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"A Study To Assess The Effectiveness Of Self Instructional Module On Knowledge Regarding Prevention Of Acid Peptic Disease Among Middle Adults In Selected Community Areas At Udupi District, Karnataka"

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ABSTRACT

A pre-experimental One group pre-test post-test design was used for the study, Sample consisted of 60 middle adults in selected community areas from Udupi District were selected using non-probability convenient sampling technique. A structured knowledge questionnaire was given to assess the knowledge regarding prevention of acid peptic disease among middle adults. Before data collection the researcher introduces purpose of study, clarifies the queries and took verbal consent from subjects. The result shown that the mean percentage of post-test knowledge score (78.1%) was higher than the mean percentage of pre-test knowledge score (51.9%). The calculated 't' value showed a significant difference between mean pre and post-test knowledge scores.. Calculated $\chi 2$ values are showed significant association between, gender, educational qualification, occupation, and religion of respondents with their pre-test knowledge scores at $p<0.05$. The study concluded that the SIM is effective in increasing the knowledge of middle adults on Prevention of Acid peptic disease.

I. INTRODUCTION

Peptic ulcer disease (PUD) is a break in the inner lining of the stomach, the first part of small intestine, or sometimes the lower esophagus. An ulcer in the stomach is called a gastric ulcer, while one in the first part of intestines is duodenal ulcer. The common causes include the bacteria helicobacter pylori and non steroidal anti-inflammatory drugs. Other less common causes include tobacco smoking, stress due to serious illness, Behcet disease, Zollinger-Ellison syndrome, crohn disease, and liver cirrhosis. Peptic ulcer is common among adults in modern society. Many changes may occur between young adulthood and this stage. The body may slow down and the middle aged might become more sensitive to diet, substance abuse, stress, and rest. Chronic health problems can become an issue along with disability or disease. Studies from the west reveal that 5-10% of the adult population can expect to develop a peptic ulcer during their life time. Higher incidence of the peptic ulcer cases were observed among people in between the age of 30-60 years. Other factors commonly found responsible for acid peptic disease are habitual factors in day to day life. These can be habit of consumption of excessive spicy foods, habit of excessive consumption of tea, habit of excessive consumption of alcohol, habit of excessive tobacco use, habit of excessive consumption of coffee, unjustified use and habit of taking pain killers like NSAIDs.

OBJECTIVES OF THE STUDY:

- To assess the knowledge regarding prevention of acid peptic disease (APD) among middle adults in selected community areas.
- To assess the effectiveness of self instructional module on knowledge regarding prevention of acid peptic disease among middle adults in selected community areas.
- To determine the association between pre test knowledge score on prevention of acid peptic disease among middle adults and selected demographic variables.

