



A QUASI EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF HEALTH EDUCATION ON KNOWLEDGE REGARDING PREVENTION OF HEPATITIS A AMONG SELECTED SCHOOLS OF URBAN AND RURAL AREAS OF DISTRICT BHOPAL, MADHYA PRADESH

¹Dr. Peter Jasper Youtham and ²Mr. Vipul Chaturvedi

¹Research Guide, ²Ph.D. Scholar

AIM: "To assess the effectiveness of health education on knowledge regarding prevention of hepatitis A."

Material and Methods: In this study quasi-experimental research design was used. Conducting the pre-test post-test of experimental and control group. The study was conducted on 60 students of urban and rural areas of senior secondary schools of district Bhopal. Non-probability Convenient Sampling Technique was used for the study. A structured knowledge questionnaire and health Education was validated from experts of various fields and administered to the students for pilot study to calculate the reliability of the tool, it was highly reliable. The main study was conducted with same Structured knowledge questionnaire and health Education in analysis and interpretation of study data, the analysis was divided according to six sections and interpreted with the bar charts. The post-test experimental group of urban and rural mean score was higher than the pre-test experimental group of urban and rural, which means health education was effective on knowledge and prevention of students regarding hepatitis A. The association between knowledge and selected socio-demographic variables was non-significant.

Result:

In urban area In paired t test, the mean pre-test of experimental group is 9.46 and the mean post-test of experimental group is 17.53, and standard deviation of pre-control group is 1.76 and the standard deviation post-test of control group is 3, the T test value is 14.36 and the P value is 2.15, so it was significant and show that health education is effective in knowledge improvement of students of urban. In paired t test, the mean pre-test of control group is 9.02 and the mean post-test of control group is 9, and standard deviation of control group is 1.38 and the standard deviation post-test of control group is 1.56, the T test value is 0.72 and the table value is 2.15 so it was non-significant. In rural area In paired t test, mean pre-test of experimental group is 7.93 and the mean post-test of experimental group is 15.80 and standard deviation of pre-experimental group is 1.80 and the standard deviation post-test of experimental group is 3.28, the T test value 15.41 and the P value is 2.15, so it was significant and show that health education effective in knowledge improvement of the rural area students. In paired t test, mean pre-test of control group is 9.06 and the mean post-test of control group is 9.13 and standard deviation of pre-test control group is 1.28 and the standard deviation post-test of control group is 1.66, the T test value is 0.34 and the table value is 2.15, so it was non-significant. Finding of the study showed that there was statically significant difference pre-test and post score of students. Hence H1 hypothesis was accepted and there was association between pre -test knowledge score of subjects and their selected socio demographic variable shows that hypothesis H2 was rejected. Conclusion: It is concluded that there was significant difference in knowledge score of students regarding hepatitis A in both rural and urban area. Experimental group have more knowledge as comparison to the control group in both rural and urban area. It is concluded that health education on knowledge regarding prevention of hepatitis A was very effective that help the students who improve their knowledge regarding hepatitis A and its prevention.

REFERENCES:

1. World Health Organization. Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19–

22 June 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. In Grad, Frank P. (2002) Bulletin of the World Health Organization. 80 (12): 982.)

2. Danilelle F. Role of mother in child development. suite101.<http://www.suite101.com/content/attachment-a27099.2007july25>.
3. Park k. "Text book of preventive and social medicine" 19th edition, Banarasidas Bhanot, Jabalpur, 2007,173.
4. S M Lewis, M M Heitkemper & S H Dirksen's "Text book of Medical Surgical Nursing", 5th edition, Mosby publishers, Philadelphia, 2005; 1105-1115
5. Elisabetta Franco, Cristina Meleleo, Laura Serino, Debora Sorbara, and Laura Zaratti Hepatitis A: Epidemiology and prevention in developing countries World J Hepatol. 2012 Mar 27; 4(3): 68–73. PMCID: PMC3321492
6. Stapleton JT (1995). "Host Immune Response to Hepatitis A virus". J. Infect. Dis. 171 (Suppl 1): S9–14. doi:10.1093/infdis/171. Supplement_1. S9. PMID 7876654
7. CDC, "Hepatitis A," in Epidemiology and Prevention of Vaccine-Preventable Diseases (also known as "The Pink Book"), Atkinson W, Wolfe S, Hamborsky J, McIntyre L, editors, 12th edition.