

Effectiveness of Community Education Programme on Knowledge and Attitude Regarding Prevention and Management of Selected Non-Communicable Diseases among Urban Adults in Pune City

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Abstract

Non-communicable diseases (NCDs) accounted for two thirds of deaths (34.5 million of a total 52.8 million) worldwide in 2010. In the same year, cancer was responsible for 8 million deaths, ischemic heart disease and stroke collectively for 12.9 million deaths, and diabetes for 1.3 million deaths, with all showing significant rising trends. Non-communicable diseases (NCDs) have emerged as serious public health problem worldwide affecting all the populations across the globe in general but low- and middle-income populations in particular. **The present study title:** "A study to assess the effectiveness of community education programme on knowledge and attitude regarding prevention and management of selected non-communicable diseases among urban adults in Pune city." The **objective** of the study was to assess the knowledge, attitude effectiveness of community education programme and finding with selected demographic variables regarding prevention and management of selected non-communicable disease among urban adults in Pune city. **Material and Methods:** In present study, researcher adopted pre-experimental one group pre-test post-test research design. Study carried out on 60 samples with adult age group 36-55years residing in selected urban areas. The non-probability convenient sampling technique was used to data was collected using the self-structured questionnaire. Data was analyzed statistically. Ethical clearance was taken from Institutional ethics committee. Data analysis was done mainly using descriptive statistics. **Result:** The mean posttest score 9.6 (SD=3.14) was higher than the mean pretest score 5.25(SD=2.34). The computed t-test statistic value is 7.59029, Corresponding p-value was 0.000, which is small (less than 0.05) and for the attitude mean post test score 32.86(SD=9.28) was higher than the mean pretest 21.9(SD=7.33). As the calculated t-value is 7.196212 and p-value was 0.00, which small (less than 0.05). **Conclusion:** Study conclude that It shows that the effectiveness of community education programme was effective method for improving the knowledge and attitude regarding prevention and management of selected non communicable disease. **Recommendation:** A similar study can be conducted in hospital settings and rural areas also carried out to evaluate the efficiency of various teaching strategies like self-instruction module, pamphlets, leaflets, on non-communicable diseased.

Keywords: Effectiveness, Community Education Programme, Knowledge, Attitude, Prevention, Management, Non-Communicable Disease, Adults

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Introduction

Non-communicable diseases (NCDs) accounted for two thirds of deaths (34.5 million of a total 52.8 million) worldwide in 2010. In the same year, cancer was responsible for 8 million deaths, ischemic heart

disease and stroke collectively for 12.9 million deaths, and diabetes for 1.3 million deaths, with all showing significant rising trends.¹The government of India launched a revamped NCD control program in 2016, which aims to screen men and women for hypertension, diabetes, and oral cancer and women for breast and cervical cancers.²Great inequity exists in the delivery of health care in India, particularly within the rural population. Women in developing countries like India are victims of the worse deprivation as a consequence of poor empowerment and discriminatory beliefs and practices.³Non-communicable diseases (NCDs) have emerged as serious public health problem worldwide affecting all the populations across the globe in general but low- and middle-income populations in particular. The trend of urbanization is increasing all over the world leading to an economic transition. Among the consequences of this economic transition has been a shift in the diseases spectrum from communicable diseases to non-communicable diseases (NCDs). Cardiovascular diseases, diabetes mellitus, and stroke have emerged as major NCDs of public health importance in India, with morbidity and mortality in the most economically productive years of life posing a challenge to society as well as the economy of the nation⁴

Need of the study: About 87 percent of the panchayat members were also aware that healthy diet can help to prevent diabetes. However only around three fourths of them were aware about the benefits of physical activity in preventing diabetes; which is lower than that reported by a recent study in Kerala among adults (Kurian, 2016).⁵Rajiv Kumar Gupta et al (2018) conducted a study to assess the awareness among rural adolescents about NCDs and their risk factors. A cross-sectional study was conducted in Miran Sahib Zone of RS Pura Block. Students from intermediate classes from ten intermediate level schools, five governments, and five private setup were selected for inclusion in the study. A predesigned, pretested, and self-admissible questionnaire was developed by three public health experts for use as a tool to collect the data. Male respondents had better awareness about NCDs ($P < 0.0001$). A higher percentage of male students thought that lifestyle changes could prevent NCDs ($P < 0.005$).

The study concluded that there is a need to reinforce the knowledge among adolescents in those areas about NCDs where they are lacking some knowledge.⁶

Objectives of Study

1. To assess the knowledge regarding prevention and management of selected non-communicable disease.
2. To assess the attitude regarding prevention and management of selected non-communicable disease.
3. To assess the effectiveness of community education program regarding prevention and management of selected non-communicable disease among urban adults in Pune city.
4. To associate the finding with selected demographic variables on knowledge and attitude regarding prevention and management of selected non-communicable diseases in Pune city.

