



**The Effectiveness of Structured Teaching Programme on Knowledge
Regarding Prevention of HIV/AIDS Among the Adults**

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Abstract:

A study to assess the effectiveness of structured teaching programme on knowledge regarding prevention of HIV/AIDS among the adults in Goaljan, Berhampore, Murshidabad. The objectives of the study are to assess the level of knowledge regarding prevention of HIV/AIDS among the adults, to evaluate the effectiveness of structured teaching programme on knowledge regarding HIV/AIDS among the adults, and to find the association between the level of knowledge regarding prevention of HIV/AIDS among the adults with their selected socio-demographic variables. In this study, an evaluative research approach was used, and one-group pretest-posttest research design was selected. 100 samples are selected by using non-probability convenience sampling technique. The reliability of the tool was established by Spearman's Brown formula where ($r=0.92$). The pretest was conducted by using self-administered structured questionnaire followed by structured teaching programme after 7 days. The result of the present study, in the pretest, adequate knowledge level is 1%, moderate knowledge level is 5%, poor knowledge level is 87%, and in the posttest, adequate knowledge level is 30%, moderate knowledge level is 63%, poor knowledge level is 7%. Pair t-test value is 22.84 for (99) at 0.05 level of significance.



Keywords: Structured teaching programme, HIV/AIDS, Adults, Effectiveness, Prevention, Evaluate, Knowledge

Introduction:

Human immunodeficiency virus (HIV) is an infection that attacks the body's immune system specifically the white blood cells called CD4 cells. HIV destroys these CD4 cells, weakening a person's immunity against infections. Acquired Immune Deficiency Syndrome (AIDS) is the consequent happenstance of an untreated case of the Human Immunodeficiency Virus.^{1,2}

The first cases of Acquired Immune Deficiency Syndrome were reported in the United States in the spring of 1981.^{2,3,4} By 1983, the Human Immunodeficiency Virus, which causes Acquired Immune Deficiency Syndrome, had been isolated.⁵ The largest group of early Acquired Immune Deficiency Syndrome cases comprised gay and bisexual men.^{3,4} Early cases of HIV infection that were sexually transmitted often were related to the use of alcohol and other substances, and the majority of these cases occurred in urban, educated, white men who have sex with men.⁶

The research aims to assess the efficacy of a Structured Teaching Programme in enhancing knowledge concerning the prevention of HIV/AIDS among adults in Goaljan, Berhampore, Murshidabad. The study's purpose is to gauge the impact of this teaching intervention on participants' awareness of HIV/AIDS and its preventive measures. Objectives include evaluating the existing knowledge levels, assessing the programme's effectiveness, and exploring potential associations between knowledge and selected socio-demographic variables. Hypotheses posit a significant difference between pretest and posttest knowledge levels. The study is delimited to adults within the Goaljan community in Murshidabad. Operational definitions clarify terms such as Structured Teaching Programme, HIV/AIDS, adults, effectiveness, prevention, and evaluation. Knowledge will be measured through a questionnaire, categorizing responses into adequate, moderate, or poor levels. This research holds potential implications for public health education and may contribute valuable insights to HIV/AIDS prevention strategies.

Research Methodology:



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The research methodology employs an evaluative approach, utilizing a pre-experimental design with a one-group pre-test post-test structure. The study is set in Goaljan, with a pilot study conducted in Palsanda. The population comprises individuals aged 18-45 residing in Goaljan, and the sample, chosen through nonprobability convenience sampling, includes 20 participants in the pilot study and 100 in the main study. Inclusion criteria involve willingness to participate, availability during data collection, Bengali-speaking ability, and mental health. Variables include the dependent variable of adults' knowledge, the independent variable of Structured Teaching Programme (STP), and demographic variables such as age, gender, religion, education, occupation, monthly income, marital status, family size, and source of information. Research tools, including an interview schedule on socio-demographic information and a knowledge questionnaire, undergo reliability testing using the split-half method with a Spearman-Brown rank correlation coefficient of 0.92. Ethical considerations involve permissions from the Principal of Gita Ram College of Nursing and local Gram Panchayat/CHC, along with written informed consent from study participants. Data analysis includes descriptive statistics in terms of frequency and percentage, employing inferential statistics such as the chi-square test and paired t-test. Results will be presented in sections assessing knowledge levels, the effectiveness of the Structured Teaching Programme, and associations between knowledge and demographic variables.