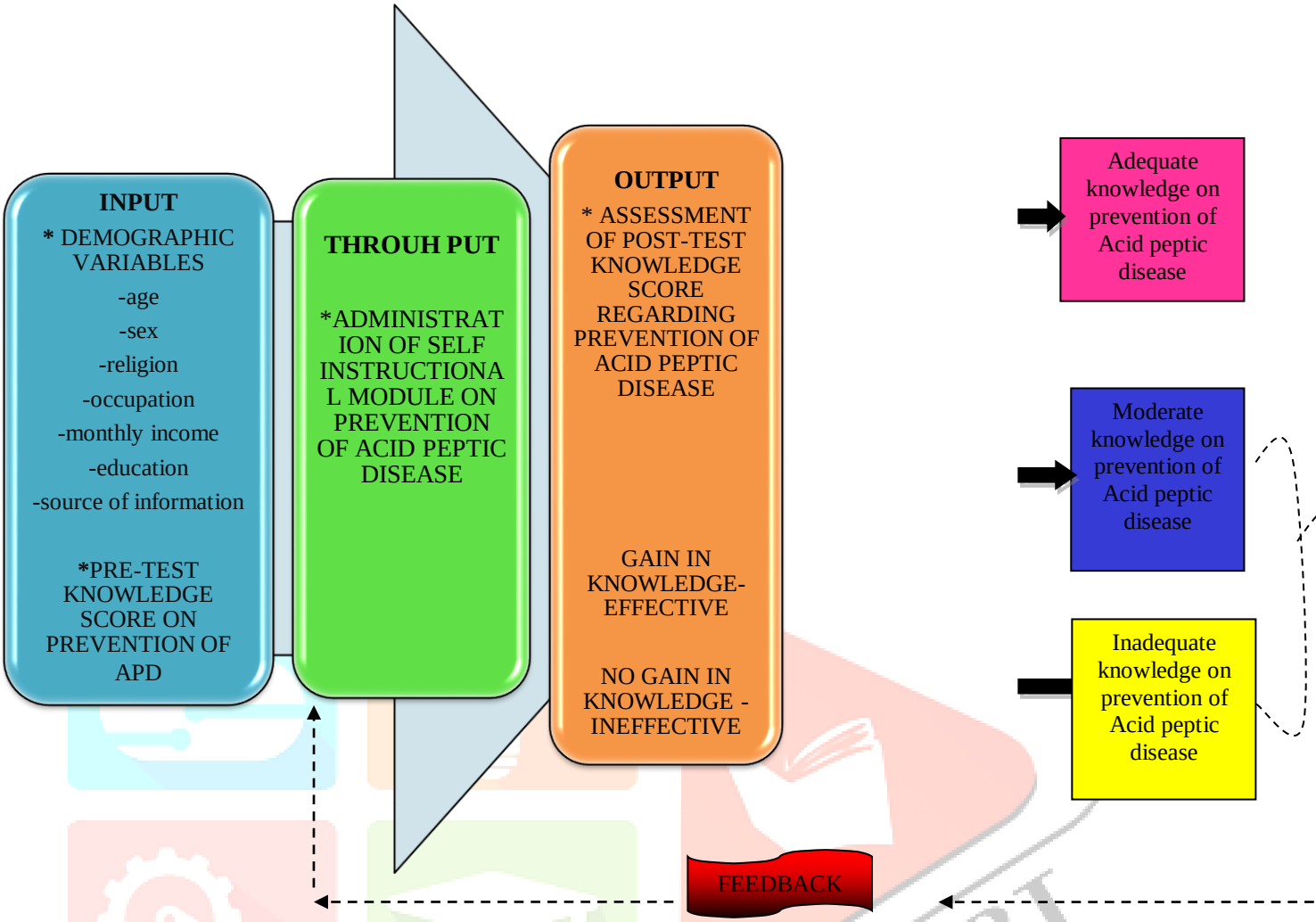
Hypotheses

H_1: The mean post test knowledge score of middle adults will be significantly higher than their mean pre test score on prevention of acid peptic disease.

H_2: There will be significant association between the pre test knowledge of middle adults and selected demographic variables.

CONCEPTUAL FRAME WORK

Figure 1. Modified conceptual framework of general theory modeled by Ludwig Von Bertalanffy (1969)



Methodology:

A pre-experimental One group pre-test post-test design was used for the study. The Non probability convenient sampling technique was used. A descriptive research design used to collect information from different subjects within a given population having same characteristics of interest. The investigation anticipated the availability of the study subjects, familiarity with setting, cooperation from the authorities and feasibility of in this study the population were middle adults. The sample size consists of middle adults the age group of 40-60 years who were fulfilling the inclusion criteria. A structured knowledge questionnaire was used to assess the knowledge and SIM was provided to find its effectiveness. The group included only those study subjects who were present at the time of data collection and were willing to participate in the study in the month of March 2021.

Result and Analysis

TABLE-1: Classification of Respondents by Demographic Characteristics.

N=60

Characteristics	Category	Respondents	
		Number	Percentage (%)
Gender	Male	27	45.0
	Female	33	55.0
Age (years)	40-49	26	43.3
	50-59	22	36.67
	60	12	20.0
Religion	Hindu	50	83.34
	Christian	08	13.3
	Muslim	02	3.3
	Others	0	0
Educational status	Primary	07	11.7
	High school	21	35.0
	PUC	12	20.0
	Graduate and above	20	33.3
Occupation	Farmer	04	6.7
	Home maker	17	28.3
	Daily wage worker	20	33.4
	Government employee	08	13.3
	Business/self employed	11	18.3
Family monthly Income	Below Rs. 5000	04	6.7
	Rs.5001-10000	40	66.7
	Rs.10001-15000	05	8.3
	Above Rs.15000	11	18.3
Source of information	Health professionals	12	20.0
	Mass media	33	55.0
	Friends/relatives	09	15.0
	Magazine/Journal	06	10.0
Total		**60**	**100.0**

Table no.2 Over all Pre-test and Post-test Mean Knowledge scores on Prevention of Acid peptic disease

N=60

Aspects	Max. Score	Knowledge Scores				Paired 't' Test
		Mean	SD	Mean (%)	SD (%)	
Pre test	30	15.57	3.33	51.9	11.1	27.80*
Post test	30	23.42	1.86	78.1	6.2	
Enhancement	30	7.85	2.19	26.2	7.3	

