

Quasi Experimental Study to Assess the Effectiveness of Structured Teaching Programme regarding non Compliance of Drug among Middle Adulthood at Rajpuramafi of Bareilly U.P.

Saransh Samuel¹, Loveena Arpita Samuel²

¹saranshsamuel25[at]gmail.com

²loveenarpita[at]gmail.com

Abstract: A quasi experimental study to assess the effectiveness of structured teaching programme regarding non compliance of drug among middle adulthood at Rajpuramafi of Bareilly U.P. The study was aimed to assess the pre test knowledge regarding non compliance of drugs among middle adulthood. The research approach was quantitative with one group pre-test post-test design. 30 samples were selected by convenience sampling technique. Data collection was done by a self administered structured knowledge questionnaire and Planned teaching Programme was used for data collection. The major findings of the study showed that the mean post-test knowledge scores (23.73) of middle adulthood regarding non compliance of drugs was higher than their mean pre-test knowledge scores (25) with a mean % difference of (22.1%). The standard deviation of post-test knowledge scores (3.0050) is lower than the standard deviation of pre-test (4.1701) knowledge score. This indicates that there is gain in knowledge in all middle adulthood. The 't'-value (6.4292) shows that the difference obtained in the pretest and the post-test knowledge scores was a true difference and not by chance. Hence the research hypothesis H1 is accepted; this indicated that the STP developed on non compliance of drugs among middle adulthood was effective in increasing the knowledge of middle adulthood. No significant association between pre-test knowledge scores and demographic variables. The conclusion was drawn from the findings of the study that the STP was effective in enhancing the knowledge of middle adulthood on non compliance of drugs.

Keywords: Assess, Substance, drug, non compliance

1. Introduction

Noncompliance means failure or refusal to comply. In medicine, the term noncompliance is commonly used in regard to a patient who does not take a prescribed medication or follow a prescribed course of treatment. A person who demonstrates noncompliance is said to be noncompliant. The days of "Take two of these and call me in the morning" are long gone. Today's medications are much more complex – and much more effective. But they only work when patients take them as directed. Unfortunately, as many as half of all patients in developed countries aren't taking their medications properly, according to the World Health Organization (WHO)[2] Indeed, medication noncompliance may be responsible for as many as 125,000 deaths annually from cardiovascular diseases such as heart attack and stroke Up to 23 percent of admissions to nursing homes, 10 percent of hospital admission

2. Objectives

- To assess the pre-test knowledge regarding noncompliance of drug among mid adulthood
- To evaluate the effectiveness of structural teaching programme regarding noncompliance of drug among mid adulthood.
- To find the association between pre-test knowledge and selected demographic variables among mid adulthood regarding noncompliance of drug

3. Literature

A Cross-sectional community based study was carried out among already diagnosed 300 hypertensive patients to assess non-compliance of drug therapy among patients with hypertension. Primary outcome non-compliance measured in percentages, proportions using chi-square; adjusted and unadjusted odds ratios (ORs) based on logistic regression models were used for statistical analysis. Total subjects who did not take antihypertensive medication were 38 (13%). Non-compliance among Gender and occupation groups was significant (p-value<0.05). unadjusted analysis showed statistically significant association between non compliance and gender occupation in dependents, in unskilled and physical exercise but adjusted analysis showed significant association between noncompliance and gender only. Active patients collaborations for treatment compliance should be directed towards rural illiterates by primary health care providers.

A Cross-sectional survey was conducted to study the prevalence of drug non-adherence among Chinese elderly people and its associated risk factors at Medical and Geriatrics specialist out-patient clinic in a regional hospital. Patients Elderly patients (≥ 65 years) with chronic diseases requiring regular medications were selected by systematic sampling. Main outcome measures Drug non-adherence; potential risk factors studied include patients' factors, availability of assistance, and prescription factors. Results Two hundred and nine elders participated with 84% response rate. Estimated mean prevalence rate of drug non-adherence was 37% (standard deviation, 7%). Drug non-

Volume 11 Issue 8, August 2022

www.ijsr.net

Licensed Under Creative Commons Attribution CC BY

adherence is an important concern in patient management. Medication regimen should be simplified as far as possible, in particular to avoid cutting pills or use of different dosage at different timing

4. Methods

Research Approach: Quantitative Research approach

Research Design: Quasi experimental – one group pre-test and post-test design

Setting: Rajpuramafi, rural community at Bareilly U.P

Sample: 30 Middle Adulthood

Sampling Technique: Non- probability Purposive sampling

Materials: Planned teaching Programme was developed on non compliance of drugs among middle adulthood after an extensive review of literature. The content validity of the tool was established by experts. The reliability of knowledge questionnaire was tested by Spearman Brown Prophecy (0.148) formula and tools were found reliable.

