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Effectiveness of information booklet on health compliance among adults

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Abstract

Objectives: 1. to assess the pre and post test level of Health compliance among adults 2. To determine the effectiveness Information booklet on health seeking behaviour among adults 3. To associate Pre-test level of Health compliance among adults with their selected socio demographic variables

Methodology: An evaluative study was done by using one group pre and post test design with sample size of 50 adults, sample were selected by using simple random Sampling technique, Semi structured questionnaire were used to assess the pre-test level of health compliance among adults and an information booklet was provided and post test level of health compliance was assessed.

Results: Paired t test calculated value was 16.52 at $P < 0.01$ where as table value was 2.76 at $p < 0.01$.

Conclusion: The study revealed that adults were improved their level of health compliance in health seeking behaviour with information booklet.

Keywords: Health compliance, adults, information booklet

1. Introduction

Health compliance describes the degree to which a patient correctly follows medical advice. Most commonly, it refers to medication or drug compliance, but it can also apply to other situations such as medical device use, self care, self-directed exercises, or therapy sessions. Both the patient and the health-care provider affect compliance, and a positive physician-patient relationship is the most important factor in improving compliance, although the high cost of prescription medication also plays a major role.

Worldwide, non-compliance is a major obstacle to the effective delivery of health care. Estimates from the World Health Organization (2003) indicate that only about 50% of patients with chronic diseases living in developed countries follow treatment recommendations. In particular, low rates of adherence to therapies for asthma, diabetes, and hypertension are thought to contribute substantially to the human and economic burden of those conditions [1].

Major barriers to compliance are thought to include the complexity of modern medication regimens, poor "health literacy" and lack of comprehension of treatment benefits, the occurrence of un discussed side effects, the cost of prescription medicine, and poor communication or lack of trust between the patient and his or her health-care provider. Efforts to improve compliance have been aimed at simplifying medication packaging, providing effective medication reminders, improving patient education, and limiting the number of medications prescribed simultaneously.

They are involved with the treatment team in the decision as to which course of action to take, and partially responsible for monitoring and reporting back to the team. Compliance with treatment can be improved by:

- Selecting treatments in a way that minimizes side-effects, and discussing management of side effects
- Prescribing the minimum number of different medications
- Simplifying dosage regimen by selecting a drug or using a sustained release preparation that requires as few doses per day as possible
- Having open discussions around medication options, and alternatives if the first option is not tolerated

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- Patients' adherence with their medication is poor across all chronic diseases, including coronary heart disease, mental health, diabetes and cancer. This poor adherence results in significant increase in illness, disability, symptoms and even death [2].

2. Background of the study

Lora E. Burke, Jacqueline M. Dunbar-Jacob (1997) conducted study on health Compliance with cardiovascular disease prevention strategies at Meghalaya. The results shows that the efficacy of cardiovascular risk-reduction programs has been established. However, the extent to which risk-reduction interventions are effective may depend on adherence. Non-compliance, or non-adherence, may occur with any of the recommended or prescribed regimens and may vary across the treatment course. Compliance problems, whether occurring early or late in the treatment course, are clinically significant, as adherence is one mediator of the clinical outcome. This article, which is based on a review of the empirical literature of the past 20 years, addresses compliance across four regimens of cardiovascular risk reduction: pharmacological therapy, exercise, nutrition, and smoking cessation. The criteria for inclusion of a study in this review were: (a) focus on cardiovascular disease risk reduction; (b) report of a quantitative measure of compliance behavior; and (c) use of a randomized controlled design. Forty-six studies meeting these criteria were identified. A variety of self-report, objective, and electronic measurement methods were used across these studies. The interventions employed diverse combinations of cognitive, educational, and behavioral strategies to improve compliance in an array of settings. The strategies demonstrated to be successful in improving compliance included behavioral skill training, self-monitoring, telephone/mail contact, self-efficacy enhancement, and external cognitive aids. A series of tables summarize the intervention strategies, compliance measures, and findings, as well as the interventions demonstrated to be successful. This review reflects the progress made over two decades in compliance measurement and research and further, advances made in the application of behavioral strategies to the promotion of cardiovascular risk reduction [3]. So the health care providers can improve patient interactions through motivational interviewing and active listening. Health care providers should work with patients to devise a plan that is meaningful for the patient's needs. A relationship that offers trust, cooperation, and mutual responsibility can greatly improve the connection between provider and patient for a positive impact. The researcher found lack of health compliance in Dakkilivaripalem, Nellore, So the researcher interested to improve health seeking behaviour and done the study.