Results:

Section A: Demographic Characteristics of Study Participants

Sl No	Demographic Variable	Category	Frequency	Percentage
1	Age	18-24 Years	24	24%
		25-31 Years	18	18%
		32-38 Years	39	39%
		39-45 Years	19	19%
2	Gender	Male	41	41%
		Female	59	59%
		Others	-	-
3	Religion	Hindu	100	100%
		Muslim	-	-
		Others	-	-
4	Educational Status	No formal education	2	2%
		Primary level education	26	26%
		Secondary level education	34	34%



		Higher secondary and above	38	38%
5	Occupational Status	Businessman	17	17%
		Service man	3	3%
		Others	80	80%
6	Marital Status	Married	77	77%
		Unmarried	22	22%
		Widow	1	1%
		Divorced	-	-
7	Monthly Income (Rs)	47348 and above	1	1%
		23674-47347	16	16%
		17756-23673	9	9%
		11837-23673	29	29%
		7102-11837	20	20%
8	Family Pattern	less than 2390	22	22%
		Nuclear	59	59%
		Joint	39	39%
		Extended	2	2%
		Family and friends	23	23%
9	Common Source of Information	Mass media	13	13%
		Health personnel	55	55%
		Others	9	9%
		Family and friends	23	23%
10	Previously Attended any Information Session	Yes	8	8%
		No	92	92%

Section B: B1:

