



## Study to Evaluate the Effectiveness of Structured Teaching Programme on Knowledge Regarding Hepatitis A in Selected Private Schools on Private School Teachers

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### ABSTRACT

Hepatitis is an inflammatory condition of the liver. Commonly, It is caused by a viral infection and non infectious agents<sup>1</sup>. Hepatitis A virus (HAV) is transmitted through ingestion of contaminated food and water or through direct contact with an infectious person<sup>2</sup>. Aims:- The aim of the study is to evaluate the effectiveness of structured Teaching Programme on knowledge regarding hepatitis A in selected private school teachers. Material and methods:- Pre-experimental design was selected. A total 100 school teachers selected from private schools by convenient sampling technique. Self-report structured knowledge questionnaire was used to assess the knowledge of teachers. On the first day pre-test was taken followed by administration of Structured Teaching Programme and post-test was taken on 7<sup>th</sup> day. Results:- Study finding revealed that the mean post-test knowledge scores of teachers was higher (24.24±4.714) than the mean pre-test knowledge score (13.05±3.546) with the mean difference of 11.19. Conclusion:- It was concluded that STP was highly effective in enhancing the knowledge of teachers and being a useful handy tool, in the private school setting.

**Keywords:**-Effectiveness, Knowledge, Hepatitis A, Structured teaching Programme, Private School Teacher.

### 1 INTRODUCTION:-

Hepatitis A is a liver disease caused by the hepatitis A virus. Spread of infection generally person to person or by the oral intake after fecal contamination of the skin or mucous membrane, less commonly there is fecal contamination of water or food. Hepatitis A is endemic in developing countries. It can easily spread among children in school and day care setting because many are in diapers and cannot wash their own hands and no one may know they have the disease since children, normally do not have symptom.<sup>3</sup> Washing hands is the best way to stop germs spreading. Think about all the things that the children touched today-from their shoes to the toilet, from their sweaty T-shirt to handkerchief, from their pet dog to the dirt pile by the playground. When children have germs on their hands, they can pass them to other people without even knowing it and make them sick. So the hand washing before eating and after defecation is important to prevent the transmission of hepatitis A virus.<sup>4</sup> Immunoglobulin and hepatitis A vaccine have been recommended for prophylaxis of hepatitis A in post-exposure and pre-exposure settings, respectively. The randomized, double blind, active-control, non-inferiority trial compared the efficacy of hepatitis A when given within 2 weeks after exposure.<sup>5</sup>

### 2 STATEMENT OF PROBLEM:-

A pre experimental study to study to evaluate the effectiveness of structured teaching programme on knowledge regarding Hepatitis A in selected private schools on private school teachers in District Ludhiana, Punjab.

### 3 OBJECTIVES OF THE STUDY

- To assess the existing knowledge score of private school teachers regarding hepatitis A as measured by self-report structured knowledge questionnaire.
- To determine the effectiveness of the structured teaching programme on knowledge of private school teachers regarding hepatitis A
- To determine the association of knowledge score with selected socio demographic variables.

### 4 MATERIAL & METHODS:-

This chapter deals with the methodology undertaken to evaluate the effectiveness of structured teaching programme on hepatitis A in selected private school teachers at district Ludhiana, Punjab. The target population of the study was private school teachers in the M.S. Adarsh Secondary School, Ludhiana and Guru Teg Bahadur National Sr. Sec. School, Dakha, Ludhiana. The present study was conducted among 100 private school teachers. Data was divided into 3 items:- Demographic Performa, Self-Structured knowledge questionnaire, Structured teaching programme on hepatitis A

**Criterion measure:** Interpret level of knowledge the scores were disturbed as follow.

Scoring key	
Poor	0-9
Average	10-19
Good	20-28

The collected data was organized, tabulated and analyzed based on objectives of the study by using descriptive statistics i.e. frequency and percentage, inferential statistics i.e. Chi square 't' test and correlation coefficient. The paired 't' test was used to find out the difference between pre test and post test knowledge score and the Chi square was used to find out the association between the demographic variables.

### 5 RESULTS:

**Table 1: frequency and percentage distribution of sample characteristics**

Socio-demographic variables	Frequency(f)	Percentage (%)
<b>1. Age</b>		
a. 25-35 years	55	55%
b. 36-45 years	25	25%
c. 45-55 years	20	20%
d. >56 years	0	0
<b>2. Education</b>		
a. B.A	43	43%
b. M.A	30	30%
c. B.Ed	33	33%
d. M.Ed	00	00
<b>3. Gender</b>		
a. Male	31	31%
b. Female	69	69%
<b>4. Religion</b>		
a. Hindu	30	30%
b. Sikh	63	63%
c. Christian	7	7%
d. Muslim	01	01%
e. Others	0	0
<b>5. Dietary pattern</b>		
a. Vegetarian	73	73%
b. Non vegetarian	27	27%

**able 1** show the majority of subjects (55%) were more than 25-35 years of age whereas 0% subjects were more than 56 years, maximum subjects 43% had B.A , maximum subjects 69% were females 31% subjects were male, majority of subjects 63% were from the Sikh religion, maximum of subjects 73% were vegetarian.

