‘Revised National Tuberculosis Control Programme and knowledge of nurses.’

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INTRODUCTION

RNTCP was since 1993; the Government of India (GOI) has been implementing the WHO Recommended strategy via RNTCP: The Revised strategy was pilot tested in 1993 and launched as a National Program in 1997. By March 2006. The program was implemented. The Revised National Tuberculosis Control Program (RNTCP) has been successful in achieving its objectives. Tuberculosis (TB) disease burden (prevalence and mortality) in India has reduced significantly when compared to 1990 levels, and India is on track to achieve the TB related Millennium development goals RNTCP during the 12th Five Year Plan (2012-2017) aims to achieve Universal accesses to quality assured TB diagnosis and treatment and elaborate plans are being made.

NEED FOR THE STUDY

According to world health organization (WHO) 2013 report, 8.6 million tuberculosis cases and 1.3 million deaths estimated in 2012 globally. Tuberculosis is a major public health problem in India. India accounts for 1/5th of global TB incident cases. Each year 2 million people in India develop the TB of which around 0.87 million are infectious cases. It is estimated that annually 330,000 Indians dies due to TB. We observed a poor performance in terms of case detection rate (CDR) in tribal and backward districts as compared with other districts in India. Among tribal districts 53 per cent in 2010, 45 per cent in 2011 and 56 per cent in 2012 had CDR of new smear positive <70%. It was also observed that 26 per cent of tribal dominated districts had CDR of <51 per cent in 2012. More than 50 per cent of tribal districts were not able to achieve more than 85 per cent of cure rate.

PROBLEM STATEMENT

Effectiveness of information booklet regarding revised national tuberculosis control programme on knowledge among staff nurses working in hospitals of selected areas.

OBJECTIVES OF THE STUDY

1. To assess the knowledge regarding revised national tuberculosis control programme among staff nurses before administering information booklet.
2. To assess the knowledge regarding revised national tuberculosis control programme among staff nurses after administering information booklet.
3. To compare the pretest and posttest knowledge score regarding Revised national tuberculosis control programme among staff nurses.
4. To find the Association of study findings with selected demographic variables.
**HYPOTHESIS**

**H0:** There will be no significant difference on knowledge regarding RNTCP among staff nurses.

**H1:** There will be significant difference on administering information booklet regarding RNTCP among staff nurses.

**RESEARCH METHODOLOGY**

Research methodology is the systematic way of doing a research to solve a problem. It contains statement of problem, objectives of study, assumption which have been formulated, methods use for data collection and statistical method use for analyzing the data and the logic behind it.

**Research Approach:** Quantitative

**Research Design:** Pre experimental research design (one group pretest posttest).

**Setting Of The Study** The study is conducted in various hospitals of selected areas.

**Population:** Population selected for present study is staff nurses working in hospitals of selected areas.

**Sample:** Staff nurses working in hospitals of selected areas.

**Sample Size** Sample consisted of 60 staff nurses working in hospitals of selected areas.

**Sampling Technique:** Non Probability purposive sampling technique.

**FINDINGS OF THE STUDY**

The major findings of the study are summarized follows:

1. **Age:** Majority of 46.7% of the staff nurses had age 21-25 years, 40% of them had age 26-30 years, 11.7% of them had age 31-35 years and 1.7% of them had age above 35 years.
2. **Gender:** 48.3% of them were males and 51.7% of them were females.
3. **Educational qualification:** Majority of 5% of them were ANM, 66.7% of them were GNM, 16.7% of them had B.Sc. Nursing, 8.3% of them had P.B.B.Sc. Nursing and 3.3% of them had M.Sc. Nursing.

Majority of before administering information booklet, 56.7% of the staff nurses had poor knowledge (score 0-10) and 43.3% of them had average knowledge (score 11-20) regarding revised national tuberculosis control program.

After administering information booklet, 96.7% of the staff nurses had good knowledge (score 21-30) and 3.3% of them had average knowledge (score 11-20) regarding revised national tuberculosis control program.
Average knowledge score in pretest was 10.6 which increased to 24.7 in posttest. T-value for this test is 33.48 with 59 degrees of freedom. Corresponding p-value was 0.000, which is small (less than 0.05), null hypothesis is rejected. Since all the p-values are large (greater than 0.05), none of the demographic variable was found to have significant association with knowledge of staff nurses regarding revised national tuberculosis control program.

CONCLUSION

Information booklet was proved to be significantly effective in improving the knowledge of the staff nurses regarding revised national tuberculosis control program.

References

2. Central TB Division, Ministry of Health and Family Welfare, Government of India, World Health Organization, India Country Office & The International Union Against Tuberculosis & Lung Diseases, South-East Asia Regional Office, New Delhi, India. icmr.nic.in/ijmr/2012/may/518.pdf
4. Archives of Public Health The official journal of the Belgian Public Health archpublichealth.biomedcentral.com/articles/10.../s13690-015-0062-3