



ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 5.2
IJAR 2020; 6(1): 154-156
www.allresearchjournal.com
Received: 12-11-2019
Accepted: 16-12-2019

Anand Kujur
Clinical, Instructor/Nursing
Tutor, Ims, Bhu College of
Nursing, Varanasi, Uttar
Pradesh, India

Assess the effectiveness of structured teaching programme on knowledge regarding blood donation among the students of selected college of Ranchi Jharkhand

Anand Kujur

Abstract

Background: Blood is that magic portion which gives life to another person. human blood has no substitute. voluntary blood donation process together with the sophisticated method are used for the collection, storage processing and testing by the complex medical and surgical procedures. 38% of reported voluntary blood donations are contributed by people under the age of 25. The American journal of epidemiology stated that blood donation can reduce overall high level of blood which may protect against heart attack.

Methods: The research approach was evaluating approach and the design was one group pre-test post test research design.

Results: out of 100 sampled in which 30% has a good knowledge regarding blood donation their benefits and reduces risk of cancer like liver, colon, stomach ect. 65% has average knowledge of blood donation, their protected against heart attack.

Conclusion: The knowledge of participants in this study regarding blood donation were adequate. therefore massive awareness campaigns are urgently required to knowledge about blood donation to people in this part of our country.

Keywords: Knowledge, effectiveness, assess, blood donation

1. Introduction

Organ donation is the process when a person allows an organ of their own to be removed and transplanted to another person, legally, either by consent while the donor is alive or dead with the assent of the next of kin.

Donation may be for research or, more commonly, healthy transplantable organs and tissues may be donated to be transplanted into another person. Common transplantations include kidneys, heart, liver, pancreas, intestines, lungs, bones, bone marrow, skin, and corneas. Some organs and tissues can be donated by living donors, such as a kidney or part of the liver, part of the pancreas, part of the lungs or part of the intestines,^[3] but most donations occur after the donor has died. Human blood has no substitute. requirement of safe blood is increasing and regular voluntary blood donations are vital for blood transfusion service. blood can save millions of life, and young people are the hope and future of a safe blood supply in the world. currently, voluntary blood donation process together with the sophisticated methods are used for the collection, storage, processing and testing of blood required by the complex medical and surgical procedures. there are several benefits of blood donation to the donor himself. the kanas university medical centre found that women who participate in blood donation experience a 30 percent fewer incident of heart disease and stroke compared to those people who don't donate blood. the American journal of epidemiology stated that blood donation can reduce overall high level of blood which may protect against heart attack. blood donation also reduces the risks cancers including liver, lung, colon stomach and throat cancers. voluntary blood donation is the easiest and most effective means to collect blood. in developing countries more than 50% of blood donations are made by paid and voluntary donors. As of February 2, 2019, there were 120,000 people waiting for life-saving organ transplants in the US. Of these, 74,897 people were active

Correspondence Author:
Anand Kujur
Clinical, Instructor/Nursing
Tutor, Ims, Bhu College of
Nursing, Varanasi, Uttar
Pradesh, India

candidates waiting for a donor. While views of organ donation are positive, there is a large gap between the numbers of registered donors compared to those awaiting organ donations on a global level. India has a fairly well developed corneal donation programme; however, donation after brain death has been relatively slow to take off. Most of the transplants done in India are living related or unrelated transplants. To curb organ commerce and promote donation after brain death the government enacted a law called "The Transplantation of Human Organs Act" in 1994 that brought about a significant change in the organ donation and transplantation scene in India. Many Indian states have adopted the law and in 2011 further amendment of the law took place. In India, there are six types of life saving organs that can be donated to save the life of a patient. These include Kidneys, Liver, Heart, Lungs, Pancreas and Intestine. Off late, uterus transplant has also been started in India. However, uterus is not a life saving organ as per the Transplantation of Human Organs.

2. Methodology

The study was conducted in St. John's inter college, Ranchi, Jharkhand. A pre- experimental study was conducted in June 2016 and July 2016, the study setting was a St. john's inter college Ranchi, Jharkhand. The study population included St. john's inter college 11&12 Th students in Ranchi, Jharkhand. The participants were the residents of Ranchi, who were living therefore in Ranchi. the study tool was a pre-designed and pretested schedule containing closed ended questions. The final draft of the questionnaire was translated into Hindi and retranslated into English to ensure that the meaning of the questions remained unchanged. before its use in the main study, the questionnaire was pretested among the st. john's inter college students. there is a paucity of data regarding knowledge on blood donation. Therefore we assumed the most statistically conservative response distribution possible:

Maximum of 71% were had a poor knowledge about blood donation and 29% had good knowledge about blood donation. and 0% had very good and excellent knowledge about blood donation. the protocol of this study was approved by ethical committee of this institution. written informed consent was obtained from participants. participation in the study was voluntary and no incentives were provided. the objectives of the study were explained to the participants. sufficient time was given to ask questions and it was emphasized that the participants can quit anytime during in the study period.

All completed questionnaire were doubled –checked and verified on the same day for completeness and consistency. all data files were checked and cleaned by five of the experts in nursing field before analysis. each correct answer was scored and wrong answers 0. we pooled DO not know (DNK)"responses with wrong answers and scored them as 0 which is a conventional practices as "DNK" response either come from the least knowledge respondent or the vast majority of those saying "DNK" really do not know. Data were entered in MS excel and analysed by statistical package SPSS software, version 16.0.

