“A study to assess the effectiveness of planned teaching programme (PTP) on knowledge regarding typhoid fever among B. Ed. Students of selected B. Ed. College at Jaipur city, Rajasthan”

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ABSTRACT

Fever is defined as an elevation of body temperature in response to any pathological stimulus. American college of Emergency Physicians has published a clinical policy on febrile illness in children that chooses a rectal temperature of ≥38°C (100.4°F) as the most widely used definition of fever. The main of study was to assess the effectiveness of planned teaching programme (PTP) on knowledge regarding typhoid fever among B. Ed. students. The research approach adopted for the evaluative method. Pre – experimental “one group pre test – post test design was used. Non-probability purposive sampling technique was used to select 60 B.Ed. students studying in Tilak teacher training college, Jaipur. The mean of pre test score is 15 whereas the mean of post test score is 26 with 11 mean difference. The median of pre test score is 15 and the mean of post test score is 26 with 11 median differences. The SD of pre test is ±1.80 whereas SD of post test is ±0.89. The calculated value of ‘z’ is 51.08 at the 0.05 level of significance and the tabulated value of ‘z’ is 2.94 at the 0.05 level of significance on 59 degree of freedom. The calculated value is higher than the tabulated value so we can say that the planned teaching programme regarding typhoid fever which was administered to the B.Ed. students can enhance the knowledge of B.Ed. students, it means that the planned teaching programme (PTP) regarding typhoid fever is effective to improve the knowledge of students regarding typhoid fever. The study result conclude that that the planned teaching programme (PTP) regarding typhoid fever is effective to improve the knowledge of students regarding typhoid fever.

KEY WORDS: Effectiveness Planned Teaching Programme, Knowledge, Typhoid Fever, Students.

INTRODUCTION
Fever is defined as an elevation of body temperature in response to any pathological stimulus. American college of Emergency Physicians has published a clinical policy on febrile illness in children that chooses a rectal temperature of $\geq 38^\circ C (100.4^\circ F)$ as the most widely used definition of fever.\(^1\)

Typhoid fever is a life threatening systemic infection occurring in lesser-developed areas of the world and continues to be a major public health problem. Typhoid fever occurs in all parts of world where water supplies and sanitation are sub standard. Typhoid fever is endemic in India health survey conducted by the central ministry of health in the community development areas indicated a morbidity rate varying from 102-221/100000 population in different part of the country.\(^2\)

Salmonella Typhi lives only in humans. Persons with Typhoid Fever carry the bacteria in their blood stream and intestinal tract. In addition, a small number of persons, called carriers, recover from typhoid fever but continue to carry the bacteria. Both ill person and carriers shed Salmonella Typhi in their faeces (stool). About 5 percent of people infected with S. Typhi become lifelong carriers, releasing the germ in their stool for years, which can spread the disease. Typhoid fever in a serious and potentially fatal bacterial infection.\(^3\)

The resistance of Salmonella enteric subspecies enterica serove Typhi (S. Typhi) to chloramphenicol was first reported in India from Kerala, where a substantial outbreak took place in 1972. Since then multidrug-resistant strains of S. Typhi have escalated into a worldwide problem. The steadily increasing multidrug resistance in S. Typhi strains in a cause of grave concern in India, where such strains are endemic in many parts.\(^4\)

Typhoid fever is transmitted via the fecal oral route or urine. This may take place directly through solid hands, contaminated with faeces or urine of cases or carrier or indirectly by ingestion of contaminated water, milk, food or through flies. Typhoid fever is a systematic clinical syndrome by certain salmonella organism. It encompasses produced by certain salmonella typhi, and Para typhoid fever is caused by salmonella Para typhi.\(^5\)

**NEED OF THE STUDY**

With the availability of rapid diagnostic tests for serodiagnosis of these infections, it has been observed that patients’ samples frequently show seropositivity for two or more infections posing challenges in clinical diagnosis and treatment. \(^6\)
The incidence has decreased markedly in developed countries. In the United States about 400 cases of enteric fever are reported each year giving an annual incidence of less than 0.2%, 1,00,000 which is similar to that in western, Europe and Japan. 

Although improved water quality and sanitation constitute ultimate solutions to this problem, vaccination in high-risk areas is a potential control strategy recommended by WHO for the short-to-intermediate term. 

A limited study in an urban slum area one percent of children up to 17 years of age suffer from typhoid fever every year. Statistics for the showed an average more than 3,00,000 cases of typhoid fever each year. 

According to Indonesia Demographic and Health Survey report prevalence of typhoid fever in children under five years of age was 26% and According to Maldives Health Information Report, the incidence of typhoid fever is the second highest cause of morbidity with 11510 cases reported throughout 2001. The above facts and earlier research work shows that there is Lack of knowledge regarding typhoid fever among B. Ed. students hence the investigator feels that is a need for this study.

