Effectiveness Of Structured Teaching Programme On Knowledge Regarding Home Care Management Related To Hypertension Among Women With The Diagnosis Of Hypertension.

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ABSTRACT:

Health and holistic health is directly connected which gives significance to physical, mental, social and spiritual health as whole. Hypertension is directly associated with circulation, respiration and function of vital organs. **Objectives**: Assess the pretest Knowledge of women Regarding Home Care Management related to Hypertension among women with the diagnosis of Hypertension. 2. Assess the Effectiveness of Structured Teaching Programme on knowledge of women with the diagnosis of Hypertension regarding home care management related to hypertension. 3. To find out the Association between the post-test Knowledge regarding home care management related to Hypertension with Selected demographic Variables. **Methods and Materials:** A pre-experimental one group pre-test post-test design was adopted. The study was conducted in selected rural community at karaikal. After obtaining formal permission, women were selected by convenient sampling technique and individual women consent was obtained. Pre-test data was collected by Structured knowledge questionnaire related to knowledge on home care management of 40 women with hypertension. After that the structured teaching programme was implemented. The post-test was done to evaluate the effectiveness of structured teaching programme on 7th day using the same questionnaire. **Result:** Present study during pre-test knowledge is inadequate (43%) and moderate (57%). The post-test score showed that the maximum patients (96%) were having moderate knowledge and (4%) were having inadequate knowledge, after implementing the Structure Teaching Programme. Therefore, this result shows that structure teaching programme was effective in improving the knowledge regarding to the home care management of hypertension among hypertensive women. The data with regarding to the knowledge between the pre-test and post-test mean knowledge scores i.e., 16.77 with SD 1.43 and 20.37 with SD 1.74. The calculated' reference value is 8.67 and the't' table value is 2.0227 at 39 df at 0.05% level of significance. Thus, there is statistically significant relationship between pre-test and post-test knowledge score. Therefore, STP was successful. **Conclusion:** The study highlights that Nurse's responsible to plan and implement the Health Education for all the Hypertension women regarding home care management of Hypertension.

Key words: Effectiveness, knowledge, Home care management , hypertensive women and structure teaching programme.

INTRODUCTION

Hypertension or Blood pressure is the force that blood exerts on the vessel wall which varies continuously in arteries due to the intermittent nature of the pump (heart) and elastic recoil of the arterial wall. Being largely asymptomatic with patients experiencing very few signs and symptoms initially, hypertension is known as a "silent" killer and classified as primary when there are no obvious underlying medical causes or secondary when caused by other conditions that affect organs like the kidneys, heart or tissues and organ systems like the arteries and endocrine system. A normal blood pressure is below 120/70 with the upper number being the highest arterial pressure when the heart beats and fills the arteries (systolic) and the lower being the lowest arterial pressure in the arteries when the heart relaxes (diastolic). Hypertension when left uncontrolled often takes a toll on vital organs throughout the body leading to heart attacks or strokes. Home-based blood pressure monitoring can also provide the physician with information on the patient's response to medication allowing the care plan to be adjusted as necessary. Therefore, self-measurements can improve patient adherence to hypertension therapy resulting in the progression towards designated BP goals.

STATEMENT OF THE PROBLEM

A study to assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Home Care Management related to Hypertension among women with the Diagnosis of Hypertension in kottucherry medu at karaikal."

OBJECTIVES OF THE STUDY:

1. Assess the pretest Knowledge of women Regarding Home Care Management related to Hypertension among women with the diagnosis of Hypertension.

2. Assess the Effectiveness of Structured Teaching Programme on knowledge of women with the diagnosis of Hypertension regarding home care management related to hypertension.

3. To find out the Association between the post test Knowledge regarding home care management related to Hypertension with Selected demographic Variables

ASSUMPTIONS:

1. The hypertensive women will have some knowledge regarding home care management related to hypertension.

2. Structured teaching programme will improve the knowledge of women regarding home care management related to hypertension.

HYPOTHESES:

H1 - The post-test knowledge will not be significantly higher than the pre-test knowledge score.

H2 -There will be no significant association between knowledge of home care management related to hypertension with selected demographic variables

METHODS AND MATERIALS:

RESEARCH APPROACH: A quantitative research approach was used in this study.

RESEARCH DESIGN: The research design selected for this study was pre-experimental one group pre-test, post-test design.

