(RESEARCH ARTICLE)

A study to assess the effectiveness of video assisted teaching programme on knowledge regarding self-care management among HIV/AIDS clients receiving art at art Centre BIMS Belagavi

Tanveer Gundagi *

Government College of Nursing BIMS, Belagavi, Karnataka, India.

Abstract

Acquired immune deficiency syndrome (AIDS) is one of the chronic and progressive diseases that have complex health problems. Promoting self-care management for people living with HIV includes addressing complex issues such as lack of knowledge, social stigma and medications adherence. This under taken investigation is aimed to assess the effectiveness of video assisted teaching programme on knowledge regarding self-care management among HIV/AIDS clients receiving art at art centre BIMS Belagavi.

Research design: The pre- experimental one group Pre-test and post-test Design is find suitable for the present study.

Setting of the study: This study has conducted at ART center at BIMS Hospital, Belagavi.

Sampling Technique: The 60 HIV/AIDS Clients attending ART center at BIMS Hospital Belagavi, were selected using non- probability convenient sampling technique.

Tools for the study: Structured questionnaire tool has used to collected desired data it has two parts, a) socio demography variables b) structured knowledge questionnaires on knowledge on self-care management

Results: The result reveals that the average age of participants was 40 years In pre-test none of the participants had good knowledge, around 11.66 percent had average knowledge, 75 percent of participants has poor knowledge and 13.33 percent had very poor knowledge regarding self-care management. In post-test around 21.66 participants had good knowledge, 61.66 percent had average knowledge, 16.66 percent of participants has poor knowledge and none of the participants had very poor knowledge regarding self-care management. Significant association was found between the pre-test knowledge score of clients with their socio-demographic variables like age, gender, education, occupation and Marital status among the clients attending ART centre at BIMS Belagavi.

Conclusion: Results shown that in pre-test majority of the HIV/ AIDS clients had poor knowledge about self-care management and in post-test majority of the clients had good knowledge about self-care management. Hence it indicates that the video assist teaching is effective in enhancing the knowledge about self-care management among HIV/ AIDS clients attending ART centre.

Keywords: Assess; Effectiveness; Video assisted teaching; Knowledge; Self-care management; HIV/AIDS patients

---

* Corresponding author: Tanveer Gundagi

1. Introduction

The Human Immunodeficiency Virus (HIV) infection and its associated pandemic of Acquired Immune Deficiency Syndrome (AIDS) have burdened the population with serious public health and socioeconomic challenges over the years. The disease does not only affect the patients' physical condition, but also affects the socio cultural relations, mental health, and financial aspects of life. Human immunodeficiency virus (HIV) is a viral infection that is transmitted from person to person. Over time, HIV over burdens the immune system's ability to coordinate are effective response against infection. This erosion of immune function takes years to occur; the eventual state of disintegrated defense against opportunistic infection is called acquired immune deficiency syndrome (AIDS). Without antiretroviral treatment, HIV infection is almost universally fetal.[1]By 1986 about 134 more cases came to light. Among these 14 had already progressed to AIDS. Prevalence in high-risk groups reached about 5% by 1990. As per UNDP'S 2010 report, India had 2.395 million people living with HIV at the end of 2009, up from 2.27 million in 2008. Adult prevalence also more from 0.29% in 2008 to 0.31% in 2009.[2] The national family health survey 3 (NFHS) and the HIV sentence surveillance (HSS) data has estimated about 2.5lakh people on Karnataka are living with HIV/AIDS as on October 2011. A total of 61.19lakh people have undergone HIV tests that are used to detect the presence of the HIV, the virus that causes AIDS and among the seven high prevalence states, Karnataka 5th for the greatest number of people living with HIV. The survey revealed that adult HIV prevalence rate was 0.69% in Karnataka 0.54% among women and 0.85% among men according to the Karnataka state AIDS prevention society.[3] 2.5lakh people with HIV 65.053 are undergoing antiretroviral therapy at ART centers in the state. Some ART centers are Bowring and Lady Curzon hospital Bangalore, Mysore medical college, KIMS Hubali, Bellary. District hospital Davangeri, Mangalore, Gulbarga, Belagavi, bijapur, kolar, raichur etc.[4] As on October 2011, 1,91,760 persons had registered their names at the ART centres for treatment. HIV prevalence rate in state was 1.5percent in 2004 and 0.70 percent in 2010. Promoting self-care management for PLWH includes addressing complex issues such as social stigma and medications adherence. Disclosures of one's disease state to others and coping with social rejection are experiences that add stressors to the burden of living infectious disease.[5]

2. Material and methods

2.1. Research Approach

Quantitative Evaluative Research Approach was found to suitable to achieve the delineated the objective of the under taken study.

