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"A study to assess the effectiveness of planned teaching programme on knowledge and selected practices regarding home care management of head injury patients among primary health care givers in selected hospitals of Sangli, Miraj, Kupwad corporation area".

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Abstract

Head injury is also called traumatic brain injury is a non-degenerative, non-congenital insult to the brain from an external mechanical force possibly leading to permanent or temporary impairment of cognitive, physical and psychosocial functions, with an associated diminished or altered state of consciousness.¹ Traumatic brain injury is a disturbance in the normal function of the brain can be caused by a gusts, crash or jolt to the brain, the head suddenly and violently shitting an objector when an object penetrate the skull and enters brain tissue.²

Introduction

Traumatic brain injury continues to be an vast public health problem. The most patients with TBI have mild head injuries the remaining injuries are distributed equally between moderate and severe classification.

The impact is even greater when one considers that most severe head injuries seen in adolescents any young adults.⁶

Traumatic brain injury can seen in age group and may present both temporary and lifelong challenges that affect function and well being. use following sources to learn more about traumatic brain injury and sports the medical psychological, and social issues surrounding it.⁷

Traumatic brain injuries are leading to cause of sick, death, dysfunction and socioeconomic losses in Indian and other developing countries. It is estimated that nearly 1.5 to 2 million peoples are injured and 1 million capitulate to death every in India. After head injury patients are unconsciousness for 1 week and aged 45 years or younger have a potential for good recovery and gains in function continue for years after the injury.⁹

The objectives of the study:-

1. To assess the pre-test knowledge and practices score regarding care of head injury patient

2. To assess the post-test knowledge and practices score regarding care of head injury patient

3. To compare the pre-test and post-test knowledge and practices score regarding care of head injury patient.

Material and Methods

Quantitative research approach was been used for the current study. The research was been conducted among Primary health care givers in selected hospitals of

Sangli, Miraj, Kupwad Corporation Area. Pre-experimental one group pre-test and post-test design was used for the study. Total 20 samples were selected. A structured-questionnaires of 25 items was administered to collect data. Pre-test was conducted along with plan teaching programme and post-test was administered on seventh day. The reliability coefficient 'r' was 0.78.

Results and Discussion-

Table-1

FREQUENCY AND PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES

N=20

Sr. No.	Demographi	cal Variables	Frequency	Percentage 0%	
		20-30	0		
1. Age in years		30-40	8	40%	
		40-50	12	60%	
		50-60	0	0%	
2.	Gender	Male	9	45%	
		Female	11	55%	
		No Formal	0	0%	
3. Education		Education			
		Primary	9	45%	
		Secondary	10	50%	
		Graduate or	1	5%	
		above			
		parent	8	40%	
		children	4	20%	
4.	Relation with	spouse	3	15%	
	patients	Siblings	5	25%	

Table No.1 shows that, maximum sample 60% belongs to the age 40-50 years, 40% belongs to the age30-40 years.55% of primary health care givers were female and 45% of primary health care givers were male.50% primary health care givers were completed secondary education, 45% completed primary education, 5% was

graduated.40% of primary health care givers was parents of head injury patients, 20% was spouse, 15% was children's, and 25% was siblings.

SECTION II: FREQUENCY AND PERCENTAGE DISTRIBUTION OF PRE-TEST AND POST-TEST KNOWLEDGE SCORE.

Table No. 2: Frequency and percentage distribution of pre-test and post-test knowledge score

Knowledge score	Pre	- test	Post- test	
	Frequency	Percentage	Frequency	Percentage
Good Knowledge score (19 to 25)	1	5%	10	50%
Average Knowledge score (10 to 18)	5	25%	8	40%
Poor knowledge score (0 to 9)	14	70%	2	10%

n=20

Table No. 2: shows that, according to pre- test most of the primary health care givers 14 (70%) have poor knowledge score and 5 (25%) have very poor knowledge score and 1 (5%) have good knowledge score regarding home care management of head injury patients. Majority of the primary health care givers 10 (50%) have good knowledge score and 8 (40%) have average knowledge score and 2 (10%) have poor knowledge score regarding home care management of head injury patients among primary health care givers according to their post-test.

SECTION III: COMPARISON BETWEEN PRE-TEST AND POST-TEST KNOWLEDGE SCORE.

 Table No. 3: Comparison between pre-test and post-test knowledge score.

8

Mean	S.D.	d. f.	Paired t- test	p- value
8	4.6225	19	9.4148	0.00001

20

Knowledge

score

Pre- test

score

Post- test	17.4	3.8443
	17.4	5.0445
score		

Table no.3 shows that, according to knowledge score, the mean score of

knowledge before giving planned teaching programme was 8, S.D. is 4.6225 and the mean score of knowledge after giving planned teaching programme was 17.4 and S.D. is 3.8443, t - value is 9.4148 and p - value is 0.00001 < 0.05 (at 5 % level of significance).

