Original Research Article

A Study to Evaluate the Effectiveness of Planned Teaching Programme Regarding Knowledge of Rural People about Health Services Provided by P.H.C. Kale

Nandkumar R. Kakade[1], Sneha N. Kakade[2], SatishV.Kakade[3]

[1]Lecturer, Krishna Institute of Nursing Sciences, KIMSDU, Karad, Dist. Satara, Maharashtra, India
[2]Staff Nurse, Govt. Medical College, Miraj, Maharashtra
[3]Asso. Professor, KIMS, KIMSDU

Corresponding Author: Nandkumar R. Kakade

ABSTRACT

Problem Statement: A study to evaluate the effectiveness of planned teaching programme regarding knowledge of rural people about health services provided by P.H.C. Kale.

Background: Rural people are very unaware about their own health and health services available free or at low cost through P.H.C due to lack of Information, Education and Communication.

Objectives:
1. To assess the level of knowledge among rural population regarding health services provided by selected P.H.C.
2. To determine the effectiveness of planned teaching programme on knowledge of rural people regarding health services.
3. To find out the association between knowledge score of rural population with selected demographic variables.

Methodology: Quasi experimental (one group pre test] post test) study was conducted with sample size 30. Simple random sampling technique was used. Statistical analysis was done by calculating the frequency& percentage. Chi-square test was applied to find out association between demographic variables and knowledge score.

Result: There is significant association between mean, pre-test & post-test level of knowledge score of rural people regarding health services provided by selected PHC Kale.

All group in which p value is <0.001 so it is extremely significant. It means that there is a gain in knowledge after planned teaching programme on knowledge regarding health services provided by PHC among rural population at Kale.

Conclusion: There was a great need to create awareness among the people about the health services through planned teaching programme which helps them to achieve their own health and hence the study was undertaken.

Key words: Planned Teaching Programme, Primary Health Center, Health services, Association, Knowledge, Rural people.

INTRODUCTION

Health is a challenging concept to define as it means different things to different people, and their understanding of health is influenced by cultural, socioeconomic and personal contexts. Health is a resource for everyday life rather than merely the objective of living. Health is defined by WHO as "a state of complete Physical, Mental, Social and Spiritual wellbeing and not merely the absence of diseases or infirmity". The health of any

nation is the sum total of the health of its citizens, communities and settlements in which they live. A healthy nation is, therefore; only feasible if there is total participation of its citizen towards this goal. [1]

The purpose of health services is, to improve the health status of the population to make them socially and economically productive. These include preventive, promotive, curative and rehabilitative services and are provided through government, semi-government, and voluntary organization and private sector. The general consensus is that the factors that influence health do not work in isolation; rather, they involve a complex web of interaction of various factors which mainly constitute the Genetic factor, Environmental factor, Lifestyle factor, Socio economic condition and more important availability and accessibility of health facilities their utilization and the attitude of the beneficiaries towards it. [2]

Utilization of health services or actual coverage is expressed as the proportion of people in need of service who actually receives it in an appropriate time, place and person. It is argued that utilization rates give some indication of the care needed by a population and the health status of the population. In other words, a relationship exists between utilization of health care services and health needs and status. Though multiple factors are responsible for maintenance of individual, family, and community health, the availability and utilization of health services plays important role in maintenance of positive health. [3]

People are the ultimate beneficiaries of any development process, including that of health care development. Understanding such a development process requires a two sided analysis, namely supply side and a demand side. When it comes to the demand side analysis, it is very important to analyze the voice of the people regarding the access and utilization to health care services. [4]

Health status of any community is depends upon amount of health enjoyed by the citizen of that community and enjoyment of health depends upon the utilization of health services. These improves the wellbeing and health related quality of life, increased health equity, reduced health disparities in community, and makes a healthy people across the lifespan. It is observed that there is a wide gap between availability and utilization of selected health services by the community people. [5] Hence study is proposed to find out the situation in present scenario in selected geographic area, which help investigator as a community health nurse to spread message on proper utilization of health services and enjoy the healthy living.

Aim

To improve the knowledge of rural people about health services provided by P.H.C. Kale in achieving good health

Objectives

1) To assess the level of knowledge among rural population regarding health services provided by selected P.H.C.
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MATERIALS AND METHODS
Research Design
The research design adopted for the study was Quasi Experimental (one group pre test, post test) design. In the present study the basic study measure introduced was the knowledge test depicted as K1 and K2 for pre test & post test respectively. The sample size decided for the study was 30.

The sampling technique used for the study was Simple random sampling which is a type of probability sampling technique. Subjects were choosen according to availability at the time of data collection and willing to participate in the study and those understands Marathi.

The structured questionnaire was constructed by the investigator. The tool was organized into two main sections as: **Section I:** Socio-demographic variables of subjects in rural population Kale Karad Taluka. **Section II:** Knowledge of subjects regarding health services provided by P.H.C. Kale. This part of the tool consisted of 40 items on knowledge regarding health services provided by P.H.C. Kale.