Material and Method

In present study, researcher adopted pre-experimental one group pre-test post-test research design. Study carried out on 60 samples with adult age group 36-55 years residing in selected urban areas. The non-probability convenient sampling technique was used to data was collected using the self-structured questionnaire. Data was analyzed statistically. Ethical clearance was taken from Institutional ethics committee. Data analysis was done mainly using descriptive statistics

Result

Table 1: findings related to demographic distribution of urban adults

Table 1 : shows that maximum adult 56.67% are from age group of 35-40 years., 63.33% are female, majority 40% of the adult have a graduate, 46.67% are in private sector. 76.67% are living in joint family, 41.67% are having mix and vegetarian diet, 85% are not suffering from any disease. 28.33% are consuming tobacco. 80% adult are not taking any medication.

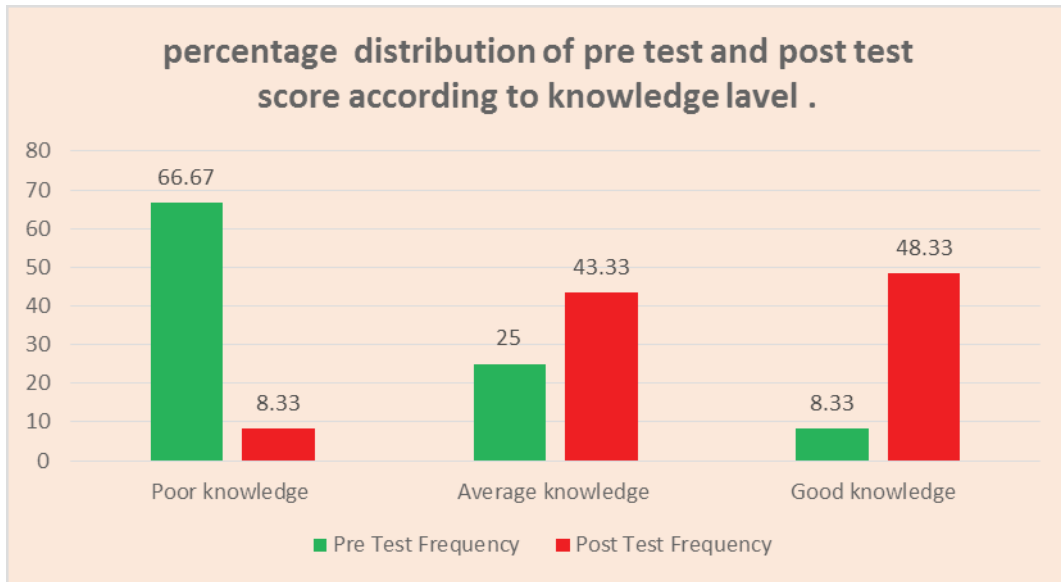


Figure 1: Findings related to comparison of pre test and post test score of knowledge regarding prevention and management of selected noncommunicable disease after intervention of community education programme.(Distribution of adults according to the level of knowledge on non-communicable disease).

