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A study to assess the effectiveness of self-instructional module on knowledge regarding HIV among drivers

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Abstract

HIV infection is one of the most leading infections in the world. According to WHO HIV constitutes to be a major global public health issue, having claimed almost 33 million so far. There were an estimation of 38.0 million people living with the HIV at the end of 2019. As a result of concerted international efforts to respond to HIV, coverage of services has been steadily increasing. In 2019, 68% of adults and 53% of children living with HIV globally were receiving lifelong antiretroviral therapy (ART). There is no cure of HIV infections, however effective antiretroviral drugs can the control of virus and help onward transmission to other people. The knowledge regarding HIV infections in the public is a not much. The study focuses on the effectiveness of self-instructional module on knowledge regarding the HIV among the drivers in Kancheepuram, Chennai. The objectives of the study was to assess the pre and post-test of the self-instructional module. For the study 60 samples were adopted by purposive sampling technique. The pre-test was conducted by giving the structured questionnaire then the module was given and then the post assessment was conducted. The study was conducted for 1 week. In the pre assessment 52(86.7%) were having inadequate knowledge and 8(13.3%) had moderately inadequate knowledge. In the post-test 50(83.33%) had moderately adequate knowledge and 10(16.67%) has adequate knowledge. The effectiveness of self-instructional module was calculated by the paired t test (t=12.880) was found to be statistically highly significant at p<0.001 level.

Keywords: Effectiveness, self-instructional module, HIV, knowledge, drivers

Introduction

"Know AIDS - no AIDS" symptoms positioned at some point of North India advice humans to learn about AIDS in order to stop it [1]. The first case of HIV/AIDS was stated in Tamil Nadu, India in 1986. Since then the virus has unfold from the excessive hazard agencies to the conventional populace very fast [2]. HIV / AIDS is a serious mission for the creating as properly as developed world. In a span of two decades, since its first identification, HIV contamination has become a pandemic and has posed a formidable mission to a mankind. Based on the revised estimates, the person HIV prevalence in India is .027%, as of 2011 [3] globally, 36.9 (31.1–43.9) million people had been estimated to be residing with HIV in 2017. This is an extend from previous years and is concept to be due to the fact more humans are presently receiving the life-saving antiretroviral therapy (ART). There have been 1.8 (1.4-2.4) million new instances of HIV contamination globally every year, showing a 47% decline from the 3.4 (3.1-3.7) million in 1996 [4] India has been categorised as a nation with a low occurrence of HIV with seroprevalence fees of less than 1%, [5] and the adult HIV incidence has diminished by means of extra than 50% from 2001 to 2013.AIDS prevention strategy mostly depends on health schooling and behavioural adjustments based on AIDS awareness among the population which has started displaying its results in India where the prevalence has shown moderate decline in the latest past. Awareness constitutes the cornerstone of all intervention endeavours for HIV transmission, greater so in case of high danger groups [6] the contamination has been primarily through hazardous heterosexual intercourse with multiple partners, IV drug users. Other routes of infection are transfusion of infected blood and blood products, using contaminated needles/syringes and Trans placental [7]. 90% of the instances with HIV infection are aged between 15 and 45 years and belong to low socio-economic groups. The lengthy distance truck drivers and migrant population serve as vehicle of transmission. AIDS is nonetheless fairly contained in particular among the

intercourse workers (8.44%), injecting drug users (10.16%), truck drivers, people infected via selling blood. Still without concentrated effort on the phase of these high-risk behavior groups, HIV can spread shortly to the general population ^[8]. It faces a variety of challenges in responding effectively to the HIV/AIDS epidemic. The attitude involving HIV/AIDS in turn is expected to decide people's sexual behavior ^[9]. Truck drivers, in particular long distance truck drivers, are extra inclined to HIV infection, due to the fact they journey a lot (day and night), often out of residences for months ^[10]. Hence the investigator opted the study to determine the effectiveness of self-instructional module on HIV among drivers.

The purpose of the study (1) to assess the pre-test level of existing knowledge on HIV among drivers. (2) To determine the effectiveness of self-instructional module on HIV among drivers. (3) To find the association between the level of knowledge with their selected demographic variables

Materials and Methods

Quantities research approach and pre experimental one group pre-testpost-test design was used to assess the effectiveness of self-instructional module on HIV to drivers. After obtaining permission from Saveetha College of Nursing, the investigator selected 60 drivers by using purposive sampling technique. The sample who met the inclusion criteria were selected by purposive sampling technique. The investigators introduced and explained the purpose of the study to the samples and obtain the written confirmed. The purposes of the study were explained to the drivers. Section A: It consists of the demographic variables which include Age, sex, education. Occupation, monthly income, religion, marital status, type of family and dietary pattern. Section B- It consist 25 multiple choice questions to assess the effectiveness of self-instructional module.

