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Effectiveness of structured teaching program on knowledge of health promotional activities among home makers of a selected rural community in Mangalore, Karnataka

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Cover Page Footnote

I am grateful to the participants for sacrificing their valuable time and extending their co-operation throughout the course of the study

Original article

Effectiveness of structured teaching program on knowledge of health promotional activities among home makers of a selected rural community in Mangalore, Karnataka

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Abstract

Introduction: Health promotion is the process of helping people to gain control over the determinants of health and thereby improve their health. **Objectives:** Objectives of the study were to determine the effectiveness of structured teaching program in terms of gain in knowledge of homemakers on health promoting activities and to determine the association between health promotional activities of homemakers and selected variables. **Methods:** A pre-experimental design was used for the study and 60 participants were drawn through simple random sampling technique. The structured interview schedule was used to collect the data. **Results:** The findings of the study revealed that maximum number of respondents 39 (65%) had average knowledge on health promotional activities. The mean post-test knowledge scores (91.35) of subjects were significantly higher than their mean pre-test knowledge scores (44.70) and calculated the 't' value was 22.477, ($p<0.05$) which indicated that structured teaching program was an effective means in improving the knowledge of homemakers on health promotional activities. **Conclusion:** Findings of the study revealed that the majority of the homemakers had average knowledge on health promotional activities. The structured teaching program helped them to gain knowledge on different areas of health promotional activities.

Keywords: Homemakers, Structured Teaching Program, Health Promotional Activities

Introduction

Health promotion has received raised attention regarding its significant role in health care. The increased costs in healthcare have entailed the importance of prevention of diseases rather than the treatment of these conditions (Mamala & Mathew, 2009).The World Health Organization(WHO)(2007) underlines the significance of health promotion, including increase in the development of healthful lifestyles, designing supportive environments for health, strengthening community action, reorienting health services, and developing public health policy (Pender, Murdaugh, & Parsons , 2006).

Family plays a critical role in the development of health promoting behavior of the family members. Practically all individuals in the society identify with a family group in which each member in the family influences another's ideas and actions. Every family has its own cultural value, role and structure as well as unique communication patterns. In addition, families fulfill socialization, health care, emotional and coping functions in varying ways. Child rearing practices and family environments encourage healthy or unhealthy behaviour that may persist throughout the life span. Much more attention should be given to the development of strategies to promote family wellness (Pender, Murdaugh, & Parsons , 2006).

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Major childhood illnesses like malnutrition and infections are largely determined by socially conditioned behaviours. Perhaps the worst thing is, children are growing up with more unhealthy lifestyles and the percentage of young children who are overweight has more than tripled since 1980. In the last 50 years, the WHO has published many reports which have identified certain issues, raised awareness, detailed morbidity and mortality data, and provided policies and guidelines for governments, agencies and practitioners as they address health in their constituencies (St Leger, 1997).

These are related to daily habits like feeding, defecation, water storage etc. Similarly, many chronic adult diseases are cumulative results of longstanding behaviors like tobacco and alcohol consumption, diet and physical inactivity. These behaviors need to be changed in the right direction, if any serious change in the high mortality rates of the country has to be made. The strategy of health promotion involves encouragement, empowerment and negotiation to create public policy which is health related, favorable environment, and make powerful community action, develop individual skills and redesign health services. The support for effectiveness of changing behaviour already exists for chronic diseases and has been well documented by WHO in its recently released WHO Global Report on "Preventing Chronic Diseases: A Vital Investment". Evidence from UK suggests that 58% of the prevented deaths due to cardiovascular diseases, during the period 1981 to 2000, were attributable to the decrease in the population levels of risk factors (Krishnan & Kapoor, 2006).

Homemakers contribute a lot towards health promotional activities of the other family members. The researcher, through her observation, noted that the knowledge regarding health promotional activities among homemakers is inadequate. The researcher felt that it is important to educate homemakers regarding health promotional activities because unhealthy lifestyles like eating high fat diet, smoking, less or no physical activity, tobacco use, alcohol are responsible for a major percentage of morbidity and mortality.

Materials and Methods

An evaluative approach with one group pre-test–post-test design was adopted for the study in order to accomplish the objectives. The study was conducted at Mangalanthi rural area under Manjanadi Panchayat of Mangalore Taluk. Manjanadi is a village situated approximately 18 km away from the Mangalore. Natekal Primary Health Centre, situated almost 2.5km away from the village served the area.. The study was conducted among60homemakers residing in Mangalanthi rural area of Manjanadi Panchayat of Mangalore Taluk.