5. Results

Demographic Characteristics: Age wise distribution of sample object as shown in table-1 reveals that majority of

the population minimum 20% were in the age group of 20-25 years followed by 30% were in the age group 26-30, 36.66% were in age group of 31-35 years and 13.33% in the age group of 35-40 years. Qualification status of the subjects reveals that 23.33% were primary education, 40% were higher secondary, 23.33% were senior secondary and 13.33% were graduation and above were female. According to Religion 50% were Hindu, 36.66% wise Muslim, 6.66% wise Sikh and 6.66% wise Christian. According to type of family, the subject distribution indicates 36.6% of population belongs to Nuclear family, 36.6% belongs to extended family, 26.66% belong to joint family and 0% belongs to alone family. As per the source of information 53.333% obtained information from mass media, 13.33% information from health profession, 30% information from study centre and 3.3% information from other source . Occupation status of the sample emphasis that 0% was private, 13.3% were business, 0% were government and 86.66% were housewife. According to dietary pattern, 50% were vegetarian and 50% were non-vegetarian.

Table 1: shows knowledge of middle adulthood regarding non compliance of drugs.

S. no	Level of knowledge	Frequency	Percentage	Mean	Mean %
1	Excellent: (25-30) (80-100%)	1	3.33%	25	66.6%
2	V. Good: (19-24) (60-79%)	12	40%	21.08	70.26%
3	Good: (13-18) (40-59%)	13	43.33%	16.23	54.1%
4	Fair (7-12) (20-39%)	4	13.33%	10.5	35%
5	Poor (0-6) (0-19%)	0	0	0	0

Table 2: shows Effectiveness of Planned Teaching Programme regarding non compliance of drugs among middle adulthood

Knowledge test	Max score	Obtained range of score	Mean	Median	Mean difference	Standard deviation	t-value
Pre-test	30	8-25	17.1	18.000	22.1	4.1701	6.4292
Post-test	30	18-28	23.73	24.000		3.0050	

the data presented in the table 2, depicts that the mean post-test knowledge score (23.73) was higher than the mean pre-test knowledge score (17.1) with the mean difference 22.1 the obtained mean difference was found to be statistically significant as evident from the calculated t-value of 6.4292 which is greater than the table value of (2.05) at 0.05 the level of significance

There is a significant difference between pretest and post test knowledge score regarding non compliance of drugs among middle adulthood. In the present study the mean post-test knowledge score (23.73) was higher than the mean pretest knowledge score (17.1) with the mean difference 22.1 the obtained mean difference was found to be statistically significant as evident from the calculated t-value of 6.4292 which is greater than the table value of (2.05) at 0.05 the level of significance. 2 xciii This shows that obtained mean difference between pre-test and post-test knowledge scores was a true difference and not by chance. Thus indicates that structure teaching programme regarding non compliance of drugs was effective in increasing the knowledge of middle adulthood. Hence, H1 hypothesis was accepted

To find the association between the pre test knowledge and their selected demographic variable.

The findings shows that highest mean knowledge score & percentage 15.33(51%) of middle adulthood were age of below-19 year, 15.77(52.5%) of middle adulthood were age 19- 22year, 21(70%) of middle adulthood were age 23-27year, lowest mean knowledge score & percentage 16.5(55%) of middle adulthood in age group of 28-above year. The difference in mean knowledge score was tested and found statistically Non-significant at 0.05 levels (p-value 0.3019) but religion and occupation shows the significant association with pre-test level of knowledge. Hence, H2 is accepted.

6. Conclusion

The conclusion was drawn from the findings of the study that there was deficit of knowledge in all areas in varying degrees on non compliance of drugs among middle adulthood. The STP was effective in enhancing the knowledge of middle adulthood on non compliance of drugs. No significant association between pre-test knowledge scores and demographic variables

7. Future Scopes

On the basis of the study, it is recommended that:

- The study can be replicated with large number of sample.
- A experimental study can be done among middle adulthood.
- A study can be conducted to assess the knowledge of non compliance of drugs among middle adulthood
- Effective information, education and communication package can be prepared to improve the knowledge regarding non compliance of drugs among middle adulthood.

References

- [1] Wilson H .Berry.Non compliance of drugs.8th ed. Wongs: Mosby Publication; p. 1141- 43.
- [2] Non compliance prevention, , Sept, 1995.
- [3] Noskov V B,Nichiporuk I A,Grigor'ev. Non complianceEpidemiology .Aviakosm Ekolog Med; 41(3):3-7 17902350 (P, S, G, E, B)
- [4] Bachrach,Rose L,Gardnear,Meeks J,Caregiver knowledge,attitude and practice regarding Non compliance of drugs in Kingston, Jamaica. Pan America Journal of public health Vol 12, Number 1, July 2002, pp.37-44(8).
- [5] Akpede GO, Omotara BA, WebbGD, Igene JO. Caretakers, knowledge and preparation abilities of salt-sugar solution in north-eastern Nigeria. J Res,2007Dec;15(4):232-40.
- [6] Mangala S, Gopinath D,Narasimhamurthy N S,Shiv ram C, Impact of education intervention on knowledge of Non compliance of drugs Indian J Pediatr.2001Sep;68(9):901-2.