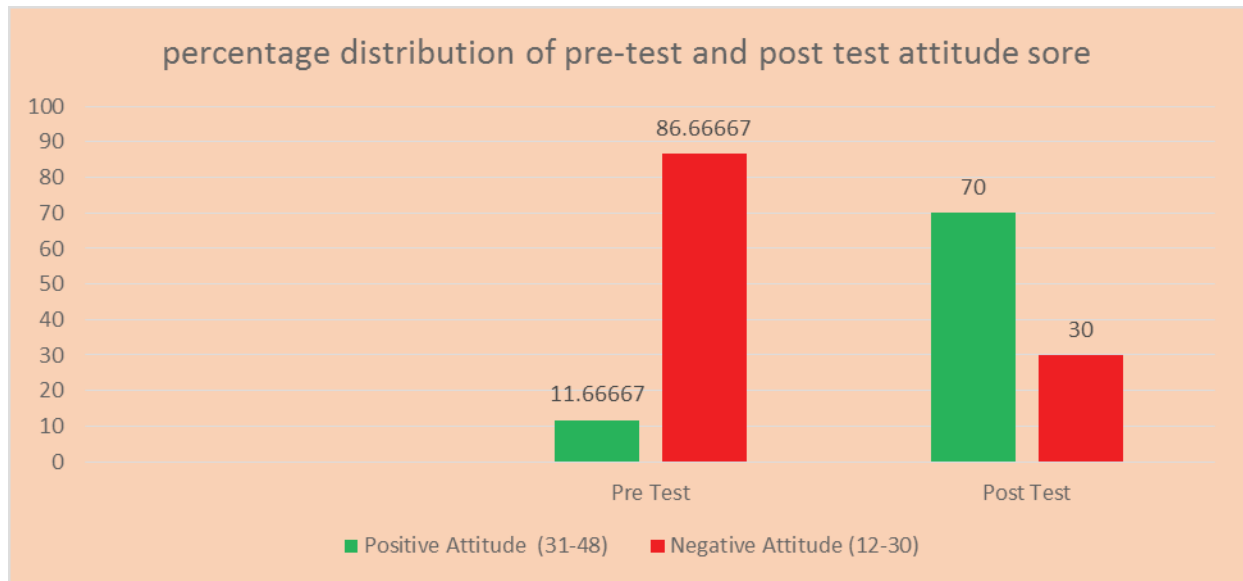


Figure 2 :Findings Related To Comparison Of Pre Test And Post Test Score Of Attitude Regarding Prevention And Management Of Selected Noncommunicable Disease After Intervention Of Community Education Programme Among Urban Adults.

Table 2: findings related to the effectiveness of community education programme on knowledge regarding prevention and management of selected noncommunicable

knowledge	Mean	SD	t-test	P-Value	Significant
Pre Test	5.25	2.34	7.59029	<0.00001	Significant
Post Test	9.16	3.14			

Table 2: The table shows that there was a significant increase in post-test scores of adults. The mean post-test knowledge score 9.16 ± 3.14 of adults was significantly higher than their pre-test knowledge score 5.25 ± 2.34 . The computed t-test statistic value is 7.59029, Corresponding p-value was 0.000, which is small (less than 0.05), and the null hypothesis is rejected. It shows that the effectiveness of community education programme was effective method for improving the knowledge regarding prevention and management of selected non communicable disease.

Table 3: findings related to the effectiveness of community education programme on attitude regarding prevention and management of selected noncommunicable disease after intervention of community education programme among urban adults.

Attitude	Mean	SD	t-test	P-Value	Significant
Pre Test	21.95	7.33	7.196212	<0.00001	significant
Post Test	32.86	9.28			

Table 3: shows that there was a significant increase in post-test scores of adults. The mean post-test positive attitude score 32.86 ± 9.28 of adults .in pre-test attitude score was 21.9 ± 7.33 . The computed t-test statistic value is 7.196212 , Corresponding p-value was 0.000, which is small (less than 0.05), and the null hypothesis is rejected. It shows that the effectiveness of community education programme was effective method for improving the positive attitude regarding prevention and management of selected non communicable disease.

Table 4: Findings related to associate the finding with selected demographic variables regarding

Table 4: shows the association of obtained scores on knowledge regarding prevention and management of selected no communicable diseases with selected demographical variable of the adults. The chi square calculated values of the demographic variables are less

than the table values and value of $p < 0.05$, at 0.05 level of significance. So, statistically there is no association between the selected demographic variables with the knowledge regarding prevention and management of selected non communicable disease.

Table 5: findings related to associate the finding with selected demographic variables regarding attitude on prevention and management of selected noncommunicable diseases.

Table 5: shows the association of obtained scores on attitude regarding prevention and management of selected no communicable diseases with selected demographical variable of the adults. The chi square calculated values of the demographic variables are less than the table values and value of $p < 0.05$, at 0.05 level of significance. So, statistically there is no association

between the selected demographic variables with the attitude regarding prevention and management of selected non communicable disease.

Discussion

This study was pre experimental one group designed to determine the effect of community education programme on attitude regarding prevention and management of selected non communicable disease after intervention of community education programme among urban adults. The mean posttest score 9.6 (SD=3.14) was higher than the mean pretest score 5.25(SD=2.34). The computed t-test statistic value is 7.59029, Corresponding p-value was 0.000, which is small (less than 0.05) and for the attitude mean post test score 32.86(SD=9.28) was higher than the mean pretest 21.9(SD=7.33). As the calculated t-value is 7.196212 and p-value was 0.00, which small (less than 0.05). It shows that the effectiveness of community education programme was effective method for improving the knowledge and attitude regarding prevention and management of selected non communicable disease.

Ethical Clearance: Permission obtained from ethical committee of the institute

Source of Funding: Nil

Conflict of Interest: Nil

Conclusion

It shows that the effectiveness of community education programme was effective method for improving the knowledge and attitude regarding prevention and management of selected non communicable disease.

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