Inclusion criteria for the selection of the sample were: Women who can understand Kannada and English and below 60 years of age. However, antenatal or postnatal mothers and those who had difficulty in attending the teaching session were excluded from the study. Samples were selected by simple random sampling technique. There were 328 homemakers in the selected area. They were listed and coded. By using lottery method, 60 homemakers were selected for the study.

Description of tool

A structured interview schedule on health promotional activities was prepared based on the review of literature, investigator's present experience, and in consultation with the experts.

Interview schedule consisted of following parts:

Part I: Baseline demographic information of the respondents included age, education status, religion, family income, type of family and number of children.

Part II: Consisted of 30 questions to assess the knowledge level of homemakers regarding health promotional activities. The area included meaning of health promotion and physical activity, exercises, rest and sleep, balanced diet, mental health, interpersonal relationship, spiritual health and regular health checkup.

Data collection procedure

Prior permission was obtained from the District Health Officer, Mangalore, to conduct the study. The investigator personally visited the community, introduced herself to the authority concerned and

explained the purpose of the study. The investigator initiated contact with the respondents by introducing herself and ascertained the willingness and cooperation of the participants and the informed consent was obtained from the participants. They were assured of anonymity and confidentiality of the information provided by them.

Using simple random technique sixty homemakers were selected. Initially, pre-test was given in the form of structured interview schedule for the participants. Then structured teaching program was conducted. Different Audiovisual (AV) aids were used during teaching. Participants interacted well with the researcher. The duration of the teaching program was about 45 minutes and the setting was Anganwadi centre of Mangalanthi area. Post-test was conducted after eight days using the same structured interview schedule.

Results

The characteristics of study of participants is presented in table 1

Table 1: Distribution of participants according to demographic characteristics (n=60)

Variables	Frequency	Percentage (%)
Age in years		
20	1	1.7
20-30	27	45.0
31-40	17	28.3
41-50	9	15.0
51-60	6	10.0
Education		
Illiterate	20	33.3
Primary	37	61.7
Secondary and higher secondary	3	5.0
Income of the family per month (Rs)		
Below 2000	3	5.0
2001 – 5000	42	70.00
5001- 8000	6	10.00
8001-11000	6	10.00
>11000	3	5.00
Number of children		
No children	9	15.00
1-2	21	35.00
3-4	5	8.4
More than 4	25	41.6
Type of family		
Nuclear	13	21.7
Joint	47	78.3

The data presented in table 1 shows that 45% of mothers were in the age group of 20 – 30 years, 61.7% had primary level of education, 41.6% had more than four children and 78.3% belonged to joint families.

Distribution of pre-test and post-test knowledge scores of homemakers

The pre-test level of knowledge was assessed before the administration of structured teaching program. The knowledge scores obtained by the respondents were tabulated in the master sheet. The data was analyzed in terms of frequency and percentage. The findings are presented in table 2.

Table 2: Distribution of pre-test and post-test knowledge of homemakers (n=60)

Knowledge level	Pre-test		Post-test	
	Frequency	Percentage	Frequency	Percentage
Poor (1-37)	19	3.34	-	-
Average (38-73)	39	65	2	3.3
Good (74-110)	2	31.66	58	96.7

The findings of the study (table 2), revealed that in the pre-test highest percentage 39 (65%) of homemakers had an average knowledge regarding health promotional activities, 19(31.66%) had poor knowledge and 2(3.34%) had good knowledge regarding health promotional activities and in the post-test 58 (96.7%) had good knowledge and only 2(3.3%) had average knowledge.

The difference between the pre-test and the post-test mean knowledge scores

In order to determine the effectiveness of structured teaching program, the significance of difference between the mean of pre-test and post-test knowledge scores of samples were computed (using a Paired 't' test).

Table 3: Significant difference in pre-test and post-test knowledge scores of subjects (n = 60)

	Mean	Mean Difference	SE_D	't' value	p value
Pre-test	44.70	46.65	2.07	22.477	<0.05
Post-test	**91.35**				

$t'_{(tab)}(59)=2.008$ $p < 0.05$

The data in table 3 shows that the mean post-test knowledge scores of subjects were significantly higher than their mean pre-test knowledge scores

i.e., $t_{(59)}$ = 2.008 and calculated value is '$t'_{(59)}$=22.477 p<0.05.