3. Objectives

1. To assess the Pre and Post test level of Health compliance among adults
2. To determine the effectiveness Information booklet on health compliance among adults
3. To associate Pre-test level of Health compliance among adults with their selected socio demographic variables

3.1 Projected outcomes: The study would help to assess the effectiveness of information booklet on health compliance among adults

4. Materials and Methods: An evaluative study was done by using one group pre and post test design in selected rural area Dakkilivaripalem, in Nellore District, Andhra Pradesh. A sample size of 50 adults were selected by using simple random Sampling technique, Permission was obtained from the research committee of Narayana Medical College. The informed consent was taken from the adults who willing to participate in the study. Semi structured questionnaire was used to assess the pre-test level of health compliance among adults and an information booklet was provided and post test level of health compliance was assessed.

5. Criteria for selection of the sample

5.1 Inclusion criteria

The adults who are willing to participate in the study

5.2 Exclusion criteria

The adults who does not know Telugu or English. The adults who are not available at the time of data collection.

5.3 Tool for data collection: The tool consists of 3 parts

Part-1: Demographic variables of adults like Age, Gender, Marital status, Education, Occupation, and Family Income per Month, Religion, Type of Family and Source of Information.

Part-2: Semi structured questionnaire to assess the level o health compliance among adults consist of 38 items.

Part-3 Information booklet on Health compliance and Health seeking behaviour

6. Results and discussion

Table 1: Frequency and percentage distribution of level of health compliance in pre-test and post test among adults. (n=50)

	Level of health compliance among adults					
	Poor		Average		Good	
	f	%	f	%	f	%
Pre-test	15	30	33	66	2	4
Post-test	4	8	18	36	28	56

Table-1 shows with regard to level of health compliance among adults in pre-test 15(30%) were had poor knowledge where as in post-test only 4(8%) were had poor knowledge.

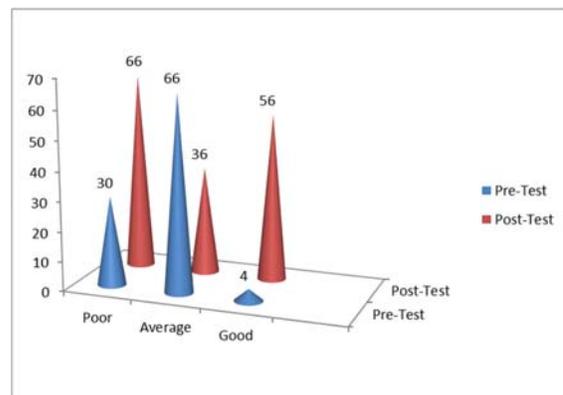


Fig 1: Percentage distribution of level of health compliance in pre-test and post test among adults

Table 2: Comparison of mean and standard deviation of pre-test and post test scores of health Compliance among Adults. (n=50)

Sl. No	Criteria	Pre-Test		Post Test		Paired "t" test
		Mean	S.D	Mean	S.D	
1	Health compliance	27.07	4.16	60.47	10.24	C=16.52, t= 2.76, S ***P<0.01

S*** highly significant at $p < 0.01$, $df(n-1) = 29$

Table-2 shows that the comparison of mean and standard deviation of pre-test and post test scores among Adults on health compliance. The pre-test mean was 27.07 with SD 4.16. The post test mean was 60.47 with SD 10.24. The calculated value of paired 't' test was 16.52 and table value was 2.76. The calculated value was greater than the table value; hence the null hypothesis was rejected and research hypothesis is accepted. There is a statistically significant improvement on health compliance among adults.

7. Recommendations of the study

On the basis of the finding of the study following recommendations have been made:

- A similar study can be replicated on large sample to generalize the findings
- A similar comparative study can be conducted between rural and urban settings.
- A similar study can be conducted by using other educational methods like demonstration, role play etc.
- A similar study can be conducted by including attitude.

8. Conclusion

Based on the result of the study shows that the total pre-test mean knowledge score of the adults was 27.07, with Standard deviation 4.16 which indicates that the adults had inadequate knowledge on health compliance. In the post test the mean knowledge score of the adults was 60.47 with standard deviation 10.24. Paired test value table value was 2.76 where as calculated value was 16.52 at $P < 0.01$. Regarding association with level of health compliance occupation was highly significant at $P < 0.05$. So informational booklet was effective in improving health seeking behaviour among adults. There was informational booklet was effective to improve adults level of health compliance.

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