*** Significant at 5% level, t (0.05, 59 df) = 1.96**

FIG 2: GRAPH SHOWING LEVEL OF KNOWLEDGE

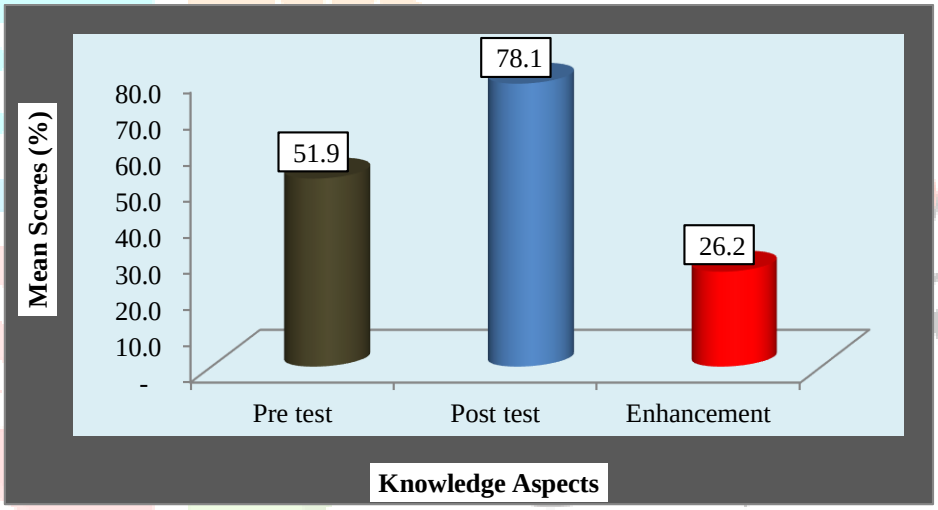


TABLE –3:

Association between Demographic variables and Pre-test Knowledge level on Prevention of Acid peptic disease.

N=60

* **Demographic Variables**	**Category**	**Sample**	**Knowledge Level**				χ^2 **Value**	**P Value**
			Inadequate		**Moderate**			
			N	**%**	**N**	**%**		
Gender	Male	27	18	66.7	9	33.3	5.46*	P<0.05 (3.841)
	Female	33	12	36.4	21	63.6		
Age group (years)	40-49	26	14	53.9	12	46.1	1.67 NS	P>0.05 (5.991)
	50-59	22	12	54.6	10	45.4		
	60 above	12	4	33.3	8	66.7		
Educational status	Primary	7	5	71.4	2	28.6	25.87*	P<0.05 (7.815)
	High school	21	17	80.9	4	19.1		
	PUC	12	7	58.3	5	41.7		
	Graduate & above	20	1	5.0	19	95.0		
Occupation	Farmer	4	3	75.0	1	25.0	9.50*	P<0.05 (9.488)
	Homemaker	17	5	29.4	12	70.6		
	Daily wages	20	13	65.0	7	35.0		
	Government	8	2	25.0	6	75.0		
	Business/self Employed	11	7	63.6	4	36.4		
Religion	Hindu	50	29	58.0	21	42.0	7.78*	P<0.05 (5.991)
	Christian	8	1	12.5	7	87.5		
	Muslim	2	0	0.0	2	100.0		
Family income/ month	<Rs.5,000	4	3	75.0	1	25.0	4.02 NS	P>0.05 (7.815)
	Rs.5,001-10,000	40	22	55.0	18	45.0		
	Rs.10,001-15,000	5	1	20.0	4	80.0		
	>Rs.15,000	11	4	36.4	7	63.6		
Source of information	Health professionals	12	5	41.7	7	58.3	1.36 NS	P>0.05 (7.815)
	Mass media	33	16	48.5	17	51.5		
	Friends/Relatives	9	6	66.7	3	33.3		
	Magazines/ Journals	6	3	50.0	3	50.0		
Combined		**60**	**30**	**50.0**	**30**	**50.0**		

Significant at 5% Level, NS: Non-significant

DISCUSSION

The findings of the present study are in consistent with the study to assess the effectiveness of self-instructional module on a healthy lifestyle to prevent acid peptic disease among heavy vehicle driver in wardha, maharastra, India. A total number of 70 heavy vehicle drivers had selected for study by using non-probability convenient sampling technique. The structured knowledge questionnaires were used to collect the data from the samples. The result revealed that in pre-test 14 (20%) were having average knowledge, 33 (47.14%) of were having good knowledge, 23 (32.86%) of were very good knowledge whereas post-test 18 (25.71%) were having very good knowledge, 52 (74.29%) had excellent knowledge. The study concluded that before intervention the heavy vehicle drivers have some knowledge regarding the prevention of acid peptic disease but after the intervention, they improve their knowledge. So the self-instructional module is proved to be improving their knowledge regarding prevention of acid peptic disease.

CONCLUSION

The findings reveal that, in the pre-test, the mean knowledge percentage of respondents was 51.9% and in post-test was 78.1% with an enhancement of 26.2%. It shows that, the SIM on prevention of Acid peptic disease caused a significant difference in the knowledge of respondents in pre and post-test. The ‘t’ calculated value (27.80*) being higher than the ‘t’ table value (1.96) at 0.05 level of significance. Hence, the null hypothesis H_0 is rejected and the stated research hypothesis H_1 is accepted. It is concluded that, pre-test knowledge level of respondents are significantly associated with Gender, educational status, occupation and religion have a significant association with pre-test knowledge scores hence the stated research hypothesis H_1 is accepted for these variables and null hypothesis H_0 is rejected.

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