Results and Discussion

Section A: Sample characteristics

The drivers most of them 26(43.3%) were in the age group of 41-50 years, all 60(100%) were male, 45(75%) were private employee, 21(35%) had monthly income of 9000-11000 and above 11000 respectively, 45(75%) were married, 32(53.3%) belonged to nuclear family 45(75%) were non-vegetarian.

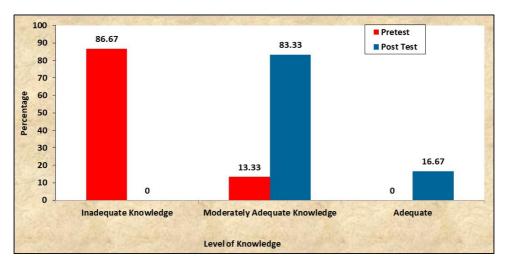
Section B: Assess the pre-test level of existing knowledge on HIV among drivers.

The finding of the pre-test 52(86.67%) had inadequate knowledge and 8(13.33%) had moderately adequate knowledge.

Whereas in the post test, 50(83.33%) had moderately adequate knowledge and 10(16.67%) had adequate knowledge on HIV among drivers.

The present study was supported by Marahatta SB (2012) conducted a study on knowledge on HIV/AIDS among bus drivers, at Nepal [11]. A descriptive was carried to assess the knowledge among bus drivers, verbal consent was taken and questionnaire was used to collect the data from the bus drivers. A total 100 drivers were randomly selected for the study. The result shown that 38% were between age 20-24 years, 82% have heard from media, (n=45) of respondents mentioned unsafe sex is the means of transmission, (n=12)believe that sharing clothes, (n=1) believe that kissing can transmit HIV/AIDS,(n=5) have knowledge that using condom during sexual intercourse can HIV/AIDS,(n=4) of respondents still believe that HIV/AIDS is curable,(n=46) respondents knew that HIV/AIDS is not curable.

Percentage distribution of pre-test and post-test level of knowledge on HIV among drivers



Section C: Determine the effectiveness of self-instructional module on HIV among drivers.

 Table 1: Comparison of pre-test and post-test level of knowledge on HIV among drivers.

N = 60

Knowledge	Mean	S.D	Mean Improvement Score & %	Paired 't' Test
Pretest	5.85	2.48	6.48 (27%)	t = 12.880
Post Test	12.33	3.11		P = 0.0001 S***

^{***}p<0.001, S – Significant

The pre-test mean score of knowledge was 5.85 ± 2.48 and the post-test mean score was 12.33 ± 3.11 . The mean improvement score was 6.48 (27%). The calculated paired 't' test value of t=12.880 was found to be statistically highly significant at p<0.001 level.

The above finding clearly infers that self-instructional module on knowledge regarding HIV administered to drivers was found to be effective in improving the level of Knowledge on HIV in the post test

The present study was supported by Arodiwe Ijeoma, *et al.*, (2018) had conducted a study to assess the knowledge of HIV transmission route, preventive measures, attitude to HIV Counselling and Testing, willingness and factors associated with willingness to screen for HIV among long distance truck drivers in Enugu, Nigeria ^[12]. The results findings are high number of LDTD had wrong knowledge of transmission route, better educational level did not affect incorrect knowledge of preventive measures, educational and marital statuses affected attitude to HIV Counselling and Testing, willingness to screen was high with marital status and educational level significantly associated with it. We recommend routine HCT at the work places of truck drivers to correct the anomalies discovered above.

Section D: Association between the levels of knowledge with their selected demographic variables.

The demographic variable education had shown statistically significant association with post-test level of knowledge on HIV among drivers at p<0.05 level and the other demographic variables had not shown statistically significant association with post-test level of knowledge on HIV among drivers.

The present study was supported by Goyal Bharat Kumar, et al., (2015) had conducted a study to assess the knowledge and attitude among school teachers regarding HIV/AIDS. Cross sectional pre structured questionnaire based study was conducted. The result findings shows the over all mean score of knowledge was found to be 18.2. There was a significant difference in the knowledge by the type of school and teaching subject (p value <0.05). There was significant difference in attitude by the type of school, teacher's age and teaching subject (p value <0.05).

Conclusion

The findings revealed that the existing level of knowledge on HIV among drivers was improving the knowledge about HIV to be effective awareness by administered self-instructional module.

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