

**A STUDY TO EVALUATE THE EFFECTIVENESS OF PLANNED
TEACHING PROGRAMME ON KNOWLEDGE REGARDING
RHEUMATIC HEART DISEASE AMONG PRIMARY SCHOOL
TEACHERS AT SANGLI MIRAJ KUPWAD CORPORATION AREA.
MAHARASHTRA (INDIA)**

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ABSTRACT

Background Rheumatic heart disease (RHD) is characterized by repeated inflammation with fibrinous resolution. The cardinal anatomic changes of the valve include leaflet thickening, commissural fusion, and shortening and thickening of the tendinous cords.^[1] **Objectives of The Study-** To assess the existing knowledge of primary school teacher's regarding rheumatic heart disease. To evaluate the effectiveness of planned teaching program on knowledge regarding rheumatic heart disease. To find out the association between pre test knowledge score regarding rheumatic heart disease with selected socio demographic variable. **Material and Method-** The Quantitative research approach was used. The cluster random sampling technique

was used to collect data for the study. The sample consists of 100 primary school teachers at Sangli Miraj Kupwad area, who fulfilled the inclusion criteria of the study. **Results** The mean knowledge score of pre-test phase was 5.64 and in post-test phase it rise to 13.37 and standard deviation score in pre-test phase was 1.63 and in the post-test was 1.27 and std. error Mean in pretest phase was 0.16 and in post test phase it was 0.13. There is improvement in post-test knowledge score. **Conclusion** The score showed that the planned teaching was effective and association of selected demographic variables with knowledge score was done on calculated p value where it resulted that there is no significant association with any of the selected demographic variable.

KEYWORDS: Rheumatic heart disease (RHD), primary school teachers, planned teaching programme.

INTRODUCTION

Rheumatic heart disease is permanent damage to the heart following rheumatic fever. It can lead to heart failure and sometimes the need for cardiac surgery. A case of rheumatic fever can cause the heart to inflame and leave permanent damage to the heart, specifically the heart valves. When the heart is damaged, the heart valves are unable to function adequately. Rheumatic heart disease affects mostly among young adults living in conditions of poverty, poor sanitation and overcrowding. Over 15 million people around the world suffer from this condition, which kills hundreds of thousands of people a year and is the most common acquired heart disease found among the young adults in developing countries.^[2]

Rheumatic heart disease is often missed in its early stages. It begins with a common throat infection caused by streptococcus bacteria, which in some young adults sets off an abnormal immune reaction that damages heart valves. Often rheumatic heart disease is only detected when it is so advanced that only expensive and complicated heart surgery can save the person's life. Some countries in the Pacific spend up to 15% of their total health budget sending rheumatic heart disease victims abroad for surgery. The World Heart Federation works with ministries of health, health practitioners and the World Health Organization to enhance rheumatic heart disease control at the national, regional and global levels.^[3]

As followed by worldwide incidences the global burden of disease caused by rheumatic fever and RHD currently falls disproportionately on children and young adults living in low-income countries and is responsible for about 233,000 deaths annually. At least 15.6 million people are estimated to be currently affected by RHD with a significant number of them requiring repeated hospitalization and, often unaffordable, heart surgery in the next five to 20 years. The worst affected areas are sub-Saharan Africa, south-central Asia, the Pacific and indigenous populations of Australia and New Zealand. Up to 1 per cent of all schoolchildren in Africa, Asia, the Eastern Mediterranean region, and Latin America show signs of the disease.^[4]

RESEARCH OBJECTIVES

1. To assess the existing knowledge of primary school teacher regarding rheumatic heart disease.

2. To evaluate the effectiveness of planned teaching program on knowledge regarding rheumatic heart disease.
3. To find out the association between pre test knowledge score regarding rheumatic heart disease with selected socio demographic variables.

HYPOTHESIS

H₀- There is no significant difference between the pre test and post test knowledge score regarding rheumatic heart disease among primary school teacher.

RESEARCH APPROACH

In the present study, quantitative research approach is used.

RESEARCH DESIGN

Quasi-experimental one group pre-test-post-test design was used for the study.

SETTING

The present study was conducted in Primary school no. 3, 1, 4,36, in Sangli Primary School no. 9 and Bharat bhushan vidyalaya and Krantiveer Umaji Naik Prashala and Marathi Mulinchi shala Sanjaygandhinagar in Miraj and Siddhivinayak prathamik school Vasantnagar and Navjeevan Prathamik shala, Kupwad. Total 10 schools are selected for the study.

