



“A Descriptive Study Among Staff Nurses Regarding Revised National Tuberculosis Control Program”

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Abstract-

The current study has been undertaken to assess the pre-test Knowledge score regarding revised national tuberculosis control program among Staff nurses in Chhay Chikitsalaya, Bhopal. The research design used for study was descriptive in nature. The tool for study was self-structured knowledge questionnaire which consists of 2 parts-PART- I consisted questions related to Socio-demographic data; PART-II consisted of self-structured knowledge questionnaire to assess the pre-test knowledge score regarding revised national tuberculosis control program among Staff nurses. The data was analyzed by using descriptive & inferential statistical methods. The most significant finding was that 0.0% subjects have poor knowledge, 78.0% have average knowledge score while 22.0% Staff nurses were having good knowledge score.

Keyword- Revised national tuberculosis control program and Staff nurses.

I. Introduction

The Revised National TB Control Programme (RNTCP), based on the internationally recommended Directly Observed Treatment Short-course (DOTS) strategy, was launched in 1997 expanded across the country in a phased manner with support from World Bank and other development partners. Full nation-wide coverage was achieved in March 2006. In terms of treatment of patients, RNTCP has been recognized as the largest and the fastest expanding TB control programme in the world. RNTCP is presently being implemented throughout the country.

Under the programme, diagnosis and treatment facilities are provided free of cost to all TB patients. For quality diagnosis, designated microscopy centres have been established for every one lac population in the general areas and for every 50,000 population in the tribal, hilly and difficult areas. More than 13000 microscopy centers have been established in the country. Free treatment services are available for TB at all Government hospitals, Community Health Centres (CHC), Primary Health Centres (PHCs). DOT centres have been established near to residence of patients to the extent possible. All public health facilities, subs centres, Community Volunteers, ASHA, Women Self Groups etc. also function as DOT Providers/DOT Centres. (According to DIRECTORATE GENERAL OF HEALTH SERVICES)

II. Need of the study

- Estimated TB Burden in India (as per Global TB report 2015)
- Incidence: 2.2 million new TB cases annually - 167 cases per 100,000 population
- Prevalence: 2.5 million cases - 195 cases per 100,000 population
- Deaths: About 220,000 deaths each year - 17 deaths per 100,000 population
- Approximately 5% of TB patients estimated to be HIV +ve
- DR-TB (Drug resistant-TB)
- 2.2% in new cases and
- 15% in previously treated cases
- India is highest TB burden country in the world, accounting for nearly 23% of the global incidence. In 2014, out of the estimated global annual incidence of 9.6 million TB cases; 2.2 million were estimated to have occurred in India.

III. Objective of the study

1. To assess the pre-test knowledge scores regarding revised national tuberculosis control program among Staff nurses.
2. To find out association between pre-test knowledge score regarding revised national tuberculosis control program among Staff nurses with their selected demographic variables.

IV. Hypotheses:

RH₀: There will be no significant association between pre-test score on revised national tuberculosis control program among Staff nurses with their selected demographic variables.

RH₁: There will be significant association between pre-test score on revised national tuberculosis control program among Staff nurses with their selected demographic variables.

V. Methodology

A descriptive research design was used to assess the pre-test knowledge score regarding revised national tuberculosis control program among Staff nurses residing in Chhay Chikitsalaya, Bhopal. The study was carried out on 50 Staff nurses selected by convenience sampling technique. Demographical variable and self-structured 30 knowledge questionnaire were used to assess the pre-test Knowledge score regarding revised national tuberculosis control program by survey method.

VI. Analysis and interpretation

SECTION-I Table -1 Frequency & percentage distribution of samples according to their demographic variables.

n = 50

| S. No | Demographic Variables | Frequency | Percentage |
|-----------|---|-----------|------------|
| 1 | Age in Years | | |
| a. | Less than 21 | 35 | 70.0 |
| b. | Greater than 21 | 15 | 30.0 |
| 2 | Living area | | |
| a. | Rural | 32 | 64.0 |
| b. | Urban | 18 | 36.0 |
| 3 | Professional qualification | | |
| a. | GNM | 14 | 28.0 |
| b. | B.Sc. Nursing | 25 | 50.0 |
| c. | Post B.Sc. Nursing | 11 | 22.0 |
| 4. | Previous knowledge regarding | | |
| a. | Yes | 28 | 56.0 |
| b. | No | 22 | 44.0 |
| 5. | Sources of information regarding RNTCP | | |
| a. | Internet | 14 | 28.0 |
| b. | TV | 17 | 34.0 |
| c. | News paper | 11 | 22.0 |
| d. | Conference/workshop | 8 | 16.0 |

SECTION-II- Table- 2.1.1- Frequency and percentage distribution of knowledge score of studied subjects:

| Category and test Score | Frequency (N=50) | Frequency Percentage (%) |
|-------------------------|------------------|--------------------------|
| POOR (1-10) | 0 | 0.0 |
| AVERAGE (11-20) | 39 | 78.0 |
| GOOD (21-30) | 11 | 22.0 |
| TOTAL | 50 | 100.0 |

The present table 2.1.1 concerned with the existing knowledge regarding revised national tuberculosis control program in children among Staff nurses were shown by pre-test score and it is observed that most of the Staff nurses 0 (0.0%) were poor (01-10) knowledge, 39 (78.0%) were have average (11-20) knowledge score and rest of the Staff nurses have 11 (22.0%) were from good (21-30) category.

