



“A study is to evaluate the effectiveness of awareness teaching programme on selected health programme and their benefits in term of knowledge among rural population of Bikaner.”

Ghanshyam Jangir, Virendra Singh

Nursing Tutor Government College of Nursing, SPMC, AGH, Bikaner, Rajasthan.

Nursing Tutor, Government College of Nursing, SPMC, AGH, Bikaner, Rajasthan

Abstract:

The key of success of any health programmes can be determined about how much the population is able to avail the benefits from it. But for this, the first stepping stone is to develop awareness about various health programmes and their benefits among the population. The government is trying to improve the delivery of health care services through various programmes, so as to improve the health status of people. The most important aspect of the success of health programmes is the extent of availing of public health services by the people. Thereby, it would be necessary to ascertain the level of knowledge which help in better accessibility of public health care service by people especially at grass root level, so that health for all is achieved. As the government is trying to address health issues of rural and urban areas through separate programmes, there is need to examine whether there is any difference in the accessibility of PHC services in these areas. The present paper tries to address the level of knowledge and utilization of various health services by rural population of selected area of Bikaner, Rajasthan.

Objectives: 1. To assess knowledge score among the rural population before and after administration of awareness teaching programme in experimental group. 2. To assess knowledge score among the rural population before and after administration of awareness teaching programme in control group. 3. To evaluate the effectiveness of awareness teaching programme in experimental group.

Materials and Methods: The presented study was quasi experimental, conducted at selected PHC and CHC of Bikaner to evaluate the effectiveness of awareness teaching programme on selected health programme and their benefits in term of knowledge among rural population of Bikaner. A structured questionnaire was designed to assess the knowledge and permission to conduct study was obtained from concerned authorities.

Results: The mean pre test knowledge score of experimental group was 7.72 with the standard deviation 5.63 and the mean pretest score of control group was 7.52 with the standard deviation 5.6 . After the administration of awareness teaching programme the mean post test knowledge score of experimental group was 12.36 with the standard deviation 4.6763. The mean difference of pre test and post test of experimental group was 4.64 and standard deviation difference of 2.354, where as the mean post test knowledge score of control group was 7.9 with the standard deviation 6.08.

Conclusion: The study finds that the knowledge regarding the awareness of health programme and services were inadequate the awareness of public regarding various health services and health programme can be improved by awareness programme so maximum utilization of health services can be made.

Keywords: Primary Health Centre, Community Health Centre, Janani Sishu Suraksha Karyakram, Rajshree Yojana, Pradhanmantri Matrtava Suraksha Yojana.

INTRODUCTION

Report on the Health Survey and Development Committee, referred to as the Bhore Committee Report, 1946, has been a landmark report for India, from which the current health policy and systems have evolved.(1) Primary Health Care is the first level of contact of the individuals, the family and the community with the public health system, which brings health care as close as possible to where the common people live and work (2). The experience and concern in health development and primary health care in India dates back to the Indus-valley civilization as early as 3000 B.C. In the modern time, the basis for organisation of health services in India through primary health care was laid by the recommendations of the Bhore committee in 1946. Later, based on the proposal of first integrated all round development programme (the community development programme) primary health centres were set up for each community development block (2).

With the passage of time extensive changes have taken place in the Indian health system in the backdrop of Alma Ata declaration (1978), Health for all and off late the Millennium development goals. The Governments both at central and state level have started playing an effective role in providing health care services to the poorest of the poor. Government of India (GOI) has launched various health schemes under National Rural Health Mission (NRHM, sub mission under National Health Mission) in 2005, provided health insurance coverage to the poor and the unorganised workers (Rashtriya Swasthya Bima Yojna, Rajshree yojana, Janani Sishu Suraksha Karyakram and Pradhanmantri Matratav yozana in Rajasthan state), established numerous primary health centres both in rural and urban areas., Community health centres to include all in the web of health care system. Recently the GOI, has launched a new health programme named National Urban Health Mission (NUHM) under Ministry of Health and Family Welfare with an intention to upgrade the health status of the urban population in general and disadvantaged sections of the society in particular. Under NUHM, the government plans to establish more PHCs in

urban areas. In this regard, it becomes essential to crosscheck the success of the existing health care centres especially Primary Health Centres as they are bridge (referral) between Community Health Centre and Sub Centres and first tier health care units. As the success of Primary Health Centres lies in the maximum utilization of its services by the people, there is a need for intensive research in this field.

According to the data obtained from a descriptive study conducted in Bikaner, it was found that 65% of rural population was having a poor knowledge about the existing health programmes run by government. Further, available literature confirmed that a number of studies were done in the area of accessibility and utilisation of health care services at national level as well as at state levels irrespective of type of health care centre. However, very few studies attempted to find knowledge regarding health services and their utilization by population. In this background, the present study made an attempt to assess the knowledge regarding various health services among the rural population of Bikaner Rajasthan.

Objectives:

- 1.To assess knowledge score among the rural population before and after administration of awareness teaching programme in experimental group.
2. To assess knowledge score among the rural population before and after administration of awareness teaching programme in control group.
3. To evaluate the effectiveness of awareness teaching programme in experimental group.

Materials and Methods:

The present quasi-experimental study was conducted in rural population visiting selected PHCs and CHCs of Bikaner district Rajasthan. Total 100 samples were selected using convenient sampling out of the 50 samples selected in experimental and 50 in control group respectively.