SETTING OF THE STUDY: Setting is the location where a study is conducted for the present study. The present study settings were the selected rural community in kottucherry medu at karaikal.

POPULATION: The population for this study includes the women who are diagnosed with the hypertension residing in kottucherry medu at karaikal.

SAMPLE SIZE: Sample size was 40 Women who are diagnosed with hypertension in kottucherry medu at karaikal.

SAMPLING TECHNIQUE: Convenient sampling technique was being adopted to collect the data for the present study.

CRITERIA FOR SAMPLING

Inclusion criteria: The Clients who were,

1. Between 30-60 years of age group women with the diagnosis of hypertension in selected rural community at kottucherrymedu karaikal .

2. Willing to participate in the study.

3. Able to understand Tamil or English.

Exclusive criteria:

1. Actually ill with unstable vital signs.

2. Who are not willing to participate in the study

3. Who are not available during the study

SELECTION AND DEVELOPMENT OF TOOL

Data collection tools are procedures used by the researcher to observe or measure the key variables in the research problem. A tool is a device or technique that a researcher used to collect data based on the research problem and the objectives of the study the following steps were undertaken for selection and development of the tool.

i) **SELECTION OF THE TOOL**

It was decided to select the Structured interview schedule was used to assess the knowledge of the patients regarding, home care management of hypertension

ii) **DESCRIPTION OF THE TOOL**

Based on the objectives of the study the following tools were developed to collect data. The adopted tool consists of the following sections.

SECTION A: Socio-demographic data: It included Age, Religion, Education status, Marital status, Occupation, Area of residence, Duration of illness Habits and diet

SECTION B: Structured knowledge questionnaire on home care management of patient with Hypertension.

KNOWLEDGE SCORE

Table -1 shows the level of knowledge score

|	
Adequate knowledge	75% and above
Moderately knowledge	between 50 – 74%
In adequate knowledge	49% and below

DESCRIPTION OF DEMOGRAPHIC VARIABLES OF THE PATIENTS

Table: – 2 Frequency and percentage distribution of demographic variables of patients with Hypertension

Sl. No	Variables	Frequency	Percentage (%)
1	Age in years		
	a.31-40years	08	20
	b.41-50 years	14	35
	c.51-60 years	13	32.5
	d.61 years & above	05	12.5
2.	Religion		
	a. Hindu	25	62.5
	b. Muslim	09	22.5
	c. Christian	06	15

3	Educational status		
	a. Non formal	22	55
	b. Primary	16	40
	c. Secondar	02	05
4	Marital status		
	a. Married	39	97.5
	b. Unmarried	01	02.5
5	Occupation		
	a.Agriculture/Farmer	17	42.5
	b. Factory workers	08	20
	c. Sedentary workers	03	07.5
	d. House wife	12	30
6	Area of residence		
	a. Rural	38	95
	b. Urban	02	05
7	Duration of illness		
	a. Below 1year	09	22.5
	b. Since 3 years	18	45
	c. Since 6 years	11	27.5
	d. Since 9 years	02	05
8	Diet		
	a. vegetarian	05	12.5
	b. mixed	35	87.5

Level of Pre-test Knowledge of Patients regarding Home Care management of Hypertension
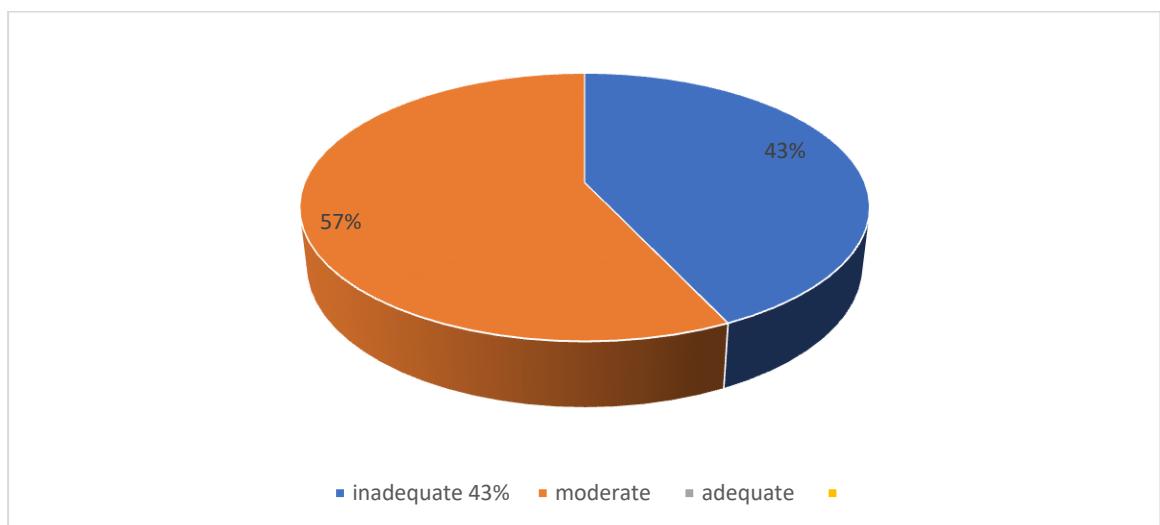
Above Pie diagram shows that in the study group most 23 (57%) were having moderate knowledge and 17 (43%) were having inadequate knowledge; there was no one with adequate knowledge regarding home care management of Hypertension. This indicates the hypertensive patient needs more information regarding home care management of Hypertension