2.2. Research Design

The pre- experimental one group Pre-test and post-test Design is find suitable for the present study.

2.3. Population

The population for this study were patients attending ART center at BIMS Belagavi.

2.4. Research Setting

The study was carried out at ART center at BIMS Belagavi.

2.5. Sample Size

Total 60 HIV/AIDS patients attending ART center at BIMS Belagavi were selected for present study.

2.6. Sampling Techniques

The sampling technique used for the study was convenient sampling, which is a type of non-probability sampling.

3. Results

The data collected analyzed using descriptive and inferential statistics. The data analyzed were organized in following sections.

- Section A- demographic data of subject
- Section B- pre-test knowledge score regarding the self- care management of HIV patients
- Section C- post-test knowledge score regarding the self- care management of HIV patients

- Section D- effectiveness of Video assisted teaching by comparing the Pre-test and post knowledge score
- Section E- association of knowledge scores with demographic variables.

3.1. Part 1: Findings related to demographic variables

Findings revealed that Out of 60 subjects, 5% of the subjects were between the age group of 15-25 years, followed by 28.33% in the age group of 26-35 years, 33.33% were 36-45 years age, and33.33% were above 45 years, 46.66% of subjects were female and remaining 53.33% were males, 46.66% of the subjects had up to primary education, 36.66% had high school education, 13.33% had PUC education 03.33% had graduate and above, 05% were Government employed, and 26% of the subjects were private employee, 23.33% of the subjects were self-employee, 45% of the subjects had others, out of 60 subjects 90% were married and 10% were unmarried.

Section B- pre-test knowledge score regarding the self- care management of HIV patients

Table 1 Level of knowledge score of pre-test N=60

Knowledge	Number	Percentage
Good	0	00%
Average	7	11.66%
Poor	45	75%
Very poor	8	13.33%

Table 2 level of knowledge score of post-test N=60

Knowledge	Number	Percentage
Good	13	21.66%
Average	37	61.66%
Poor	10	16.66%
Very poor	0	00%

Table 3 Comparison of pre-test and post-test knowledge score

	Mean	Standard Deviation	Difference	T-Test Test
Pre-test	9.48	2.69	6.58	12.18 P=0.001 significant
Post-test	16.06	3.64	0.95	

paired't' test was used to find out the significance of the differences between the pre-test knowledge and post-test knowledge scores of clients who all are on art. as the calculated't' value (12.18) was significant at p=0.05.finding implied that hypothesis: h_1 - there is significant difference between pre-test and post-test knowledge scores of hiv clients regarding self-care management of hiv/aids hence h_1 is accepted and null hypothesis is rejected. Findings revealing the presence of significant difference between pre-test and post-test knowledge scores, hence the video assisted teaching programme is proved to be effective.

Chi-square test was used to determine the association between the socio demographic variables and knowledge of subjects regarding self-care management among hiv/aids clients taking art. Significant association was found between the pre-test knowledge score of clients with their socio-demographic variables like age, gender, education, occupation and marital status.

Table 4 Associations of demographic variables with pre-test knowledge score

Demographic variable	Knowledge score					Inference
	Good	Average	Poor	Very poor	Degree of freedom	
Age						
15-25	0	0	03	0		X^2=6.89 <p=0.05 S
26-35	0	02	12	03	9	
36-45	0	02	13	05		
>45	0	02	18	0		
SEX						
Female	0	02	23	04		X^2=1.18 <P=0.05 S
Male	0	05	22	04	3	
EDUCATION						
Primary	0	02	21	05		X^2=3.05 <P=0.05 S
Secondary	0	04	15	03	9	
PUC	0	01	07	0		
Degree	0	01	01	0		
OCCUPATION						
Government	0	01	02	0		X^2=8.66 <P=0.05 S
Private	0	04	10	03		
Business	0	03	10	01	9	
Others	0	0	22	04		
MARITAL STATUS						
Married	0	07	38	08	3	X^2=2.61 <P=0.05 S
Unmarried	0	0	07	0		

4. Discussion

4.1. Section I: Description of socio-demographic characteristics of sample.

Findings revealed that Out of 60 subjects, 5% of the subjects were between the age group of 15-25 years, followed by 28.33% in the age group of 26-35 years, 33.33% were 36-45 years age, and33.33% were above 45 years, 46.66% of subjects were female and remaining 53.33% were males, 46.66% of the subjects had up to primary education, 36.66% had high school education, 13.33% had PUC education 03.33% had graduate and above, 05% were Govt employed, and 26% of the subjects were private employee, 23.33% of the subjects were self-employee, 45% of the subjects had others, out of 60 subjects 90% were married and 10% were unmarried.