AIMS OF THE STUDY: The main aim of the study was to assess the effectiveness of planned teaching programme (PTP) on knowledge regarding typhoid fever among B. Ed. students.

METHODOLOGY In view of the nature of the problem selected for the study and objective to be accomplished evaluative research approach was considered. The objective of the study to assess the effectiveness of the of planned teaching programme regarding typhoid fever by comparing pre and post-test knowledge scores. The research approach adopted for the study was pre-Experimental method. The study was conducted Tilak teacher training college, Jaipur. population consists of B.Ed. students studying in Tilak teacher training college, Jaipur. The study was conducted among 60 B.Ed. students. Non-probability purposive sampling technique was used. Even after prior appointments, if subjects were found busy in their emergency work, care was taken not to interrupt them in their work and again suitable time was taken. Study tool was filled personally by interviewing the subjects.

The sample characteristics were described using frequency and percentage. Pearson’s correlation coefficient was used to assess the effectiveness of structured teaching . The content
validity and reliability of the tool was done, which suggested that the tool was reliable. The pilot study was done on 10 samples and found that the study was feasible for the final study.

The data obtained was analyzed in terms of the objective of the study using descriptive and inferential statistics. The plan of data analysis was developed under the excellent direction of experts in the field nursing and statistics.

RESULTS

DEMOGRAPHIC VARIABLES

Demographic data of the subjects. 94% of subjects aged between 20 and 25 years, while only 3% aged between 20 and 23 years. Male outnumbered females with male-to-female ratio of 1.27:1. 62% of the subjects were studying in Science stream, while only 32% of subjects were studying Commerce. Family income was between 10,000 and 50,000/-Rs of 60% subjects. 52% of subjects reported that their source of information was television for awareness about typhoid fever, while 28% of patients reported newspapers.

Table No. 1 Area wise Mean, mean percentage and standard deviation standard deviation percentage of pre test score

<table>
<thead>
<tr>
<th>S. NO.</th>
<th>AREA</th>
<th>MAXIMUM SCORE</th>
<th>MEAN</th>
<th>MEAN %</th>
<th>SD</th>
<th>SD%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Knowledge regarding Typhoid fever</td>
<td>6</td>
<td>3.23</td>
<td>53.83%</td>
<td>1.116</td>
<td>1.86%</td>
</tr>
<tr>
<td>2.</td>
<td>Transmission, signs and symptoms</td>
<td>9</td>
<td>4.18</td>
<td>40.44%</td>
<td>0.846</td>
<td>1.41%</td>
</tr>
<tr>
<td>3.</td>
<td>Investigations and treatment</td>
<td>4</td>
<td>1.93</td>
<td>48.25%</td>
<td>0.793</td>
<td>1.32%</td>
</tr>
<tr>
<td>4.</td>
<td>Supportive therapy</td>
<td>7</td>
<td>3.6</td>
<td>51.42%</td>
<td>0.879</td>
<td>1.465%</td>
</tr>
<tr>
<td>5.</td>
<td>Prevention</td>
<td>4</td>
<td>2.05</td>
<td>51.25%</td>
<td>0.668</td>
<td>1.11%</td>
</tr>
</tbody>
</table>
Figure 1: Bar diagram showing pre test knowledge score of the students

Table 1 reveals area wise ma, mean percentage, SD, and SD percentage of pre test. The structured knowledge questionnaire categorized into 5. Parts I have maximum score is 6; part II have maximum score is 9; part – III have maximum score 4; part IV have maximum score 7 and part – V have maximum score is 4. The mean of part – I is 3.23 with mean percentage 5.38% and SD is 1.116 with SD percentage 1.86%. The mean of part – II is 4.18 with mean percentage 6.96% and SD is 0.846 with SD percentage 1.41%. The mean of part – III is 1.93 with mean percentage 3.21% and SD is 0.793 with SD percentage is 1.32%. The mean of part IV is 3.6 with mean percentage 6% and SD is 0.879 with SD percentage is 1.46%. The mean of part V is 2.05 with mean percentage 3.41% and SD of 0.668 with SD percentage is 1.11%.

Table No. 2 Area wise Mean, mean percentage and standard deviation standard deviation percentage of post test score

