

“A Descriptive study to assess the Knowledge of Women regarding Risk Factors and Early detection of Stroke with a view to develop Pamphlet in a selected Rural Community in Guntur, Andhra Pradesh”.

·R.DEEPTHI SARANYA¹,MINI JOSEPH²,DR. NAGALAKSHMI NS³,

dept.of child health nursing,associate professor,dept of medical surgical nursing,asst.professor, dept.medical surgical nursing ,associate professor

SIMS college of Nursing, Mangaldas Nagar, Guntur. Andhra Pradesh

ABSTRACT

Background:Stroke or cerebro vascular accident remains to be one of the major health care problems around the world. Stroke is responsible for 4.4 million (9%) of the total 50.5 million deaths each year. In developed countries stroke is the first leading cause of dementia and third leading cause of death. Stroke is also a predisposing factor for epilepsy falls and depression in developed countries. Among stroke survivors 31% required assistance with self care, 20% require assistance with Ambulation, 71% have some improvement in vocational abilities up to 7 years following the stroke and 16% are institutionalized. There are two main types of cerebro vascular accident, or stroke: an ischemic stroke is caused by a blockage; a hemorrhagic stroke is caused by the rupture of a blood vessel. Both types of stroke deprive of blood to a part of the brain and oxygen, causing brain cells to die.

Objective: To assess the level of Knowledge of Women regarding Risk Factors and Early detection of Stroke

Materials and Methods: To analyze the effect of selected interventions the investigator selected Descriptive design .descriptive design are effective because they use the “pre testing ” . This means that there are tests done before any data is collected to see if there is any person confounds or if any participants have certain tendencies.Then the actual result is done with pre test results recorded.

Results: The study findings show women (33.4%) belonged to the age of 26 to 30 years women (58.4%) belonged to Christian religion.women (75%) belonged to family income less than Rs.5000.women (41.7%) studied up to primary education , women (90%) Marital status was married,Majority of women (95%) were Home makers, Majority of women (70%) belonged to Nuclear family, Majority of women (48.3%) have two children, Majority of women (51.6%) have previous knowledge regarding stroke,Majority of women (41.7%) have previous knowledge through media

Conclusion: On the basis of this study findings, the researcher concluded that majority of women had moderately adequate knowledge regarding risk factors and early detection of stroke. There is a need to develop health education programmers to create awareness on stroke among the public in community.

Keywords: pre test ,knowledge, women in rural area ,descriptive design

INTRODUCTION

Cerebro Vascular Accident (CVA) is the medical term for a stroke. Brain attack or stroke occurs when the blood circulation to the brain fails. Brain cells can die from decreased blood flow and the resulting lack of oxygen leads to dysfunction of the brain tissue in that area. Stroke claims a life every 6 seconds. It is the second leading cause of death for people above the age of 60, and the fifth leading cause in people aged 15 to 59. And it affects children as well as both men and women. Stroke is responsible for more deaths annually than AIDS, tuberculosis and malaria combined. In the United States, stroke is the third most common cause of death, exceeded only by cancer and coronary heart disease, and it claims a life every three minutes.

Stroke or cerebro vascular accident remains to be one of the major health care problems around the world. Stroke is responsible for 4.4 million (9%) of the total 50.5 million deaths each year. In developed countries stroke is the first leading cause of dementia and third leading cause of death. Stroke is also a predisposing factor for epilepsy falls and depression in developed countries. Among stroke survivors 31% required assistance with self care, 20% require assistance with Ambulation, 71% have some improvement in vocational abilities up to 7 years following the stroke and 16% are institutionalized.

NEED FOR THE STUDY

The World Health Organization defines stroke as the rapidly developing clinical symptoms or signs of facial (at times global) disturbances of cerebral functions with symptoms lasting more than 24 hours or leading to death with no apparent causes, other than that of vascular origin. Stroke is the one of the death and disability stroke is the third biggest killer in India. An estimated 5.7 Million people died from stroke in 2005 and it is projected that these deaths would rise 6.5 million by 2015. It is estimated that by 2050, 80% stroke causes in the world would occur in low and middle income countries mainly in India and China.