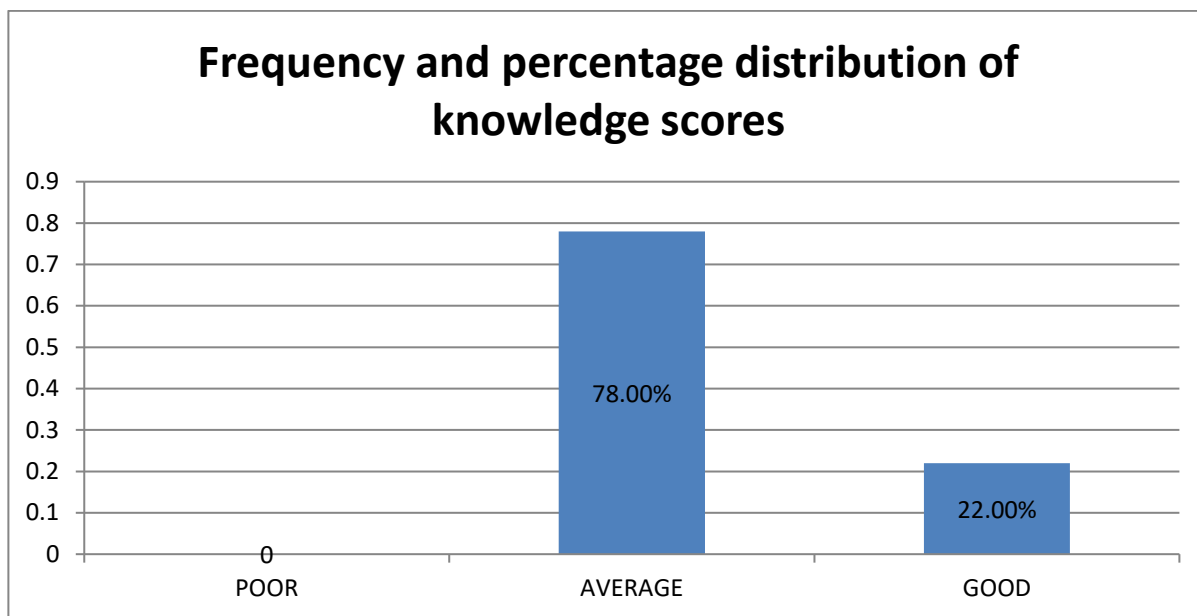


FIG.-2.1.1- Frequency and percentage distribution of Knowledge score of studied subjects

Table-2.1.2. - Mean (\bar{X}) and standard Deviation (s) of knowledge scores:

| Knowledge Pre –test | Mean(\bar{X}) | Std Dev(S) |
|---------------------|-------------------|------------|
| Pre-test score | 21.56 | 2.64 |

The information regarding mean, percentage of mean and standard deviation of test scores in shown in table 2.1.2 knowledge in mean pre-test score was 21.56 ± 2.64 while in knowledge regarding revised national tuberculosis control program among Staff nurses in Chhay Chikitsalaya.