Association between pre-test knowledge scores with selected demographic variables

Chi-square test was used in order to test the association between the level of knowledge and the selected demographic variables.

The results of this study revealed that there was no significant association between the pre-test knowledge scores and the selected demographic variables like age, education, family income, number of children and type of the family at 0.05 level of significance.

Discussion

Knowledge of homemakers on health promotional activities

The findings of the present study revealed that the highest percentage of homemakers 39 (65%) had an average knowledge, 19 (31.66%) had poor knowledge and only 2 (3.34%) had good knowledge with a mean pre-test knowledge score of 44.70.

The findings are supported by another study conducted at Tanta city of Egypt among 283 homemakers and 233 workingwomen to compare and analyze the self-report measures of health promotion activities. The results showed that the total mean scores of knowledge on health promotional activities among homemakers (332.77 +/- 31.18(SD)) were lower than the workingwomen (362.03 +/-33.55 (SD))(Helmy & Ahmed , 2002). In the present study, the mean post-test knowledge scores(91.35) of subjects were significantly higher than their mean pre-test knowledge scores (44.70) and obtained 't' value was 22.477 p<0.05which indicated that structured teaching program was an effective means in improving the knowledge of homemakers on health promotional activities. The study finding is supported by another study at Iran on effectiveness of a community based lifestyle-modification program among 335 women. The results revealed that after the program the intervention group participants reported more minutes of physical activity (mean=139.81, SE=23.35) than the control group participants (mean=40.14, SE=12.65) at week eight (Pazoki, Nabipou, Seyednezami , & Imami, 2007).

Another study was conducted by Gandhigram Rural Institute Tamilnadu, India, to evaluate the effectiveness of a community based education to prevent/reduce the risk of developing diabetes and its complications. A total of 703 village inhabitants were selected as samples and they were given health education messages including nutrition, physical activity, and knowledge improvement. Results showed that intervention reduced the fasting blood glucose levels of pre-diabetic adults by 11%, pre-diabetic youth by 17% and type 2 diabetic adults by 5%. So the educational intervention was successful in reducing the risk of developing some obesity parameters and improving dietary habits of persons with pre-diabetics and diabetes (Balagopal , Kamalamma , Patel , & Misra , 2008). The results of this study revealed that there was no significant association between the selected demographic variables and pre-test knowledge scores, where as in a study conducted at Egypt among samples revealed that there was a significant association between knowledge scores of women and education (p=0.004) and family income (0.005)(Helmy & Ahmed , 2002).

Most of the non-communicable diseases in today's world are caused due to faulty lifestyle. It is being stressed by the health professionals that primordial prevention is the key to control these diseases by modifying the lifestyle and adopting healthy lifestyle practices from childhood. Diseases such as Diabetes Mellitus, coronary artery diseases and certain cancers can be prevented to the large extent by controlling the predisposing factors through lifestyle modification and health promotional activities. As a member of the health care team, the nurse plays an active role in prevention of diseases and promotion of health. Nurse should help in complete and precise assessment of the individual's health status, and it is basic to health promotion.

The present study has several implications for nursing practice. Education programs can be organized by the nursing personnel both in the hospital and in the community areas, which will help

in imparting knowledge to the subjects. The findings of the study could be utilized for implementing educational programs in the community. The health messages can be imparted through different methods like lecture discussion, demonstration, mass media, simulation techniques, pamphlets etc. Nurses are in a better position to impart knowledge to the public in the community. Hence, the nurse should take various teaching strategies suitable for target population.

The nurse administrator should encourage the staff and students to carry out small project works, among different population so as to find out attitude and practice of the people regarding health promotion. Every nurse administrator, who is in charge of nursing care of hospitalized patient, should also plan and conduct extensive programs in the community. There is a greater need for nursing research in the areas of health promotional activities. This study revealed only the effectiveness of structured teaching program. There are many avenues for further studies like comparing the knowledge level of urban and rural population, conducting pure experimental study, assessing the practice and attitudes of the people etc. Community health workers should be encouraged to conduct small projects and utilize the research findings. This will increase the quest for evidence based practice and effective utilization of research approach.

Conclusion

The pre-test finding showed that the knowledge of homemakers on health promotional activities was inadequate. It indicates that there is a need to educate homemakers to improve their knowledge. After the administration of structured teaching program, the post-test score showed an increase in knowledge regarding health promotional activities. Hence, it was concluded that the structured teaching program was an effective method to improve the knowledge of homemakers.

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