Stroke can happen to anyone at any time regardless of race, sex, or age. In US stroke is the third leading cause of death killing 1, 60,000 people each year and leading cause of adult disability. Two million brain cells die every minute during stroke, increasing. There is a risk of permanent brain damage, disability or death. Recognizing symptoms and acting fast to get medical attention can save a life and limit disabilities. Although CVA is one of the leading causes for death and disability parameters for predicting long term outcome in such patients have not been clearly identified especially in the Indian context. Each year 55,000 more women have a stroke than men. In general women have a stroke than men. Stroke will have a more negative impact on their lives. More than two thirds of the global burden of stroke is born by developing countries. It has been estimated that about 1,800 people die of stroke every day in India and stroke represented 1.2% of the total deaths in the Country, when all ages were included.

OBJECTIVES

- i. To assess the level of Knowledge of Women regarding Risk Factors and Early detection of Stroke
- ii. To associate the level of Knowledge of Women regarding Risk Factors and Early detection of Stroke with selected demographic variables.

HYPOTHESIS

H₁: There will be a significant association between the knowledge of women regarding risk factors and early detection of stroke with selected demographic variables at 0.05 level of significance.

CONCEPTUAL FRAME WORK

Conceptual framework adapted for the present study was MODIFIED ORLANDOS NURSING PROCESS MODEL 1950 to assess the knowledge of women regarding risk factors and early detection of stroke through the self administered structured questionnaire.

The researcher selected this model because it is applicable to the study, where it helps the nurses in improving the knowledge of women regarding risk factors and early detection of stroke.

This model describes the four aspects or sets of variables, they are:

Assessment: According to theorist assessment is to establish a database about the client's response to health concerns or illness.

In the present study assessment refers to the demographic data of the Age of women in years, Religion, Income per month, Education, Marital status, Occupation, Type of family, Number of children, Previous knowledge regarding stroke and If yes source of information.

Planning: According to theorist planning is determining how to prevent, reduce, or resolve identified priority client problem, determining how to support client strengths and determining how to implement nursing intervention in an organized, individualized and goal directed manner.

In the present study planning was done after collecting the demographic data from the women and preparing the structured knowledge questionnaire on risk factors and early detection of stroke.

Implementation: According to theorist implementation is carrying out and documenting planned nursing interventions.

In this study an implementation was administration of structured Knowledge questionnaire to women for assessing their knowledge on risk factors and early detection of stroke.

Evaluation: According to theorist evaluations measuring the degree, to which goals / outcomes have been achieved, identifying factors that positively or negatively influence goal achievement.

MATERIALS AND METHODS

Research approach: Quantitative research approach.

Research design: For the present study, a Descriptive research Design is adopted.

Setting of the study: The present study is conducted in selected rural areas of Guntur .

Sample and sampling technique: In this study, the sampling technique used is simple random Sampling Technique. It is used to collect data from the available sample falling under Inclusive Criteria.

DEVELOPMENT OF THE TOOL:

In this study based on the extensive review of literature and discussion with the experts, the investigator constructed the data collection tool. Based on the objectives of the study the tool was divided into two sections.

3.9.1Section I: Demographic Profile of the Sample

It contained demographic variables they are age of women, religion, income, education, marital status, occupation, type of family, number of children, previous knowledge regarding stroke, source of information.

Method of data collection:

The investigator established rapport with the women and explained about the purpose of data collection and nature of the study. The confidentiality of the data was explained to subject and obtained consent from them to participate in the study. The total time taken to fill questionnaire was about 20 minutes. The data collection was done from 60 samples from September 25 to September 27 2019. After the test pamphlet was distributed to each participant..

Development of 'Pamphlet'

Manipulation was done in the form of stroke by obtaining informed consent from the women in the present study.

The investigator sought permission from the head of the department of primary health center Vegalayapalem, Guntur, to conduct in the morning form 8'o clock to 1pm a day for 3 days by door to door survey.

Pilot Study

After obtaining formal permission from form the concerned authorities from the setting a pilot study was conducted by selecting ten samples from rural community in Vegalayapalem, Guntur, from using random sampling technique. The investigator explained the purpose of study and confidentiality of their response. The pilot study showed that the mean academic scores of post test were less than pre-test. Pilot study revealed that the methodology was feasible for conducting the final study.

Plan for Data Analysis

Data collection was processed for the appropriateness and relevance. The data collection from 60 samples was entered into master data sheet for analysis.

Both descriptive and inferential statistics were used to analyze and obtained data in order to achieve the results based on objectives of the study.

