usefulness and long term effect of intervention could not be assessed dueto short duration of the study.

Recommendations

✷ Health education av aids can be published and circulated in community settings.

✷ A similar research can be replicated in a large sample in the rural community.

Conclusion

In this study data was collected from 50 adults in rural areas of ottaplanmoodu. The study revealed that 32 % of adults have poor knowledge, 66% adults had average knowledge regarding Amrutham Aarogyam program. The present study was done to assess the effectiveness of structured teaching program on knowledge regarding Aamrutham Aarogyam among adults aged between 30-60 years. Effectiveness of structured teaching programme on knowledge regarding Amrutham Aarogyam among adults shows that an average scores of knowledge before and after structured teaching program me in the subject were 4.38 and 8.02 respectively. Mean difference in knowledge score was 3.64. The computed 't' value of knowledge regarding AmruthamAarogyam was 17.77 with p' value of 0.001.Since mentioned that increase in the score of knowledge regarding AmruthamAarogyam is statistically significant at 0.05 level.There is no significant association between the pre test scores of knowledge with selected socio demographic variables.

Source of Funding - Self

Ethical Clearance

The researcher obtained prior permission for data collection from Institutional Research Committee, Institutional Human Ethics Committee of HolyCross College of Nursing,Kottiyam. Setting permission was obtained from Administrative Medical Officer. The investigators obtained permission from Principals of Holy Cross College of Nursing, Kottiyam, Kollam and following ethical protocol in research, the following activities were obeyed.

✷ Informed consent was collected from participants.

✷ Confidentiality of the data was kept.

References

1. *Government of kerala (2019) amruthamam arogyam :a comprehensive approach to preventing non communicable diseases in rural area.*

2. *https:/ldhs.kerala.in/content/uploads/2021/01/NCD*

3. *www.arogyakeralam.gov.*

4.*https://www.wbhealth.gov.in/NCD/India*

5.*https://dhs.kerala.gov.in/NCD*