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## **Assess the effectiveness of video assisted teaching on awareness regarding emerging and re-emerging diseases among rural population**

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### **Abstract**

A quasi experimental study, pre and post-test without control group approach was undertaken Loni B.K village of Rahata tehsil. A total no of sample were (80) selected with help of convenient sampling technique. The nurse investigator conducted structured interview for 50-60 min to collect data. Awareness was assessed with dichotomous questionnaire followed by the VATP. The effectiveness of VATP was assessed by conducting post test on 7 days after the pretest. The data was analyzed with descriptive and inferential statistics wherever required. The results of the study revealed that VATP was effective in improving the awareness on emerging and re-emerging diseases score shows the improvement from average (38.14%) to good (78.22%) from pre test to post test respectively. Hence VATP is an effective tool in order to bring a positive health outcome in emerging and re-emerging diseases.

**Keywords:** Emerging & re-emerging diseases, video-assisted teaching, population

### **Introduction**

There have been threats of new diseases emerging due to the evolution/adaptation of microbes and the re-emergence of old diseases due to the development of antimicrobial resistance. Many factors have contributed to the emergence of infectious disease such as unplanned and under-planned urbanization; increased exposure of humans to disease vectors/reservoirs; rapid population growth; inadequate public health infrastructure and irrational antibiotics usage.

Health is defined as the state of complete physical, mental, social spiritual wellbeing and not merely absence of diseases or infirmity<sup>3</sup>. The type of diseases is the Communicable and non-communicable diseases. The Disease that is transmitted through direct contact from one person to another person is called as communicable disease example of communicable diseases are Rabies, HIV, influenza, and athlete's foot are just a few examples of communicable diseases. Non-communicable diseases are a disease that is not transferred from one person to another person is called as non-communicable disease example of non-communicable diseases is DM, HT, Cancer etc<sup>4</sup>. Another type of disease is the Emerging diseases and re-emerging diseases. Disease that is newly appeared in population is called emerging diseases, example are the swine flu, Ebola, chikungunya. Re-emerging diseases it is defined as the Reoccurrence of disease is called as re-emerging disease; example of re-emerging diseases is the dengue, malaria, encephalitis etc.

### **Objectives of the Study**

1. To assess existing awareness regarding emerging and re-emerging diseases among rural population.
2. To evaluate the effectiveness of video assisted teaching programme on awareness regarding emerging and re-emerging diseases among rural population.
3. To correlate the post- test awareness on emerging and re-emerging diseases with their socio demographic characteristics

### **Hypotheses**

H<sub>1</sub>:- There is a significant difference in between the pre-test and post-test awareness regarding reemerging and re-emerging diseases.

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H<sub>01</sub>:- There is no significant difference in between the pre-test and post-test awareness regarding re-emerging and re-emerging diseases.

H<sub>2</sub>: There is a significant association between post- test awareness with the selected socio- demographic variables

H<sub>02</sub>: There is no significant association between post- test awareness with the selected socio- demographic variables

### Materials and Methods

A quasi experimental study, pretest posttest design without control group approach was undertaken Loni B.K village of Rahata tehsil. A total no of sample were (80) selected with help of purposive sampling technique. The nurse investigator conducted structured interview for 50-60 min to collect data. Awareness was assessed with dichotomous questionnaire followed by the VATP. The effectiveness of VATP was assessed by conducting post test on 7 days after the pretest. The data was analyzed with descriptive and inferential statistics wherever required.

### Criteria for the selection of the sample

Inclusion criteria

The people those who are

1. Residing in rural community area.
2. People who are able to understand Marathi.
3. People above 18 years of age group.
4. People who are willing to participate.

### The Major Findings of the Study

The results of the study revealed that SIM was effective in improving the awareness on emerging and re-emerging diseases score shows the improvement from average (38.14%) to good (78.22%) from pre test to post test respectively. There was a significant difference found between pre test knowledge score ( $t= 36.61, p \leq 0.05$ ). There was significant association found between awareness and socio demographic variables like age ( $\chi^2=4.3$ ).

**Section 1:** Description of sample according to their demographic characteristics

Distribution of sample according to their age depicts that similar Percentage (31% ) of them were in the age group of 31 - 40 years and 41 - 50 years respectively, whereas (18%) were in the age group of <30 years and less significant percent (<10%) were above 51 years. Hence, it can be interpreted that most of the people under study were in the middle age group.

Distribution of people according to their gender shows that majority (67%) of them was male, while the remaining (34%) were female. It interprets that majority of the participant were male.

Distribution of people according to their marital status shows that more than half (53%) of the people were unmarried while the remaining (48%) were married. It interprets the participant equal proportion of participants was married and unmarried category.

Distribution of sample according to their educational status shows that more or less similar percentage (27% and 28%) of the people had primary and secondary education respectively. A significant percent (23%) of them did not have any formal education. It interprets that most of the participants under study are literate.

Distribution of people according to their occupational status shows that one third (37%) of the people were daily wages followed by one fourth (24%) of them were private employees and significant percent (18%) were home makers. It shows that most of the participant under study were self-employed.

Distribution of sample according to their religion shows that most (70%) of the people were Hindu and the remaining (30%) were belongs to minority category such as Muslim and Christian. It highlights that religious distribution of India.

**Section 2:** Assessment of the effectiveness of video assisted teaching programme

To assess the effectiveness of awareness regarding emerging and reemerging diseases among sample, the formula  $Y-X=E$  was used  $Y$ =posttest,  $X$ = pretest and  $E$ =Effectiveness

**Table 1:** (a) Area wise comparison of mean, SD and mean % of pre and posttest awareness score of the sample regarding emerging and reemerging diseases.