4.2. Section II: Assessment of the effectiveness of the VAT on knowledge regarding self-care management among HIV/AIDS clients receiving ART at ART centre BIMS Belagavi.

Paired't' test was used to find out the significance of the differences between the pre-test knowledge and post-test knowledge scores of clients who all are on ART. As the calculated't' value (12.18) was much higher than table t value hence the study is not significant at p=0.05. T-Calculated value is less than t-table value at p=0.001 that is 3.92 which is significant. Hypothesis: H_1 - There is significant difference between pre-test and post-test knowledge scores of HIV clients regarding self-care management of HIV/AIDS is accepted. Findings revealing the presence of significant difference between pre-test and post-test knowledge scores, hence the video assisted teaching programme is proved to be effective.

The overall findings reveal that the post-test mean knowledge score 16.06 with SD 3.64 which is more when compared to the pre-test mean knowledge score 9.48 with SD 2.69. Hence it indicates that the VAT was effective in enhancing the

knowledge of HIV clients regarding self-care management. So this study shows that VAT can enhance the knowledge, this can be witnessed by checking the pre-test and post-test knowledge scores.

4.3. Section 3: association of demographic variables with pre-test knowledge score

Chi-square test was used to determine the association between the socio demographic variables and knowledge of subjects regarding self-care management among HIV/AIDS clients taking ART. Significant association was found between the pre-test knowledge score of clients with their socio-demographic variables like age, gender, education, occupation and marital status.

5. Conclusion

- Findings revealed that Out of 60 subjects, 5% of the subjects were between the age group of 15-25 years, followed by 28.33% in the age group of 26-35 years, 33.33% were 36-45 years age, and33.33% were above 45 years, 46.66% of subjects were female and remaining 53.33% were males, 46.66% of the subjects had up to primary education, 36.66% had high school education, 13.33% had PUC education 03.33% had graduate and above, 05% were Govt employed, and 26% of the subjects were private employee, 23.33% of the subjects were self-employee, 45% of the subjects had others, out of 60 subjects 90% were married and 10% were unmarried..
- In pre-test, out of 60 subjects 11.66% (7) had average knowledge followed by 75% (45) subjects with poor knowledge score and 13.3% (8) had very poor knowledge score regarding self-care management.
- After VAT percentage of knowledge score was 16.66% (10) have scored poor, 61.66% (37) have scored average and 21.66% (13) have scored good knowledge score.
- Paired t-test was used to find out the significance of the differences between the pre-test knowledge and post-test knowledge scores of clients regarding self-care management among HIVAIDS clients receiving ART. Hypothesis: H_1 - There is significant differences between pre-test and post-test knowledge scores of the clients.
- The overall findings reveal that the post-test knowledge score (16.06 ± 3.64) was more when compared to the pre-test knowledge score (9.48 ± 2.69). Hence it indicates that the VAT was effective in enhancing the knowledge of clients regarding self-care management among HIV/AIDS taking ART.
- Chi-square test was used to determine the association between the socio demographic variables and knowledge of subjects regarding self-care management among HIV/AIDS clients taking ART. Significant association was found between the pre-test knowledge score of clients with their socio-demographic variables like age, gender, education, occupation and marital status.

Compliance with ethical standards

Acknowledgments

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

References

[1] Bouhnik, J. S. (2009). Non-compliance in HIV-infected patients, supported by a community association. sante publications, 249-262.

[2] CDC. (2010, august 10). WWW.dcd.gov.in. Retrieved from https://www.cdc.gov/hiv/basics/livingwithhiv/opportunisticinfections.html: https://www.cdc.gov/hiv/basics/livingwithhiv/opportunisticinfections.html

[3] Das, M. G. (2016). Determinants contributing for poor adherence to antiretroviral therapy: A hospital record-based study in Balasore, Odisha. Journal of Family medicine and family care, 170-175.

[4] Davoud Pourmarzi. (2017). Perceived Stigma in People Living With HIV. Journal of family and reproductive health, 202-210.

[5] Fang-Yu Chou, W. L. (2004). Linking HIV/AIDS clients' self-care with outcomes. Journal ofassociation of nurses in AIDS care, 58-67.