A structured questionnaire was designed based on objectives of study which was in two section section-1 to collect information about background variable and section-II to evaluate the awareness

in terms of knowledge regarding health service like Janani Sishu Suraksha Karyakram, Mukhyamantri Rajshree Yojana, Pradhanmantri Matrtava Suraksha Yojana. Pre test was conducted in experimental and control group and awareness education was given related to various health services to experimental group. Awareness Education consists of information and benefits related to health scheme. A post test was conducted in experimental and control group. Ethical clearance was obtained from concerned authority

Statistical Analysis:

The data was recorded into a Excel Spread sheet after collection and was then analyzed using statistical software SPSS. Descriptive statistics like frequency, percentage, and mean were calculated and inferential statistics to assess the effectiveness of program was planned by t test.

Results: frequency and percentage distribution of socio-demographic characteristics of rural population in experimental and control group

Table 1: Frequency and percentage distribution of demographic variables

Sr. No.	Demographical Variable	Group		Control Group		
		Experimental Group	Percentage	Frequency	Percentage	
1	Age in Years	18 to 27	09	18	20	
		28 to 37	10	20	46	
		38 to 47	25	50	11	22
		48 to 57	06	12	06	12
	Total		50	100	50	100
2	Type of Family	Joint	18	36	15	30
		Nuclear	32	64	35	70
	Total		50	100	50	100
3	Gender	Male	28	56	26	52
		Female	22	44	24	48
	Total		50	100	50	100
4	Education Status	Illiterate	10	20	09	18
		Up to primary	22	44	20	40
		Up to higher secondary	11	22	16	32
		Up to UG/PG	07	14	05	10
	Total		50	100	50	100
5	Family Income	Up to 10000	11	22	13	22
		10001 to 20000	25	50	22	36
		20001 to 30000	06	12	10	20
		More than 30000	08	16	05	10
	Total		50	100	50	100

The present table showed that 50% (25) samples in experimental group were in age group of 38-47 years and 46% (23) in control group were in age group of 28-37 years. Most of the samples 64% (32) in experimental group and 70% (35) in control group were belonging to nuclear family. Above half 56% (28) samples in experimental and 52% (26) in control group were male. Near about half 44% (22) samples in experimental group and 40% (20) in control group were educated up to primary level. 50% (25) experimental and 44% (36) in control group samples monthly family income was between Rs. 100001-20000.

PART II - pre test and post test knowledge score in experimental group and control group.

Table 2: Experimental group pre & post test, Mean and Standard deviation value N=50

	Pre test	Post test	Difference
Mean	7.72	12.36	4.64
S.D.	5.6317	4.6763	2.354

The table 2 shows that the mean pre test knowledge score of experimental group was 7.72

with the standard deviation 5.6317. After the administration of awareness teaching programme the mean post test knowledge score of experimental group was 12.36 with the standard deviation 4.6763. The mean difference of pre test and post test of experimental group was 4.64 and standard deviation difference of 2.354.

Table 3: Control group pre & post test, Mean and Standard deviation value. N=50

	Pre test	Post test
Mean	7.52	7.9
S.D.	5.6757	6.0886

The table shows that the mean pre test knowledge score of control group was 7.52 with the standard deviation 5.6757 and the mean post test knowledge score of experimental group was 7.90 with the standard deviation 6.0886. The mean post test knowledge score of the control group was not significantly higher than the mean pretest knowledge score.

Hypothesis Testing:

Paired t test was used to find out significance of mean difference and to test the hypothesis in the experimental group as well as control group.

Table 4: Mean difference and effectiveness of awareness programme.

	Paired Differences				t	df	P Value
	Mean	Std. Deviation	Std. Error Mean	95 % Confidence interval of the Difference			
Experimental Pre and Post Test	4.6400	2.3540	.3329	3.9710 5.3090	13.938	49	0.0001

The table shows that the mean post test knowledge score of the experimental group was significantly higher than the mean pre test knowledge score of the experimental group at 0.05 level of significance. So awareness programme was effective and thus hypothesis formulated was proved.

Discussion-

The findings of study showed that mean pre test knowledge score of experimental group was 7.72 with the standard deviation 5.63 and the mean pretest score of control group was 7.52 with the standard deviation 5.6. After the administration of awareness teaching programme the mean post test

knowledge score of experimental group was 12.36 with the standard deviation 4.6763. The mean difference of pre test and post test of experimental group was 4.64 and standard deviation difference of 2.354, where as the mean post test knowledge score of control group was 7.9 with the standard deviation 6.08. The awareness programme was effective in improve the knowledge.

The present study was supported by the study conducted by **Dr.Mahipal Singh and Nilesh soni** analysed by descriptive and inferential statistics. The findings of study was that the knowledge gained through structured teaching programme (STP) was good as it was evidence with highly significant difference ($t(99) = 16.59, P < 0.001$) between the mean post test ($X_2 = 19.28$) and pre test ($X_1 = 13.42$) knowledge score. There was significant association between the pretest knowledge score and variables like age, education, income, where and when information about Janani Shishu Suraksha Yojana (JSSY).

4. Conclusion:

Thus, to conclude, an awareness teaching programme is definitely effective in increasing the awareness and, campaigns can be regularly arranged so that community is able to avail the benefits of the programmes and the booklet will helpful in improving knowledge of the population.

References

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