3. Results

Out of 200 participants, a total of 223 responded to the questionnaire giving a response rate of 95%. Table 1 depicts the socio-demographic details of the study subjects. the

study showed that the age of the respondents(n=100) varied from 15 to 20 yrs. most (69%) of the participants were in the age group 17-18 years. there were 80 males and 20 females 50% were belong to rural family. according to socio-economic status, 30% of participants were from upper class while 21% belong to lower class, 14% and 35% belong to middle class respectively table 2 shows that the knowledge exposure to organ donation Maximum of 22% had gain the knowledge from newspaper, 10% had gain the knowledge from internet and 62% had gain the knowledge from others like friends, colleagues and other sources. table 2 shows that the knowledge score regarding blood donation.

Table 1: Socio Demographic Profile of the Study Population (N=100)

| Variable | NO (%) |
|-------------------------------|--------|
| Age group (Years) | |
| 15-16yrs | 27% |
| 17-18yrs | 69% |
| 19-20yrs | 4% |
| >20yrs | 0% |
| Sex | |
| Male | 80% |
| Female | 20% |
| Area of living | |
| Urban | 50% |
| Rural | 50% |
| Socio economics status | |
| Below 5000 | 21% |
| 5001-10000 | 35% |
| 10001-15000 | 14% |
| Above 15000 | 30% |
| Knowledge exposure | |
| Television | 6% |
| Internet | 10% |
| Newspaper | 22% |
| All | 62% |

Table 2: the knowledge score regarding blood donation

| Knowledge regarding Blood donation | Frequency | percentage |
|------------------------------------|-----------|------------|
| Poor | 71 | 71% |
| Good | 29 | 29% |
| Very good | 0 | 0 |
| Excellent | 0 | 0 |

Table 3: Comparison of knowledge score on knowledge regarding blood donation

| Area | Mean | SD | CV | "Z" Value | Significance |
|-----------|-------|-------|-------|-----------|------------------------------|
| Pre-Test | 8.25 | 1.740 | 29.09 | 62.55 | P<0.05 highly significant |
| Post-Test | 20.76 | 1.203 | 5.79 | | |

Table 3 showed that effectiveness of knowledge regarding blood donation in pre test and post test score which is highly significant in increasing the knowledge.

4. Conclusion

We conclude that there is a low level of good or sufficient knowledge on blood donation in our sample population. therefore there is an urgent need for awareness programme to raise the knowledge of people of this area regarding blood donation. these can be achieved through the development of IEC (information education and communication) activities on blood donation and more use of social as well as other source of media to spread message regarding benefits of

blood donation. most importantly, it should be included in school and university circular to raise awareness among students and use them as multipliers.

donors in a tertiary care hospital of Andhra Pradesh. Biol Med. 2010; 2(4):45-8.

5. Limitation

the result of our study must be interpreted with caution and the study have some limitations.it was done over a period of just the month of June and July 2016 and only young under graduated students in capital city ranchi.it was therefore skewed towards those belonging to urban, educated and more or less well to do background. and again it was done as a post test for follow up to note any changes in their knowledge towards the blood donation at a later time. Some amount of recall or memory bias exist. since the study is conducted in st john inter college Ranchi Jharkhand, the data was collected in a self-administered questionnaire which this may result in over reporting of correct responses.

6. Acknowledgement

I would like to give thanks to my students (Anita, Elina, Janny, Jyoti, Priyanka, Sonia, Vandana) who had done this study during their course in IVth year 2016 under my guidance as a guide. These are 4th year B.sc nursing students in Ranchi Metas Adventist college of nursing.

7. References

1. Toy M, Önder FO, Wörmann T, Bozdayi AM, Schalm SW, Borsboom GJ *et al.* Age-and region-specific hepatitis B prevalence in Turkey estimated using generalized linear mixed models: a systematic review. BMC infectious diseases. 2011; 11(1):337.
2. Kumar R, Sedky MJ, Varghese SJ, Sharawy OE. Transfusion related acute lung injury (TRALI): a single institution experience of 15 years. Indian Journal of Hematology and Blood Transfusion. 2016; 32(3):320-7.
3. Toy M, Onder FO, Wörmann T, Bozdayi M, Schalm S, Borsboom GJ. Age and region specific hepatitis B prevalence in Turkey estimated using generalized linear mixed models. The Public Health Impact of Antiviral Therapy for Chronic Hepatitis B. Erasmus Universiteit Rotterdam: The Netherlands. 2011, 31-57.
4. Anderlini P, Rizzo JD, Nugent ML, Schmitz N, Champlin RE, Horowitz MM. Peripheral blood stem cell donation: an analysis from the International Bone Marrow Transplant Registry (IBMTR) and European Group for Blood and Marrow Transplant (EBMT) databases. Bone marrow transplantation. 2001; 27(7):689-92.
5. Musso D, Nhan T, Robin E, Roche C, Bierlaire D, Zisou K *et al.* Potential for Zika virus transmission through blood transfusion demonstrated during an outbreak in French Polynesia, November 2013 to February 2014. Eurosurveillance. 2014; 19(14):20761.
6. Gortmaker SL, Beasley CL, Brigham LE, Garrison RN, Lucas BA, Patterson RH *et al.* Organ donor potential and performance: size and nature of the organ donor shortfall. Critical care medicine. 1996; 24(3):432-9.
7. Ouhbi S, Fernández-Alemán JL, Pozo JR, El Bajta M, Toval A, Idri A. Compliance of blood donation apps with mobile OS usability guidelines. Journal of medical systems. 2015; 39(6):63.
8. Bhawani Y, Rao PR, Sudhakar V. Seroprevalence of transfusion transmissible infections among blood