Development of lesson plan on planned Teaching Programme regarding knowledge of health services provided by P.H.C. Kale. The lesson plan was prepared & validated from experts on Knowledge of health services provided by P.H.C. Kale. Formal permission to conduct the study was obtained.

a) **Pre-test:** The structured knowledge questionnaire was administered to assess the knowledge of health care services provided by kale P.H.C.

Planned Teaching Programme was administered at the end of pre test on 23-4-2016.

b) **Post test:** was conducted after 7 days.

Data collected was tabulated and analyzed. Each correct items carried '1' score & the wrong answers carried '0' score. Level of knowledge score was calculated by using mean & SD in terms of Good, Average and Poor.

Statistical Treatment Applied:

Statistical analysis

Analyses and interpretation of the data was based on the projected objectives of the study viz:

1. To assess the knowledge of subjects regarding rural people about health services provided by P.H.C.
2. To evaluate effect of planned teaching programme (P T P)on the knowledge of subjects regarding rural people about health services provided by P.H.C
3. To find out association between socio-demographic variables and knowledge of subjects regarding rural people about health services provided by P.H.C

Frequency and percentage were used to summarized the data. Mean, standard deviation was used to describe the knowledge score. Inferential statistics were used to draw the following conclusions.

1. Unpaired 't' test used for testing effectiveness of PTP & research hypotheses.
2. Unpaired t test to find the association between knowledge and demographic variables for testing the research hypotheses.

Table No.1: Frequency & Percentage Distribution of Sample Characteristics according to Demographic Variables of Respondents: N=30

Sr. No.	Variables	Frequency	%
1	**Age-(in years)**		
	Below 40	14	46.67
	Above 40	16	53.33
2	**Sex**		
	Male	13	43.33
	Female	17	56.66
3	**Education**		
	Primary	9	30
	Secondary	19	63.33
	Other	2	6.67
4	**Occupation**		
	Servant	2	6.67
	Agriculture	22	73.33
	Other	6	20
5	**Monthly Income-(Rs.)**		
	<3000	10	33.33
	3000 to6000	10	33.33
	6000to9000	6	20
	>9000	4	13.33
6	**Type of Family**		
	Nuclear	11	36.67
	Joint	18	60
	Other	1	3.33
7	**Source of Information**		
	Mobile/ Landline	24	80
	Radio	2	6.67
	News Paper	2	6.67
	Health Center	2	6.67

4. The data was organized under the following heading:

Section I: Socio-demographic variables of subjects of Kale rural population.

Section II: Part A: Findings on the knowledge of subjects regarding health services provided by P.H.C **Part B:** Association between knowledge and selected socio-demographic variables.

5. Distribution of sample characteristics according to demographic variables of respondents.
6. Distribution of knowledge of subjects regarding health services provided by P.H.C

7. Evaluation of effectiveness of planned teaching program in terms of gain in post test knowledge scores regarding health services provided by P.H.C

Table No.2: Findings on the knowledge of subjects regarding health services provided by P.H.C N=30

Sr. No	Programme	Pre Test	Post Test	T Value	Result
1	Immunization Programme	4.266±1.94	7.4±1.380	7.193	
2	Janani Suraksha Yojana	4.9±1.96	3.03±0.66	4.99	
3	Janani Shishu Suraksha Yojana	5.73±2.47	2.66±0.7587	6.48	
4	National Blindness Control Programme	7.3±2.65	4±0.8710	6.47	
5	Leprosy Control Programme	9.033±3.07	3.062±0.90	10.18	Significant
6	Revised National Tuberculosis Control Programme	10.96±4.06	4.03±1.06	9.38	
7	AIDS control Programme	11.53±4.56	2.4±0.77	10.81	
8	National Family Planning & welfare Programme	14.01±5.57	27.1±3.49	10.82	

Table No. 3: Association between knowledge scores and selected demographic variables N=30

Sr. No	Socio Demographic Variable	Pre Test Knowledge			Chisquare Value	P Value	Df
		Good	Average	Poor			
1	**Age-(in years)**						
	Below 40	8	4	2	0.5357	0.7650	2
	Above 40	8	4	4			
2	**Sex**						
	Male	2	8	3	7.346	0.0254	2
	Female	10	3	4			
3	**Education**						
	Primary	6	2	1	1.016	0.9074	4
	Secondary	7	10	2			
	Other	1	1	0			
4	**Occupation**						
	Servant	0	1	1	2.924	0.5694	4
	Agriculture	2	15	5			
	Other	1	2	3			
5	**Monthly Income (Rs.)**						
	<3000	7	2	1			
	3000 to6000	0	9	1	9.321	0.0089	6
	6000to9000	3	2	1			
	>9000	4	0	0			
6	**Type Of Family**						
	Nuclear	2	8	1			
	Joint	3	5	10	8.430	0.0770	4
	Other	0	0	1			
7	**Source Of Information**						
	Mobile/ Landline	3	15	6			
	Radio	0	2	0	6.409	0.3789	6
	News Paper	0	0	2			
	Health Center	0	1	1			

RESULTS

The study was undertaken with the purpose to determine the knowledge of subjects on health services provided by P.H.C.