Level of Post-test Knowledge of Patients regarding Home Care management of Hypertension
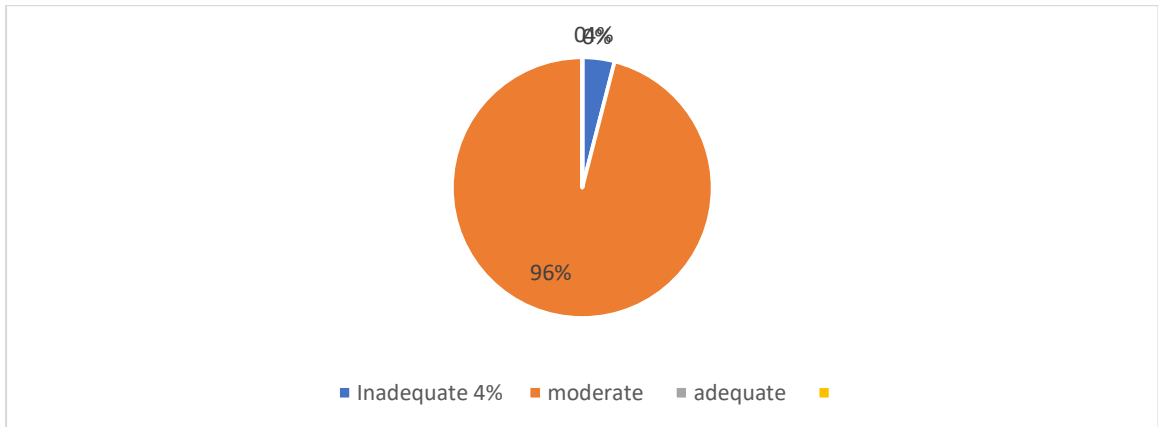
The above figure represents that most 38 (96%) of the samples had moderate level of knowledge; 2(4%) had inadequate knowledge. Adequate knowledge score was zero.