SN	Area	Max. score	Pre test			Post test			Difference in Mean %
			Mean	SD	Mean %	Mean	SD	Mean %	
1	Introduction	5	2.83	0.64	56.6	4.07	0.22	81.4	24.8
2	swine flue	5	2.62	0.80	52.54	3.78	0.21	75.6	23.06
3	chikungunya	5	2.61	0.63	52.2	3.95	0.22	79	26.8
4	Ebola	5	2.16	1.01	43.2	3.96	0.56	79.2	36
5	Dengue	5	1.81	1.10	36.2	3.9	0.21	78	41.8
6	Malaria	5	2.6	0.68	52	3.97	0.62	79.4	27.4
7	Encephalitis	5	2.73	0.9	54.6	3.73	0.58	74.6	20
<b>Overall</b>		<b>35</b>	<b>13.35</b>	<b>2.22</b>	<b>38.14</b>	<b>27.38</b>	<b>2.50</b>	<b>78.22</b>	<b>40</b>

Comparison of pre and post awareness mean score shows the effectiveness of VATP by (40%) as the posttest mean score was (27.28+2.50) which is (78.22%) of total score indicated that sample had awareness i.e. "good level" which is higher than the pretest mean score (13.35+2.22) which is (38.14%) average knowledge and effectiveness of VATP was (40%). The effectiveness was ranged from 20% to 42%. Among the areas, "Dengue" had highest effectiveness i.e.42% and "encephalitis" had the lowest effectiveness it might be related to increase pretest score. After the

implementation of video assisted teaching programme all the areas related to emerging and reemerging diseases the sample had good knowledge.

Hence it can be interpreted that VATP was effective in enhancement of awareness level on various aspects of emerging and reemerging diseases.

**Section 3:** Assessment of the effectiveness of VATM with demographic variables of the sample regarding emerging and reemerging diseases.

**Table 2:** (a) Comparison of the mean, SD and mean percentage posttest awareness scores according to their age

SN	Age (in years)	No. of sample	post test		
			Mean	SD	Mean %
1	<30	22	26.59	3.09	75.9
2	31 -40	22	27.22	1.99	77.7
3	41 – 50	22	27.54	2.39	78.6
4	51 – 60	9	28.83	2.18	82.3
5	>60	5	28.4	1.19	81.1
	<b>Total</b>	<b>80</b>	<b>27.38</b>	<b>2.50</b>	<b>78.22</b>

Distribution of mean, SD, mean % of awareness of participants on emerging and reemerging diseases according to their age shows that irrespective of the age, the participants under study had good level of awareness.

**Section 4-** To assess the effectiveness of VATP on various aspect of awareness of sample regarding emerging and reemerging diseases. Hypothesis test was done by using paired “t” test and chi square test

$H_0$ : there is no significant difference between the pre and posttest awareness of sample regarding emerging and reemerging disease.

Paired “t” test was calculated to analyze the difference in pre and post awareness regarding emerging and reemerging diseases. There was a highly statistically significant difference found in the various aspects of emerging and reemerging diseases between the pre and post test along side a overall significant difference also was found.

Hence the stated null hypothesis ( $H_0$ ) rejected as it was interpreted that there was highly significant difference exist between pre and post test awareness score thus the difference observed were true difference not by chance.

### Conclusion

Majority of sample had significant improvement in awareness, regarding emerging and re-emerging diseases. Hence VATP is an effective tool in order to bring a positive health outcome in emerging and re-emerging diseases.

### Reference

1. Jones KE, Patel NG, Levy MA, Storeygard A, Balk D, Gittleman JL, *et al.* Global trends in emerging infectious diseases. *Nature*. 2008; 451:990–3
2. Morse SS. Factors in the emergence of infectious diseases. *Emerging Infectious Diseases*. 1996; 1:7–15.
3. Basic concept of community health nursing, second edition, Jaypee publication, Pp-1-3.
4. Wang C, Xu J, Zhou X, Li J, Yan G, James AA, *et al.* Strongyloidiasis: An emerging infectious disease in china. *Am J Trop Med Hyg*. 2013; 88:420–5.
5. Fares A. Factors influencing the seasonal patterns of infectious diseases. *Int J Prev Med*. 2013; 4:128–32.
6. Guh AY, McDonald LC, Sinkowitz-Cochran R. Assessment of public health perspectives on responding to an emerging pathogen: Carbapenem-resistant enterobacteriaceae. *J Public Health Manag Pract*. 2013:1–6.
7. Ashoorkhani M, Gholami J, Majdzadeh R. Do we transfer health research results to people? *Int J Prev Med*. 2011; 2:103–4.
8. Baneshi MR, Nakhaee F, Law M. On the use of fractional polynomial models to assess preventive aspect of variables: An example in prevention of mortality following HIV infection. *Int J Prev Med*.

2013; 4:414–9.

9. Sadeghi MMM, Sadri A, Mirdamadi A, Nasab MRS, Majidi E, Sadeghi PMM. Infectious endocardial intracardiac defibrillator lead, infectious pericarditis, and delayed constrictive pericarditis. *Journal of Research in Medical Sciences*. 2013; 18:260–3.
10. Moro ML, Ricchizzi E, Morsillo F, Marchi M, Puro V, Zotti CM, *et al.* Infections and antimicrobial resistance in long term care facilities: A national prevalence study. *Ann Ig*. 2013; 25:109–18.