POPULATION

In this study the population consists of primary school teacher's.

SAMPLE

In this study samples are Primary School teacher's in selected Primary Schools of Sangli, Miraj, Kupwad corporation area.

SAMPLE SIZE

The present study considered of 100 Primary School teacher's in selected Primary Schools of Sangli, Miraj, Kupwad area.

SAMPLING TECHNIQUE

In this study probability cluster sampling technique was used.

Analysis of Data and Results

SECTION I - FREQUENCY AND PERCENTAGE DISTRIBUTION OF SELECTED DEMOGRAPHIC CHARACTERISTICS

TABLE NO.1

n=100

SR.NO	DEMOGRAPHIC CHARACTERISTICS	FREQUENCY	PERCENTAGE
1	Age in years		
A	20-30 years	32	32
B	30-40 years	35	35
C	40-50 years	27	27
D	Above 50 years	6	6
2	Gender		
A	Male	49	49
B	Female	51	51
3	Educational Qualification		
A	D.Ed	57	57
B	B.Ed	43	43
4	Teaching experience		
A	0-5 years	27	27
B	5-10 years	29	29
C	10-15 years	12	12
D	More than 15 years	32	32

The above table shows that, maximum primary school teachers (35%) belonged to the age group of 30-40 years. 51% of primary school teachers are females and 57% of primary school teacher were D.Ed. qualified and 32% primary school teachers are having teaching experience of above 15 year.

SECTION II (A) - FREQUENCY AND PERCENTAGE DISTRIBUTION PRE-TEST AND POST TEST KNOWLEDGE SCORE

TABLE NO.2

n=100

CATEGORISATION	PRE TEST SCORE		POST TEST SCORE	
	FREQUENCY	PERCENTAGE	FREQUENCY	PERCENTAGE
Poor (0-4)	23	23%	0	0
Average (5-8)	73	73%	0	0
Good (9-12)	4	4%	26	26%
Excellent (13-15)	0	0	74	74%

The above table shows that, 73% primary school teacher have average knowledge score (5-8), 23% have poor knowledge score, 4% have good knowledge score and none of primary school teachers have excellent knowledge score. It is evident that more efforts are necessary

to improve the knowledge regarding rheumatic heart disease and the post test result shows that, 74% primary school teachers have excellent knowledge score (13-15), 26% have good knowledge score, and none of primary school teachers having poor and average knowledge score. This suggests that there is marked increase in post-test knowledge score.

SECTION II (B) - COMPARISON BETWEEN PRE-TEST AND POST-TEST KNOWLEDGE SCORE.

TABLE NO.4

n=100

TEST	MEAN	STD.DEVIATION	STD.ERROR MEAN	't' value	'p' value
PRE-TEST SCORE	5.64	1.63	0.16	-50.527	0.000
POST-TEST SCORE	13.37	1.27	0.13		

The above table shows that, mean value of pre-test knowledge score is 5.64 and post-test knowledge score is 13.37 and calculated 't' value is -50.527 which is more than tabulated 't' value and calculated 'p' value is 0.00 which is less than tabulated 'p' value (0.05). This suggests that there is statistically significant increase in post test knowledge score so planned teaching programme on rheumatic heart disease among primary school teachers was effective

SECTION- III- ASSOCIATION BETWEEN PRE-TEST KNOWLEDGE SCORE WITH DEMOGRAPHIC VARIABLES.

TABLE NO.5

n=100

SR.NO	DEMOGRAPHIC VARIABLE	FISHER'S EXACT TEST VALUE	'p' Value	REMARK
01	Age	8.251	0.161	No significant association
02	Gender	0.693	0.707	No significant association
03	Educational Qualification	3.119	0.21	No significant association
04	Teaching experience	6.746	0.272	No significant association

The above table shows that, there is no significant association between age, gender, educational qualification and teaching experience, and pre-test knowledge score as calculated

'p' value is more than tabulated 'p' (0.05) value. Thus it shows that there is no significant association between pre-test knowledge score and selected demographic variables.

SUMMARY

Analysis and interpretation was done on 100 primary school teachers, where frequency and percentage distribution done for demographic variable. Effectiveness of planned teaching was done by comparing mean of pre-test and post-test knowledge score. The score showed that the planned teaching was effective and association of selected demographic variables with knowledge score was done on calculated p value where it resulted that there is no significant association with any of the selected demographic variable.

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