

Effectiveness of Video Assisted Teaching on Quality Of Life among Patient with Leprosy at Selected Hospital in Bangalore

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ABSTRACT

This paper explores the concept of “Quality of Life” and Effectiveness of Video Assisted Teaching. For the study *Socio demographical schedule*: It consists of 10 items such age, sex, education, occupation, monthly income of the family, religion, locality, previous hospitalization, number of times admitted and during of hospitalization and *WHO Brief Quality of Life scale* (2004) consists of 26 items, in 5 point rating scale rated from 1 to 5, minimum score is 26 maximum score is 130 were used. All those patients admitted in hospital for the study. After the comparison there was a statistically significant improvement in quality of life of leprosy patients of Video teaching. The mean score increased from 18.560 to 22.480, to 20.820, 7.380 to 11.280 and 18.800 to 22.600 in the dimensions D1, D2, D3 and D4 respectively.

Keywords: Video Assisted Teaching, Quality Of Life, Patient, Leprosy, Bangalore.

Leprosy had been a dreaded disease which was taken by the illiterate rural people only as a divine curse. The patient was a victim of social indignation. Leprosy (or Hansen’s disease) is least understood diseases of man which continues to be a challenge to health worldwide, with about 250,000 new cases being currently detected every year. A third of newly diagnosed patients have nerve damage and might develop disabilities, although the proportion varies according to several factors, including level of self-care. The World Health Organization (WHO) puts the number of the world wide registered cases of leprosy at 228,474 (WHO, 2010). Women who develop leprosy continue to be especially disadvantaged, with rates of late diagnosis and disability remaining high in this subgroup.

Despite widespread implementation of effective multidrug therapy, leprosy has not been eliminated. Prevention of disability is one area that has been innovative, with self-care,

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community and family involvement, participation of groups of people affected by leprosy, and the use of available, affordable, acceptable psychosocial and other essential physical interventions.

Objectives

1. To assess the existing knowledge regarding Quality of Life of among patient with leprosy at selected hospital in Bangalore.
2. To evaluate the effectiveness of video assisted teaching on Quality of Life of among leprosy patients in selected hospital in Bangalore.
3. To find an association between the pretest knowledge scores regarding Quality of Life of among patients in selected hospital in Bangalore.

Hypotheses

H1: There will be a significant difference in the mean scores of the subjects before and after administration of the Educational Module I.

H2: There will be a significance difference in the mean scores of subjects before and after administration of to Educational Module II.

H3: There will be a significance difference in the mean scores of subjects not exposed to Educational Module.

H4: There will be a significant difference in the mean scores between subjects exposed to Educational Module I and subjects exposed to Module II with the subjects not exposed to educational Module I and II on Quality of life, psychological distress and social functioning & Family burden.

H5: There will be a significant association between Quality of life, psychological distress, social functioning and family burden with selected demographic variables.

MATERIALS AND METHODS

Research approach: Experimental research approach.

Research Design: Pre-experimental research design.

Target Population

The target population of the study consists of all the individual diagnosed as leprosy at selected hospital in Bangalore.

Accessible Population

All those patients admitted in hospital for the study.

Sample and sample size and sampling technique

A total sample 50 suffering from leprosy drawn from hospital, using simple random sampling method through random table and who met the inclusion criteria for the study.

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Inclusion criteria

1. Patient who were diagnosed as leprosy and willing to participate in the study.
2. Both male and female patient above the age group of 18 years.
3. Patient who can speak and understand Kannada and English.
4. Patient who were receiving similar routine treatment.

Exclusion Criteria

1. Patient who were suffering from other co-morbid diagnosable physical / mental disorders.
2. Patient with visual / hearing disability.

Description of tools

Part I: Socio demographical schedule: It consists of 10 items such age, sex, education, occupation, monthly income of the family, religion, locality, previous hospitalization, number of times admitted and during of hospitalization.

Part II: WHO Brief Quality of Life scale (2004) consists of 26 items, in 5 point rating scale rated from 1 to 5, minimum score is 26 maximum score is 130.

Validity and Reliability of the tool

Content validity of the tools was obtained from experts in the field of Psychiatry, Psychology, Psychiatric social work, Psychiatric nursing and expert in the field leprosy. Suggested to use the scales without any modifications since all the above tools have been well used in Indian studies and Indian norms exists for all these tools.

Statistical Analysis

1. Organization of ungrouped data into grouped data.
2. Frequencies and percentages were used for analysis of socio-demographic characteristics.
3. Calculation of mean, standard deviation of pre and post-test scores.
4. Paired 't' test was used to ascertain whether there is significant different in the mean knowledge score of pre-test and post-test values.
5. Chi-square test was used to find the association between socio-demographic variables with pre-test knowledge scores.

RESULTS

Table 1 - Distribution of Socio-demographic characteristics of subjects under study.