Validity:

To establish the content validity of the data collection tool along with the objectives of the study tool and pamphlet content were given to six experts in the fields of medical surgical nursing. The experts were requested to given their opinions suggestions regarding relevance, adequacy and appropriateness of the tool.

Reliability:

Reliability is defined as the ability of an instrument to create reproducible results therefore reliability is concerned with consistency of the measurement tools. A tool can be considered reliable if it measures an attribute with similar results on repeated use. The too was tested on ten women rural community. Nallapadu, Guntur and assessed knowledge level. The time taken by the sample to complete the demographic profile and structured knowledge questionnaire regarding stroke was about 25 minutes. Reliability of the tool was tested by split half method using spearman-Brown formula. The 'r' value obtained for knowledge was at 0.99% which indicated that the toll is highly reliable.

RESULTS

Table no: 2
 Frequency and Percentage distribution of the knowledge scores of women
 n=60

Knowledge Scores	Frequency (f)	Percentage (%)
Inadequate knowledge (< 33.33%)	00	00
Moderate Knowledge (33.33% - 66.66%)	33	55
Adequate Knowledge (>66.66%)	27	45
Total	60	100

Table No.3
 The Mean, Standard deviation of knowledge scores of women regarding early detection and risk factors of stroke
 n=60

Study Variables	Mean	Standard deviation
Knowledge scores	13.8	2.92

Summary of the Study

Descriptive design was adopted to assess the knowledge of women regarding stroke. A structured tool was prepared and used to collect the data to assess the knowledge on stroke among women.

The tool consists of 21 questions to assess the knowledge level regarding stroke. The content validity was obtained from experts suggestions and the reliability was obtained by split half method. Feasibility of the study was confirmed by pilot study. The data obtained was analyzed and interpreted in terms of the objectives of the study. Descriptive and inferential statistics were used for data analysis and the level of significance.

RECOMMENDATIONS

On the basis of the study, certain suggestions are given for future studies

- A similar study can be done on large sample for making broader generalization.
- A structure teaching practice can be conducted to assess the levels of knowledge of women regarding stroke
- A comparative study can be carried out between men and women.

LIMITATIONS:

The study is limited to the women

- ❖ As the sample size of present study was only 60 generalization was not possible.
- ❖ Study results were confined only to selected rural community in Nallapadu, Guntur which is possibly will decrease credibility of the study.

CONCLUSION:

On the basis of this study findings, the researcher concluded that majority of women had moderately adequate knowledge regarding risk factors and early detection of stroke. There is a need to develop health education programmers to create awareness on stroke among the public in community.

Ethical clearance: Formal permission was obtained from the administrative authority of St. Joseph’s Junior College, at Nallapadu, Guntur. Informed consent was obtained from the subjects orally and in written form after explaining about purpose of the study and maintaining confidentiality of the collected data. No ethical issues were raised during the study.

Sources of funding: Self

Conflict of interest: Nil

REFERENCES

TEXT BOOKS

BOOKS:

1. Das SK, Banerjee TK, Biswas A, Roy T, Raut DK, Mukherjee CS. A Prospective community based study of stroke in Kolkata, India stroke. 2007;38:906-10. pub med.
2. Das S, Paul N, Hazra A, Ghosal M, Ray BK, Banerjee TK. Cognitive Dysfunction in stroke survivors. J stroke cerebrovasc Dis. 2013;22:1233-42. Pub.
3. Siti Noorkhairina S, Sakinah H, Che Rabiaah M, 2013 Health and environment journal, 2013, Vol 4, No.2.
4. Smeltzer S. C, Bare B. G, Hinkle J.1, Cheever K. H Brunner and Suddarth's text book of medical surgical. 12th Ed. New delhi ; Wolters Kluwer/Lippincott and Wilkins:2011.
5. Madsen TE, Baird KA. Analysis of gender differences in knowledge of stroke warning signs.
6. Overview of stroke the Merck manual home edition available from : www.merck.com manuals.Com:
7. Jeyaraj Durai. Stroke epidemiology and stroke care service in India. JOB: available from www.ncbi.nlm.nih.gov/pmc/38590041.

Copyright & License:

© Authors retain the copyright of this article. This work is published under the Creative Commons Attribution 4.0 International License (CC BY 4.0), permitting unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.