SECTION IV: FREQUENCY AND PERCENTAGE DISTRIBUTION OF PRE-TEST AND POST-TEST PRACTICES SCORE OF HAND WASHING.

Table No. 4: Frequency and percentage distribution of pre-test and post-test practices score of hand washing.

n = 20

Practices Score	Pre- test		Post- test		
	Frequency	Percentage	Frequency	Percentage	
Correct	50	36%	104	74%	
Incorrect	90	64%	36	26%	

Table no 4: shows that, all of primary health care givers 12 (60%) have poor practices score and 7 (35%) have average practices score and 1 (5%) have good practices score about hand washing regarding home care management of head injury patients among primary health care givers according to pre- test. all of primary health care givers 8 (40%) have average practices score and 12 (60%)

n=

< 0.05

have good practices score about hand washing regarding home care management of head injury patients among primary health care givers according to post- test.

SECTION V : COMPARISON BETWEEN PRE-TEST AND POST-TEST PRACTICES SCORE OF HAND WASHING.

 Table No. 5: Comparison of pre-test and post-test practices score of hand washing.

$\mathbf{n} = \mathbf{i}$	20
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Practices score	Mean	S.D.	d. f.	Paired t- test	p- value
Pre- test score	1.65	0.7451	19	24.6576	0.00001 < 0.05
Post- test score	5.65	0.7451			

Table no 5: shows that, according to practices score, the mean practices score before giving demonstration was 1.65, S.D. is 0.7451 and the mean practices score after giving demonstration was 5.65 and S.D. is 0.7451, t – value is 24.6576 and p – value is 0.00001 < 0.05 (at 5 % level of significance).

SECTION VI: FREQUENCY AND PERCENTAGE DISTRIBUTION OF PRE-TEST AND POST-TEST PRACTICES SCORE OF NASOGASTRIC TUBE FEEDING.

Table No. 6: Frequency and percentage distribution of pre-test and post-test

 practices score of nasogastric tube feeding.

Practices Score	Pre- test		Post- test		
	Frequency	Percentage	Frequency	Percentage	
Correct	59	27%	126	57%	
Incorrect	161	73%	94	43%	

Table no 6: shows that, all of the primary health care givers 14 (70%) have poor practices and 6 (30%) have average practices score about Nasogastric Tube

Feeding regarding home care management of head injury patients among primary health care givers according to pre- test. very less of the primary health care givers 1 (5%) have poor practices score , 14 (50%) have average practices score and 5 (25%) have good practices score Nasogastric Tube Feeding regarding home care management of head injury patients among primary health care givers according to post- test

SECTION VII: COMPARISON BETWEEN PRE-TEST AND POST-TEST PRACTICES SCORE OF NASOGASTRIC TUBE FEEDING.

Table no 7. comparison of pre-test and post-test practices score of nasogastric tube feeding.

Practices score	Mean	S.D.	d. f.	Paired t- test	p- value
Pre- test	3	1.7167	19	6.3632	0.00001
score					< 0.05
Post- test	6.3	2.0545			
score					

n= 20

Table no 7: shows that, according to practices score the mean practices score of nasogastric Tube Feeding before giving demonstration was 3, S.D. is 1.7167 and the mean practices score after giving demonstration was 6.3 and S.D. is 2.0545, t – value is 6.3632 and p – value is 0.00001 < 0.05 (at 5 % level of significance).

CONCLUSION

The chapter deals with analysis and interpretation of data collected from 20 samples regarding home care management of head injury patients. Analysis was done as per the objectives. Where frequency and percentage distribution done for demographic variables. Effectiveness of planned teaching programme was done by comparing mean of pre-test and post-test knowledge and practices score, which shows that the test statistics value of the paired 't' test is 9.4148 with p value is

0.00001 of knowledge score.value of the Paired 't' test is 24.6576 with p value is 0.00001 of practices score of hand washing and value of paired 't' test is 6.3632 with p value 0.00001 of practices score of nasogastric tube feeding. shows that calculated value is more than table values , there was significant difference in the average knowledge and practices score, at 5% level of significance .Thus the result proved that planned teaching programme and demonstration swas effective.

Discussion:

It shows that highly significant difference is found between pre- test and post- test mean score of knowledge and practices score regarding home care management of head injury patients among primary health care givers.

This clearly shows that the planned teaching programme regarding home care management of head injury patients among primary health care givers has significant improvement in their knowledge and practices score.

This reveals the planned teaching programme on knowledge and practices score regarding home care management of head injury patients among primary health care givers was effective.

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