Sl. No.			n
1	Age in years	18-27	20
		28-37	26
		38-47	4
2	Sex	Male	25
		Female	25
		Illiterate	10

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Sl. No.			n
3	Education	Primary school	27
		High school	13
4	Occupation	Private employee	20
		Daily wages	22
		Unemployed	8
		Housewife	0
5	Monthly income of the family	Rs <5000	23
		Rs 5001-10000	27
		Rs 10001-15000	0
		Rs>15000	0
6	Religion	Hindu	45
		Christian	4
		Muslim	1
		Others	0
7	Locality	Rural	7
		Urban	43
8	Previous hospitalizations	Yes	26
		No	24
9	Number of times admitted	Once	1
		Twice	30
		Thrice	19
		On admission	0
10	Duration of hospitalization	Less than 6 months	33
		6 months to one year	17
		1 to 2 years	0
		More than 2 years	0

Note: put percentage

The above table signifies the following

1. **Age:** The samples were fairly distributed across the age spectrum Majority of the samples were found in the age group of 28-37 yrs in all the groups 52% in video.
2. **Sex:** Males and females are almost equally distributed.
3. **Education:** Majority of the samples studied up to primary school.
4. **Occupation:** Majority of the samples were working for daily wages.
5. **Monthly income: Majority of the family income of patients belongs to video and counseling group was between 5001-10000**
6. **Religion: Majority of the subjects belongs to Hindu religion**
7. **Locality:** Majority of the subjects were from the urban locality.
8. **Previous hospitalizations:** Majority of the samples were previously admitted
9. **No. of times admitted:** Majority of the samples got admitted to the hospital twice.
10. **Duration of hospitalization:** Majority of the samples got admitted to the hospital for 0-6months.

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Table -2- Pre-post mean and SD scores on Quality of Life of Patients with Leprosy.

Quality of Life	Pre test		Post test	
	Mean	Mean	Mean	SD
QOL-D1(Physical component)	18.560	22.480	22.480	2.877
QOL-D2(Psychological component)	15.320	20.820	20.820	1.942
QOL-D3(Interpersonal component)	7.380	11.280	11.280	2.606
QOL-D4(Environmental component)	18.800	22.600	22.600	2.339

The above tables shows that there was an increase in mean scores on quality of life and social functioning and decrease in mean scores on psychological distresses and family burden of the Leprosy patients indicating the effect of intervention I (Video assisted learning).

Table -3- Comparison of pre-post test Scores of mean, SD, t and p value of Video teaching on Quality of life of leprosy patients

Quality of Life	Pre test		Post test		t value	df	P value Inference
	Mean	SD	Mean	SD			
QOL-D1(Physical component)	18.560	1.402	22.480	1.054	14.639	49	P<0.05*
QOL-D2 (psychological component)	15.320	1.477	20.820	.962	23.474	49	P<0.05*
QOL-D3(interpersonal component)	7.380	1.537	11.280	.882	14.613	49	P<0.05*
QOL-D4(environmental component)	18.800	3.464	22.600	1.278	7.797	49	P<0.05*

* is significant; ^{NS} is not significant

The table shows the pre and post test scores of patients in video teaching to Leprosy patients of quality of life measured from WHO quality of life scales. There is a statistically significant improvement in quality of life of subjects after receiving self instructional video program.

Table No-4- Association of Quality of life with Selected Socio demographic variables of leprosy patients

		Quality of Life		Pearson Chi-Square Tests		
		Median and below	Above median	Chi-square	df	P value
Age in years	18-27	19	31	7.729	1	P<.005*
	28+	62	38			
Sex	Male	38	40	1.825	1	P>.177 ^{NS}
	Female	43	29			
Education	Illiterate	27	21	2.324	2	P>.313 ^{NS}
	Primary school	42	31			

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		Quality of Life		Pearson Chi-Square Tests		
		Median and below	Above median	Chi-square	df	P value
	High school	12	17			
Monthly income of the family	Rs <5000	40	35	.027	1	P>.870 ^{NS}
	Rs 5001+	41	34			
Previous hospitalizations	Yes	46	39	.001	1	P>.974 ^{NS}
	No	35	30			
Marital Status	Married	45	29	2.727	1	P>.099 ^{NS}
	Unmarried	36	40			

* is significant; ^{NS} is not significant

The above table shows that expect in age ,there is no significant association between the quality of life and sex, education , monthly income of the family, previous hospitalizations and marital status.

DISCUSSION AND CONCLUSION

Comparison of pre and post mean and standard deviation scores of intervention in video group showed that there is significant change in mean scores of quality of life towards positive side indicating effect of interventions. There was a statistically significant improvement in quality of life of leprosy patients of Video teaching. The mean score increased from 18.560 to 22.480, to 20.820, 7.380 to 11.280 and 18.800 to 22.600 in the dimensions D1, D2, D3 and D4 respectively.

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Conflict of Interest

The authors colorfully declare this paper to bear not conflict of interests

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