Planned Teaching Programme: It’s effect on knowledge

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Introduction:
One of the most common infectious world wide disease in the 21st century. India is the home to the largest no. of tuberculosis cases in the world. > 30% of the global burden of tuberculosis is born by India. Each day in India, more than 20,000 people in India get infected with the tuberculosis bacillus, 5000 people develop TB, and more than a 1000 die - that is nearly one person per minute.
Tuberculosis is a communicable disease caused by “Mycobacterium Tuberculosis”. The disease primarily affects lungs. Directly Observed Therapy Short course (DOTS) is an international protocol for handling infectious diseases, most commonly tuberculosis. DOTS therapy uses a battery of drugs in a prescribed order to eradicate tuberculosis and avoid the creation of drug-resistant strains of the disease. Patients undergoing DOTS therapy will be observed while they take medication DOTS therapy is designed to be cost-effective.

Problem statement
A Pre-experimental study to assess the effectiveness of planned teaching programme on knowledge regarding Tuberculosis and DOTS therapy among ANMs in selected areas of Indore.

Objectives of the study

1. To assess the pre-test knowledge score regarding Tuberculosis and DOTS Therapy among ANMs.
2. To find out the association with pre-test knowledge score regarding Tuberculosis and DOTS therapy among ANMs and selected demographic variables.
3. To assess the effectiveness of planned teaching programme on knowledge regarding Tuberculosis and DOTS therapy among ANMs.

Research hypotheses

RH1: There is significant association with pre-test knowledge score regarding Tuberculosis and DOTS Therapy among ANMs and selected demographic variables at the level of P ≤ 0.05
RH2: There is significant difference in pretest knowledge score and post test knowledge score regarding Tuberculosis and DOTS Therapy among ANMs at the level of P ≤ 0.05

Methodology:
A Pre- experimental research approach using one group pre-test post-test design was adopted for the study. The population comprised of 50 ANMs in selected
government areas of Indore. A purposive sampling technique was used to select the samples. A structured Knowledge Questionnaire was developed for data collection. Structured knowledge questionnaire was divided into two sections socio-demographic data and knowledge questionnaire. The study intended to measure the gain of knowledge score among ANMs after planned teaching program through Lesson plan and different audiovisual aids (LCD, Flip book, DOTS kits, diet demonstration). Here group was assessed before and after introducing the intervention. The investigator terminated the data collection process by giving booklet.

**Findings:**
After conducting the study it was found that the in pre-test knowledge score, most of the subjects 30 (60%) had average score, 18(36%) subjects had good knowledge score 2(4%) subjects had poor knowledge score and no one had scored excellent. There was no relationship with pretest knowledge score regarding Tuberculosis and DOTS therapy among ANMs and selected demographic variables.. Most of the subject had scored had average 30 (60%) and 18(36%) subjects had good knowledge score and only 2(4%) subjects had Poor knowledge score and no one had scored excellent. The total mean pretest knowledge score was 14.40; Median was 14 and S.D. 3.28 on a scale of (0-28). Thus shows that there was having some knowledge regarding TB and DOTS therapy
In post-test knowledge score, most of subjects 26 (52%) had excellent knowledge score ie 21-28, 22 (44%) respondents had good knowledge score, 2 (4%) of ANMs had average knowledge score and no one had poor knowledge score. The mean post test knowledge score was 20.62 and median post test knowledge score was 21 and SD was 3.37, which is higher than mean pretest knowledge score 14.40 and median pre-test knowledge score 14. Effectiveness of planned teaching programme was analyzed through SPSS version 10.0, Wilcox Signed Ranks Test was used and the Z value was 5.659 which was significant at the level of P< 0.001.

![Graph of knowledge score distribution](image)

Effectiveness of planned teaching programme regarding tb and dots therapy on pre-test and post-test knowledge score

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<tr>
<th>Table: 8: Wilcoxon Sign Rank “Z” test</th>
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<tbody>
<tr>
<td>Knowledge Area</td>
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<tr>
<td>Post-test &amp; Pre-test</td>
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**Recommendations:**
• A similar study can be replicated on a large sample.

• A similar study can be conducted in different health worker group.

• An exploratory study conducted in large group and to assess the knowledge of all health workers.

• A study can be done on TB patient, especially to find out incidence of T.B. and related complication ie multi drug resistance cases.

• Study can be done on knowledge regarding drug compliance among TB patients.

• A further study can be done to observe the practice and attitude of health workers.

• A comparative study can be done on two different teaching methods of knowledge and practice regarding TB and DOTS therapy.

• An experimental study can be under taken with a control group.

• Planned teaching in two or more sessions would have been more effective.

• Observation of sample in more activities could have given more accurate findings.

References