Comparison of level of knowledge regarding home care management of HTN between pretest and posttest
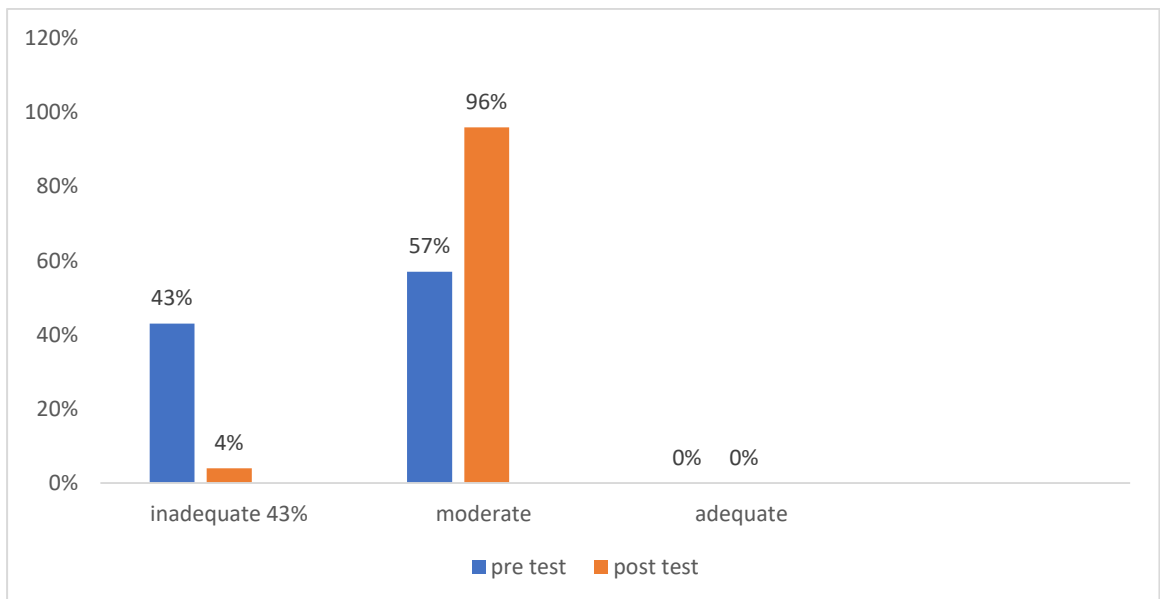
Above Bar diagram shows that the pre-test knowledge is inadequate (43%) and moderate (57%). The post-test score showed that the maximum patients (96%) were having moderate knowledge and (4%) were having inadequate knowledge, after implementing the STP.

Relationship between pretest and post-test knowledge score regarding knowledge on home care management of Hypertension.

	Knowledge		't' reference value	't' table value
Pre test	**Mean**	**SD**		
	16.77	**1.43**	**8.67**	**2.02**
Post test	**20.37**	**1.74**		

Above table present the data with regarding to the knowledge between the pretest and post-test mean knowledge scores i.e., 16.77 with SD 1.43 and 20.37 with SD 1.74. The calculated' reference value is 8.67 and the 't' table value is 2.0227 at 39 df at 0.05% level of significance. Thus, there is statistically significant relationship between pre-test and post-test knowledge score. Therefore, STP was successful. Thus, null hypothesis H01 is rejected.

DISCUSSION

The demographic information of hypertension among women it shows that Most of the samples were in the age group of 41-50 years i.e. 14 (35%), Most of the samples were Hindus i.e. 25(62.5%), Most of the educational status was non formal i.e; 22 (55%), Most of the samples were married i.e.; 39 (97.5%), Most of the samples were farmers i.e;17 (42.5%), Most of the samples belongs to rural area i.e. 38 (95%), Most of the samples duration of illness is since 3years i.e. 18 (45 most of i.e.; 35(87.5%) were having mixed diet.

During pretest most 23 (57%) were having moderate knowledge and 17 (43%) were having inadequate knowledge; there was no one with adequate knowledge regarding home care management of Hypertension. This indicates the hypertensive patient needs more information regarding home care management of Hypertension. present the data with regarding to the knowledge between the pretest and post-test mean knowledge scores i.e., 16.77 with SD 1.43 and 20.37 with SD 1.74. The calculated' reference value is 8.67 and the 't' table value is 2.0227 at 39 df at 0.05% level of significance. Thus, there is statistically significant relationship between pre-test and post-test knowledge score. Therefore, STP was successful. Thus, null hypothesis H01 is rejected.

The present study is supported by **Chimberengwa and Naidoo (2019)** conducted a study on "Knowledge, attitudes, and practices related to HTN among residents" a descriptive cross-sectional survey on hypertensive patients with 304 respondents in the community. Members of the community had poor knowledge on HTN. This was associated with a lack of education and with strong beliefs in herbal and traditional medicines in the community,

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which influenced attitudes and practices on HTN. Dietary risk factors were linked to poor knowledge. Hypertensive medicine shortages at the clinic resulted in worsened HTN care and poor HTN outcomes in the community.

CONCLUSION

In conclusion, as per general clinical observation, the prognosis of hypertension in the developing countries is somewhat worse than that in the developed countries of Asia. Low socio-economic conditions, poor diet and life style changes are not only responsible for the development of hypertension but also for continued decline in cardiac function, hypertension complications and an early mortality. There is a need to generate data to support these assumptions. Hypertension management and control is a major challenge. Pharmacological intervention and rehabilitative & education programmes are known to improve prognosis and quality of life of these patients. Fortunately, governments of several Asian countries have already started adopting such measures to achieve the goals

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