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A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME (STP) REGARDING STROKE AND ITS PREVENTION STRATEGIES IN TERMS OF KNOWLEDGE AND ATTITUDE OF SELECTED RURAL POPULATION AT GOVINDPURI, GWALIOR DISTRICT

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Abstract

To improve knowledge of selected rural population regarding prevention of stroke. To identify risk factors and association with selected demographic variables. Evaluative study was conducted on 30 stroke subjects from Govindpuri rural population by using interview schedule method. Sampling techniques used for the study was convenient sampling which is type of non-probability is sampling. Stratified random sampling techniques was used. First pretest questionnaire given to subject then education through structured teaching provided pamphlets and after posttest given. Assessing the knowledge in pretest out of 30 samples no one 0 (0%) having good knowledge. 23 (76.66%) having average knowledge. Remaining subjects 7(23.33%) are having poor knowledge regarding prevention of stroke.

Keywords: *stroke client, prevention strategies.*

INTRODUCTION

Stroke is a common illness. It can affect the patient and his/her family for many years. For this reason, understanding stroke is an important first step. A stroke, also called a "brain attack", occurs when a portion of the brain is damaged due to a lack of blood supply to that part of the brain. Due to the lack of oxygen and nutrients carried by the blood, brain cells (called "neurons") die and the connections between neurons (called "synapses" or junctions) are lost. That part of the brain rapidly loses functions and starts to die. As a result, the part of the body controlled by that portion of the brain does not function normally.

OBJECTIVES

1. Assess knowledge of selected rural population regarding stroke.
2. Prevention of stroke among selected rural population.
3. To associated prevention of stroke with selected demographic variable.

MATERIAL AND METHODS

The evaluative approach was used; one group test and pretest design, sample of 30 stroke client from Govind puri Gwalior population who fit the criteria for sample collection will be selected. Data were collected, tabulated and analyzed in terms in term of objective of study using descriptive statistics. Data collection tool structured interview schedule for assessing the knowledge regarding prevention of stroke.

RESULT

Assessing the level of knowledge in pretest out of 30 sample 0(0%) were having good knowledge

23(76.66%) were had average knowledge 7(23.33%) had poor knowledge.in post-test knowledge score 10% population having poor knowledge regarding prevention of stroke. 13.33% population having good knowledge. 76.66% population having average knowledge.

Table 1: frequency and percentage distribution of stroke client in rural area Govind puri, Gwalior according to socio demographic variables

Sr. no.	Socio-demographic variables	Frequency (f)(n = 30)	Percentage (%)
1.	Age (in years)		
	a. 20-30	1	3.33
	b. 31-40	1	3.33
	c. 41-50	4	13.33
	d. 51-60	24	80
2.	Gender		
	a. Male	11	36.66
	b. Female	19	63.33
3.	Religion		
	a. Hindu	28	93.33
	b. Muslim	2	6.66
	c. Christian	0	0
	d. Others	0	0
4.	Type of family		
	a. Joint	21	70
	b. Nuclear	9	30
	c. Extended	0	0
5.	Education status		
	a. Uneducated	10	33.33
	b. Primary	8	26.66
	c. Secondary	6	20
	d. Higher secondary	3	10
	e. Graduate	2	6.66
	f. Post-graduate	1	3.33
6.	Monthly income of family (in rupees)		
	< 3000	25	83.33
	3001-6000	3	10
	6001-9000	0	0
	Above 9001	2	6.66
7.	Types of diet		
	a. Vegetarian	11	36.66
	b. Non vegetarian	0	0
	c. Mixed	19	63.33
8.	Occupation		
	a. Skilled workers	1	3.33
	b. Self employed	0	0
	c. Farmer	8	26.66
	d. House wife	19	63.33
	e. Unskilled worker	2	6.66
	f. Others	0	0

The data expressed in table-1 indicated that majority of the samples (30%) belong to age group

50-60 year and above in terms of gender, 11 (93.33%) subjects were males. Majority 28 (93.33) of the subjects are belonged to Hindu religion, educational status of the subjects 8 (26.66%) are from primary education. Majority 8 (26.66) subjects were farmer, Majority of the family of subjects 3 (10%) had monthly income 3000/- Majority 25 (83.3%) subjects were belongs to joint family.

Table 2: frequency and percentage distribution of knowledge score of selected rural Govindpuri Gwalior in stroke client.

	Pre-test	**Post-test**
Knowledge score	Frequency (f) Percentage (%) (n=30)	Frequency (f) Percentage (%) (n=30)
Good **Average** **Poor**	0 7 (23.33) 23 (76.66)	4 (13.33) 23 (76.66) 3 (10.01)

The expressed in table-2 that in pre-test majority of rural selected stroke population 7 (23.33%) had average knowledge, 23 (76.66%) had poor knowledge and no one (0%) had good knowledge. Where as in post-test majority of rural population of selected stroke client 23 (76.66%) had average knowledge, 3 (10.01) had poor knowledge, and 4 (13.33%) ha good knowledge score.

CONCLUSION

Based on finding of the study following conclusion were draw the knowledge score is divided in to good average, poor using liker scale so 76.66% of the peoples had average knowledge chi-square test is computed to check the association between knowledge score and demography variables so there is significant association knowledge and demography association for their study indicate all people are not aware about prevention of stroke.

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