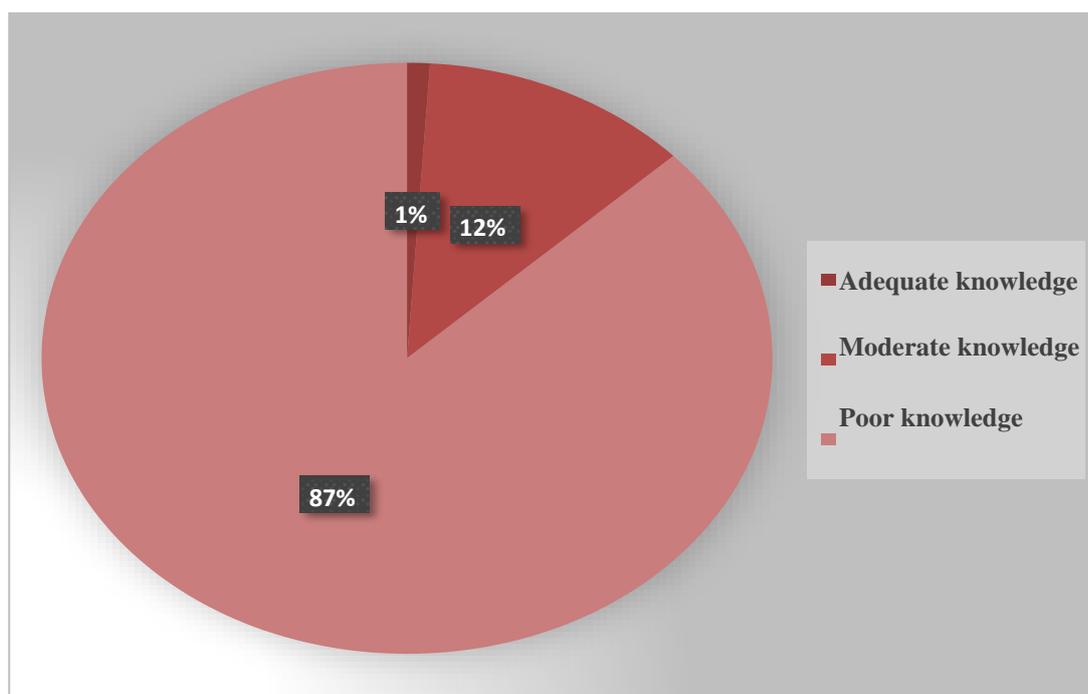




Figure No.1: Depict the pretest knowledge score among adults

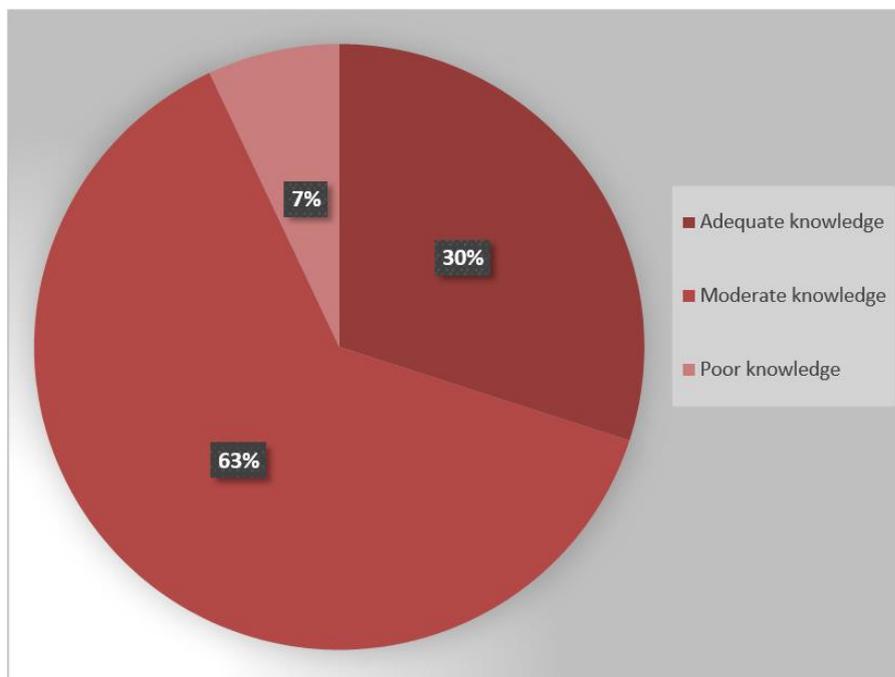


Figure No. 2: Depict the posttest knowledge score among adults

B2:

Observation	Mean	Mean Deviation	Standard Deviation	Paired t-test
Pretest	7.51	5.85	2.87	22.84
Posttest	13.36		1.97	

Section C:

Sl. No.	Demographic Variable	Adequate	Moderate	Poor	P value	Chi-square	Degree of Freedom
1	Age						
	18-24Years	7	15	2	3.84	0.31	1
	25-31Years	6	10	2			
	32-38Years	15	23	1			
	39-45Years	2	16	1			
2	Gender						
	Male	10	28	3	3.84	0	1



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	Female	19	37	3			
3	Religion						
	Hindu	30	64	6	3.84	0	1
	Muslim	-	-	-			
	Others	-	-	-			
4	Educational Status						
	No formal education	1	1	-	3.84	41.71*	1
	Primary level education	5	18	3			
	Secondary level education	14	19	1			
	Higher secondary and above	10	26	2			
5	Occupational Status						
	Business Man	3	12	2	3.84	2.91	1
	Service Man	2	1	-			
	Others	25	50	5			
6	Marital Status						
	Married	27	47	3	3.84	15.04*	1
	Unmarried	6	12	4			
	Widow	-	-	1			
	Divorced	-	-	-			
7	Monthly Income						
	47348 and Above (Rs)	-	1	-	3.84	38.94*	1
	23674-47347 (Rs)	6	10	-			
	17756-23673(Rs)	3	6	-			
	11837-23673(Rs)	12	15	2			
	7102-11837(Rs)	3	13	4			
	2390-7101(Rs)	6	13	3			
	Less than 2390(Rs)	-	2	1			
8	Family Pattern						
	Nuclear	21	32	6	3.84	14.53*	1
	Joint	9	30	-			
	Extended	-	-	-			
9	Common Source of Information Regarding HIV/AIDS						
	Family and friends	11	7	4	3.84	42.37*	1
	Mass media	4	9	-			
	Health personnel	13	40	2			
	Others	2	8	-			
10	Previously Attended Any Information						
	Yes	4	4	-	3.84	0	1
	No	26	59	7			