<table>
<thead>
<tr>
<th>S. NO.</th>
<th>AREA</th>
<th>MAXIMUM SCORE</th>
<th>MEAN</th>
<th>MEAN %</th>
<th>SD</th>
<th>SD%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Knowledge regarding Typhoid fever</td>
<td>6</td>
<td>5.43</td>
<td>90.5%</td>
<td>0.587</td>
<td>0.97%</td>
</tr>
<tr>
<td>2.</td>
<td>Transmission, signs and symptoms</td>
<td>9</td>
<td>7.55</td>
<td>83.88%</td>
<td>0.617</td>
<td>1.02%</td>
</tr>
</tbody>
</table>
Table 2 reveals area wise ma, mean percentage, SD, and SD percentage of post test. The structured knowledge questionnaire categorized into 5. Parts I have maximum score is 6; part – II have maximum score is 9; part – III have maximum score 4; part IV have maximum score 7 and part – V have maximum score is 4. The mean of part – I is 5.43 with mean percentage 9.05% and SD is 0.587 with SD percentage 097%. The mean of part – II is 7.55 with mean percentage 12.58% and SD is 0.617 with SD percentage 1.02%. The mean of part – III is 3.71 with mean percentage 6.18% and SD is 0.55 with SD percentage is 0.91%. The mean of part IV is 5.53 with mean percentage 9.21% and SD is 0.618 with SD percentage is 1.03%. The mean of part V is 3.76 with mean percentage 6.26% and SD of 0.495 with SD percentage is 0.82%. That the mean of pre test score is 15 whereas the mean of post test score is 26 with 11 mean differences. The median of pre test score is 15 and the mean of post test score is 26 with 11 median differences. The SD of pre test is ±1.80 whereas SD of post test is ±0.89. The calculated value of ‘z’ is 51.08 at the 0.05 level of significance and the tabulated value of ‘z’ is 2.94 at the 0.05 level of significance on 59 degree of freedom. The calculated value is higher than the tabulated value so we can say that the planned teaching programme regarding typhoid fever which was administered to the B.Ed. students can enhance the knowledge of B.Ed. students; it means that the planned teaching programme (PTP) regarding typhoid fever is effective to improve the knowledge of students regarding typhoid fever. It mean that the research hypothesis H1 i.e. there will be relationship between pre test score and post test score can represent as that after administration of planned teaching programme the knowledge score increased.
DISCUSSION: The study aimed at determining the effectiveness of planned teaching programme (PTP) on knowledge regarding typhoid fever among B. Ed. students. A pre experimental research design is best suitable, as it is used to examine characters of a single sample. The objective of the study to assess the effectiveness of the of planned teaching programme regarding typhoid fever by comparing pre and post-test knowledge scores. The research approach adopted for the study was pre-Experimental method. The study was conducted Tilak teacher training college, Jaipur. population consists of B.Ed. students studying in Tilak teacher training college, Jaipur. The study was conducted among 60 B.Ed. students. Non-probability purposive sampling technique was used. Even after prior appointments, if subjects were found busy in their emergency work, care was taken not to interrupt them in their work and again suitable time was taken. Study tool was filled personally by interviewing the subjects. Result showed that 94% of subjects aged between 20 and 25 years, while only 3% aged between 20 and 23 years. Male outnumbered females with male-to-female ratio of 1.27:1. 62% of the subjects were studying in Science stream, while only 32% of subjects were studying Commerce. Family income was between 10,000 and 50,000/-Rs of 60% subjects. 52% of subjects reported that their source of information was television for awareness about typhoid fever, while 28% of patients reported newspapers. He median of pre test score is 15 and the mean of post test score is 26 with 11 median
differences. The SD of pre test is ±1.80 whereas SD of posttest is ±0.89. The calculated value of ‘z’ is 51.08 at the 0.05 level of significance and the tabulated value of ‘z’ is 2.94 at the 0.05 level of significance on 59 degree of freedom. The calculated value is higher than the tabulated value so we can say that the planned teaching programme regarding typhoid fever which was administered to the B.Ed. students can enhance the knowledge of B.Ed. students, it means that the planned teaching programme (PTP) regarding typhoid fever is effective to improve the knowledge of students regarding typhoid fever.

**CONCLUSION:** This experimental study is done to assess the effectiveness of planned teaching programme (PTP) on knowledge regarding typhoid fever among B. Ed. students. The findings of the study showed that the planned teaching programme was more effective in improving the knowledge of the knowledge of students regarding typhoid fever. Typhoid fever, also known as enteric fever, is a potentially fatal multisystem illness caused primarily by Salmonella enterica serotype typhi and, to a lesser extent, S enterica serotypes paratyphoid A, B, and C. The terms typhoid and enteric fever are commonly used to describe both major serotypes. TF can be prevented by maintaining food safety, safe water supply, proper sanitation, vaccination, and health education to create public awareness and induce behavioural change after identifying knowledge, gaps and by adapting it to local conditions in the study area. Knowledge is necessary to acquire optimum health. Attitude development is not essentially a function of the amount of information one receives but a function of how that information was acquired. Furthermore, advancing the knowledge of communities towards TF is a powerful means to foster favourable attitude and exercising preventive practices among the population. Educational level and misconception on the transmission of TF were factors associated with the existence of TF. Thus, health facilities should incorporate topics on TF as part of their health education system within the health facility and in the community in a more enhanced way. Moreover, further culture-based studies are recommended to get a better image on S. Typhi prevalence.

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