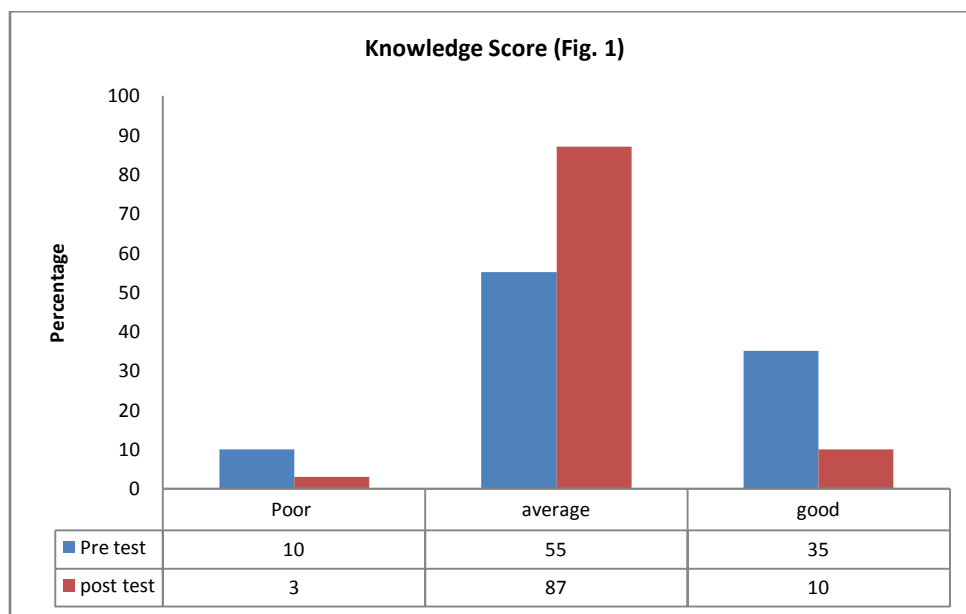
**Table 2: Range, Mean, Median and Standard Deviation of knowledge regarding hepatitis A**

Variable	Range	Mean	Median	SD
Knowledge	10-23	13.05	12	3.546

**Table 2** reveals that existing knowledge regarding Hepatitis A among private school teachers. It was found that the mean knowledge score was  $13.05 \pm 3.546$ . Hence it was concluded that the majority of the students had insufficient knowledge under the arbitrary scoring.

**Table 3 and Fig 1:- Knowledge score of Pre and Post test score regarding Hepatitis A among private school teachers**

Level of knowledge	Scores	Pre test	Post Test
Poor	0-9	10	03
Average	10-19	55	87
Good	20-28	35	10



**Table 2 and Fig 1:-** depict that the respondents i.e. 55% were having average knowledge in pre test but after STP it was 87% so knowledge score regarding Hepatitis was increased. Hence it was concluded that the majority of the teachers had average knowledge in post test regarding Hepatitis A

**Table 3: Mean, Median, Standard Deviation and Mean Difference, ttest, df of pre-test knowledge of private school teachers regarding hepatitis A**

Test	Mean	Median	SD	Mean difference	Ttest, df
Pre-test	13.05	12	3.546	11.19	t =23.099* df=99 p<0.05
Post-test	24.24	26	4.714		

Table 3 shows the mean post-knowledge score (24.24) was higher than the pre-test knowledge score(13.05) with the mean difference of 11.19. It shows the effectiveness of structured teaching programme on knowledge of private school teachers regarding hepatitis A.

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## 6 LIMITATIONS:

- Only the knowledge of school teachers regarding Hepatitis A was assessed, no attempt was made to assess the subsequent application of knowledge gained into practice.
- No attempt was made to do the follow up, to measure retention of knowledge of school teachers.
- The study did not use a control group. The research has no control over the events that took place between pre-test and post-test.
- The study was limited to selected private school teachers of district Ludhiana(Punjab).

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## 7 CONCLUSION :

Hepatitis continues to be a major health problem in developing countries where hepatitis occurs during early life leading to nearly 100% prevalence of antibody to hepatitis A virus in school children (above 10 years of age) in day care centers more than 90% of children infected below the age of 5 years remain 10% are asymptomatic the present study was conducted to evaluate the effectiveness of structured teaching programme of hepatitis A knowledge in selected private school teacher and to find association of knowledge with selected socio-demographic variables.

It was found that there was significant difference in pre-test and post-test knowledge scores of the subject. That mean post-test knowledge score (24.24±4.714) was higher than the pre-test knowledge score (13.05±3.546) with the mean difference of 11.19. The calculated 't' value was greater than the table value at 0.05 level of significance. Hence the  $H_0$  was rejected and inferred that findings were statistically significant. There was no association found between the post-test knowledge score and selected socio-demographic variables.

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