The findings of the study indicated that-

- Majority of the subjects (46.66 %) were in the age group of 40 and above 40 as (53.33%).
- Majority of population was female 17 (56.66%) while male are 13 (43.33%)
- Majority of the subjects (63%) had secondary education and (7%) were illiterate.

- Nature of occupation shows that (73.33%) subjects were working in the farm.
- Data regarding income status showed that majority of the families (66.66%) having Rs.3000/month.
- In joint family the majority was (60%) and in nuclear (36.66%) Majority of subjects do not know any information regarding health services provided by P.H.C.
- Majority of rural peoples are living in pucca house (63.33%) and those in kaccha house (36.66%).

- Majority of peoples get information about health services from PHC. All communication channel more probably from telephone (80%), radio (6.6%), newspaper (6.6%) and at from health center (6.6%).
- There is significant association between the mean pre test and post test level of knowledge scored of rural people regarding health services provide by governmental agencies in selected PHC Kale with demographic variables.
- The variables such as Age, Education, Occupation, Type of House, Communication channels shows p value >0.05 level of significant and there is significant association between pretest knowledge score and variables.
- There is significant association between the mean pre test and post test level of knowledge scoured of rural people regarding health services provide by governmental agencies in selected PHC Kale with demographic variables.
- All group in which P value is <0.001 so it is extremely significant .There is an effect of planned teaching program is knowledge is improving in post test regarding health services provided by governmental agencies in sector PHC among rural population.

DISCUSSION

Measurement of health is important to know the health status of the community. Health is measured by some specific indicators and health Care Utilization rate is one of the important indicators of health. For e.g. Proportion of infants who are fully immunized, proportion of pregnant women who receive Antenatal Care. (T.T and Iron folic acid tablets, Antenatal visits), Percentage of population using various family planning methods, Bed occupying ratio etc. It is expected that 40% of the targeted population will be benefited by ICDS scheme. But according to National Family Health Survey-3 (NFHS), utilization of Integrated Child Development Services (ICDS) is inadequate. Some observable

points are, only 33% of children under 6 years receive any kind of services from an Anganwadi center (AWC). In areas covered by AWC almost three fourth of children under 6 years (74%) did not receive any supplement food from AWC in last 12 months and only 12% received supplementary food almost every day. Most pregnant and lactating mother does not use AWC services during pregnancy or while breast feeding. Only 21% of women in areas served by AWC received supplementary food 12% received health checkup 11% receive health and nutrition education similarly only 17% of breast feeding women received supplement food. [6]

A survey conducted by Council for Tribal and Rural Development (CTRD) on Rashtriya Swastya Bima Yojan Scheme in Chhattisgarh, during May 2012 through Awareness about post hospitalization support. Knowledge about different components of RSBY package created greater involvement among the beneficiaries. A great majority of the Hospitalized beneficiaries (60.8%) were not well aware about post hospitalization support provided through the package and affects on the utilization. Study reveals that there is a wide gap between project strategy and implementation level. [7]

A study conducted by National Family Health Survey (2005-06). The findings suggested that the utilization of maternal and child health care services among adolescent women is far from satisfactory in India. A little over 10% of adolescent women utilized antenatal care, about 50% utilized safe delivery services and about 41% of the children of adolescent women received full immunization. [8]

In this study there is significant association between the mean pre test and post test level of knowledge scored of rural people regarding health services provide by governmental agencies in selected PHC Kale with demographic variables.

- The variables such as Age, Education, Occupation, Type of House, Communication channels shows p value

>0.05 level of significant and there is significant association between pretest knowledge score and variables.

- All group in which P value is <0.001 so it is extremely significant. There is an effect of planned teaching program is knowledge is improving in post test regarding health services provided by governmental agencies in sector PHC among rural population.

CONCLUSION

People are the ultimate beneficiaries of any development process, including that of health care development. Understanding such a development process requires a two sided analysis, namely supply side and a demand side. When it comes to the demand side analysis, it is very important to analyze the voice of the people regarding the access and utilization to health care services. [9]

Based on the findings of the study, the following conclusions were drawn:

This study identified two major issues for which dissemination of information to the population could make a difference. It is essential that population should be well informed regarding health services provided by P.H.C. awareness campaign in rural areas should be carried out.

- Occupational factor had strong influence on the knowledge health services provided by P.H.C. on as subjects are not having time to gain in knowledge regarding health services provided by P.H.C.
- The study revealed that planned teaching was effective means in improving the level of knowledge of the subjects which has already proved.

- The study concluded that there is a strong need to create awareness amongst the subjects regarding health services provided by P.H.C. through IEC activities.

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