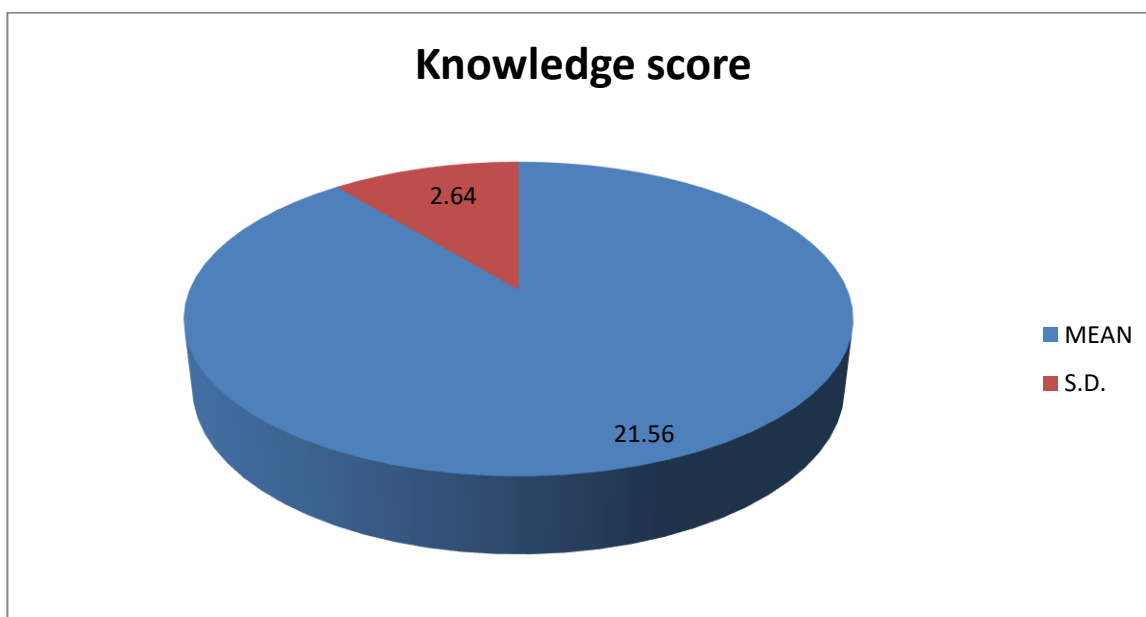


Figure no.-1 Mean and SD of knowledge score of Staff nurses.

SECTION-III Association of knowledge scores between test and selected demographic variables:

Table- 3.1 Association of age of Staff nurses with knowledge score:

| Age (In years) | Test scores | | | Total |
|-------------------|-------------|--------------------|-----------------|-----------|
| | POOR (1-10) | AVERAGE (11-20) | GOOD (21-30) | |
| Less than 21 | 0 | 27 | 8 | 35 |
| Greater than 21 | 0 | 12 | 3 | 15 |
| Total | 0 | 39 | 11 | 50 |

X= 0.05 p>0.05 (Insignificant)

The association of age & test scores is shown in present table 3.1. The probability value for Chi-Square test is 0.05 for 1 DF which indicated insignificant value ($p > 0.05$). Hence, it is identified that there is insignificant association between age & test scores. Moreover, it is reflected that age isn't influenced with current problem.

Table- 3.2 Association of living area with knowledge score:

| Living area | Test scores | | | Total |
|--------------------------------------|-------------|-----------------|--------------|-----------|
| | POOR (1-10) | AVERAGE (11-20) | GOOD (21-30) | |
| Rural | 0 | 25 | 7 | 32 |
| Urban | 0 | 14 | 4 | 18 |
| Total | 0 | 39 | 11 | 50 |
| $X = 0.001$ $p > 0.05$ (significant) | | | | |

The association of living area & test scores is shown in present table 3.2. The probability value for Chi-Square test is 0.001 for 1 df which indicated living area & test scores. Moreover, it is reflected that living area is influenced with current problem.

Table- 3.3 Association of professional qualification with knowledge score:

| Professional qualification | Test scores | | | Total |
|---------------------------------------|-------------|-----------------|--------------|-----------|
| | POOR (1-10) | AVERAGE (11-20) | GOOD (21-30) | |
| GNM | 0 | 9 | 5 | 9 |
| B.Sc. Nursing | 0 | 20 | 5 | 25 |
| Post B.Sc. Nursing | 0 | 10 | 1 | 11 |
| Total | 0 | 39 | 11 | 50 |
| $X = 2.66$ $p > 0.05$ (Insignificant) | | | | |

The association of professional qualification & test score is shown in present table 3.3. The probability value for Chi-Square test is 2.66 for 2 degrees of freedom which indicated professional qualification and test scores. Moreover, it is reflected that professional qualification isn't influenced with present problem.

Table- 3.4 Association of sources of knowledge with knowledge score:

| Sources of knowledge | Test scores | | | Total |
|---------------------------------------|-------------|-----------------|--------------|-----------|
| | POOR (1-10) | AVERAGE (11-20) | GOOD (21-30) | |
| Internet | 0 | 11 | 3 | 14 |
| TV | 0 | 15 | 2 | 17 |
| News paper | 0 | 6 | 5 | 11 |
| Conference | 0 | 7 | 1 | 8 |
| Total | 0 | 39 | 11 | 50 |
| $X = 4.98$ $p > 0.05$ (Insignificant) | | | | |

The association of sources of knowledge & test scores is shown in present table 3.4. The probability value for Chi-Square test is 4.98 for 3 degrees of freedom which indicated sources of knowledge & test scores. Moreover, it is reflected that source of knowledge isn't influenced with current problem.

VII. Results

The findings of the study revealed that 0.0% subjects have poor knowledge, 78.0% have average knowledge score while 22.0% Staff nurses were having good knowledge score towards revised national tuberculosis control program in children. The mean knowledge score of subjects was 1.60 ± 0.49 . The association of knowledge score of Staff nurses was found to be statistically significant with Living area. ($p < 0.05$).

VIII. Conclusion

It was concluded that majority of Staff nurses had average knowledge score regarding revised national tuberculosis control program in children. Staff nurses should also educate regarding revised national tuberculosis control program to control disease.

IX. Limitations

- This was limited to Chhay Chikitsalaya, Bhopal.
- This was limited to 50 Staff nurses.

X. Reference

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