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The study reveals a noteworthy difference in knowledge scores between the pre-test and post-test assessments, as indicated by the substantial paired t-test value of 22.84 with 99 degrees of freedom at a 0.05 significance level. Furthermore, the investigation identifies significant associations between demographic variables and educational status ($\chi^2 = 41.71$), marital status ($\chi^2 = 15.04$), monthly income ($\chi^2 = 38.94$), family pattern ($\chi^2 = 14.53$), and common sources of information regarding HIV/AIDS ($\chi^2 = 42.37$). These findings underscore the impact of educational, socio-economic, and familial factors on the knowledge levels of the participants. The associations between these variables provide valuable insights for tailoring targeted interventions and educational programs to enhance awareness and knowledge regarding HIV/AIDS within specific demographic subgroups.

Implications:

The findings of the present study have significant implications across various domains in the nursing profession. In the realm of Nursing Education, it underscores the importance of continuous learning for nurses, emphasizing the need for formal and informal educational initiatives to enhance knowledge and awareness among both healthcare providers and patients regarding HIV/AIDS. Nursing Services can benefit from the study by incorporating health education programs that focus on preventive measures and the promotion of healthy behaviors in communities. Nursing Administration plays a crucial role in providing facilities, resources, and support for ongoing education, workshops, and research initiatives. The study emphasizes the need for nurse administrators to anticipate evolving healthcare needs and foster an environment conducive to professional development. In the field of Nursing Research, the study encourages nurses to take the lead in further investigations to improve universal precautions, thus contributing to the standardization of care practices globally. Overall, the implications highlight the pivotal role of nursing in advancing healthcare knowledge, practice, and administration.

Limitations:

The findings of this study should be interpreted in light of certain limitations. Firstly, the use of convenient sampling may have introduced a sampling bias, as it relies on the availability and accessibility of participants, potentially compromising the generalizability of the results to a broader population. Additionally, the study's limited sample size imposes constraints on the extent to which the findings can be extrapolated to larger populations. The small sample size



may not adequately capture the diversity of perspectives and experiences within the target group, affecting the overall external validity of the study. Awareness of these limitations is crucial for a comprehensive understanding of the study's implications and generalizability of its findings.

Recommendation:

The study recommends conducting a larger-scale replication to enhance generalizability. Additionally, future research should focus on interventions aimed at improving attitudes among adults regarding HIV/AIDS. These suggestions aim to contribute to a more comprehensive understanding and targeted approaches for effective awareness and prevention strategies.

Conclusion:

In conclusion, the study effectively assessed the impact of a Structured Teaching Programme on knowledge regarding HIV/AIDS prevention among adults in Goaljan, Berhampore, Murshidabad. The pretest and posttest results revealed a significant improvement in knowledge scores, emphasizing the program's efficacy. Associations between demographic variables and knowledge levels underscored the influence of educational, socio-economic, and familial factors. The implications of the study extend to nursing education, services, administration, and research, emphasizing the need for continuous learning, tailored health education programs, and administrative support for ongoing initiatives. Despite the limitations, the study recommends larger-scale replications and interventions to enhance attitudes, contributing to a more comprehensive understanding and targeted approaches for effective awareness and prevention strategies.

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