J Nur Today

RESEARCH ARTICLE www.jolnt.com

e-ISSN 2456-1630

A Study to Assess the Effectiveness of Structured Teaching Program on Knowledge Regarding the Management of Obsessive-Compulsive Disorder among Housewives in a Selected Urban Area at Udaipur

Preetam Kumar Dhaker[1]* and Satyaveer Singh Pundhir[2]

[1]1M. Sc. Nursing Student, Venkteshwar College of Nursing, Ambua Road, Udaipur, Rajasthan, India

[2]HOD, Mental Health Nursing, Venkteshwar College of Nursing, Udaipur, Rajasthan, India

ABSTRACT

Obsessive-compulsive disorder is a chronic psychiatric disorder and it is one of the 10 most disabling medical conditions worldwide. The present study aims to assess the effectiveness of a structured teaching program on knowledge regarding the management of obsessive-compulsive disorder among housewives in the selected urban area at Udaipur. The quantitative research approach and pre-experimental one-group pre-test post–research design was adopted for this study. The non-probability purposive sampling technique was used for data collection. The collected data were tabulated and analyzed by descriptive and inferential statistics. The finding showed that in the pre-test majority of participants i.e. 75 (62.50%) had inadequate knowledge, 36 (30%) had moderate knowledge and 9 (7.50%) had adequate knowledge regarding the obsessive-compulsive disorder. In the post-test majority of participants i.e. 78 (65%) had adequate knowledge, 24 (20%) had moderate knowledge, and 18 (15%) had inadequate knowledge regarding obsessive-compulsive disorder. The pre-test mean and SD was 11.3±2.69 and the post-test mean and SD were 20.63±1.15. The overall calculated' value of 14.91 at $p<0.05$ was higher than the table value (1.98) at a 0.05 level of significance. The demographic variable such as age ($\chi2=20.24$), and type of family ($\chi2=18.70$) were higher than the tabular value which indicates that there was a significant association at $p>0.05$ level and other demographic variables such as religion ($\chi2=11.18$), educational status ($\chi2=9.08$), source of information ($\chi2=10.30$), and family history of mental illness ($\chi2=0.03$) were non-significant at $P<0.05$. The study concluded that the structured teaching programme was effective in improving knowledge among housewives regarding the management of obsessive-compulsive disorder.

KEYWORDS

Effectiveness; Knowledge; Structured Teaching Programme; Housewives; Obsessive Compulsive Disorder

Date Received: 19/11 /22 **Date Revised: 16/12/22** **Date Published: 15/01/2023**

INTRODUCTION

Obsessive-compulsive disorder (OCD) is characterized by obsessions or compulsions or both. The American Psychiatric Association's Diagnostic and Statistical Manual (4th Edition) depicts fixations as repetitive, steady thoughts, considerations, pictures, or motivations that are competent sooner or later during the sickness as inner self-dystonic, i.e., meddlesome, silly, over the top, disgusting, or ludicrous. The obsessions are not simply worries about real-life problems. Common morbid themes are contamination, aggression, harm avoidance, distasteful or excessive sexual ideas, religious concerns, fears of offending others, a need to know, orderliness and perfection1. Impulses are monotonous, apparently deliberate ways of behaving or mental demonstrations performed by inflexible principles. The protests are intended to forestall a future dreaded occasion, however, are not associated with the occasion, or are unnecessary. They convey a feeling of emotional impulse and give no joy. Normal impulses are washing, checking, a need to ask or to admit, and organizing, rehashing, storing, and mental impulses like counting or praying[2]. Obsessive-compulsive disorder influences youngsters and teenagers as well as grown-ups. Around 33% to one-half of grown-ups with obsessive-compulsive disorder report a childhood onset of the disorder, proposing the continuum of uneasiness problems across the life span[3].

NEED FOR STUDY

In India, Obsessive-compulsive disorder is very common in persons from upper social strata and with high intelligence. The average age of onset is the late third decade i.e. late 20s, while in western countries the onset is usually earlier in life. Recent studies show the lifetime prevalence of OCD to be as high as 2-3%. Long-term follow-up studies show that about 25% remained unimproved over time, 50% had moderate to marked improvement and 25% had recovered completely[4].

In a study of 20,000 adults, the lifetime prevalence rate of obsessive-compulsive disorder for both sexes was recorded at 2.5%. As far as age is concerned, the onset of obsessive-compulsive disorder usually ranges from the late teenage years until the mid-20s in both sexes, but the age of onset tends to be slightly younger in males than in females5. Women are two times as prone to encounter nervousness as men. Among the individuals who experience the ill effects of OCD, around 60% are female. A report says that obsessive-compulsive disorder affects about 2-3% of the general

population, and takes a great toll on sufferers and their friends and families, even if they only experience symptoms for a short time each day. It is listed amongst the top 10 most debilitating illnesses in terms of loss of income and decreased quality of life[6].

Nearly 80% of 42 patients responded well (much improved) to this protocol, although not all received all of the family components. Treatment included components on education, parental participation in childhood relaxation training, reduction of accommodation, parental anxiety management, family support of ERP, and problem-solving skills training. This treatment package led to considerable benefits for 6 of the 7 children at posttest Family accommodation also improved substantially[7].

Several research recommends intervention for family members it suggests psycho-educational interventions who are unfamiliar with the disorder of OCD, who accommodate to patients' symptoms, and who tend to be critical or negative in their attitude[8].

PROBLEM STATEMENT

"A study to assess the effectiveness of structured teaching program on knowledge regarding management of obsessive-compulsive disorder among housewives in a selected urban area at Udaipur"

OBJECTIVES

- To assess the knowledge on the management of obsessive-compulsive disorder among housewives.
- To assess the effectiveness of a structured teaching programme with the post-test knowledge score.
- To find an association between the post-test knowledge on the management of obsessive-compulsive disorder with their selected demographic variables.

HYPOTHESIS

H_1: There will be a significant difference between the pre-test and post-test level of knowledge regarding obsessive-compulsive disorder.

H_2: There will be a significant association between the pre-test knowledge of housewives regarding obsessive-compulsive disorder with the selected demographic variable.

MATERIALS AND METHODS

Research Approach: A quantitative research approach was used in the study.

Research Design: Pre-experimental, one-group pre-test post–research design was used.

Sample: In the present study, the sample comprises 120 housewives (aged between 21-40 years) living in the selected urban community at Udaipur.

Sampling Technique: In the present study, the samples were selected through a non-probability purposive sampling technique.

Setting: In the present study, the setting was selected urban area at Udaipur.

Population: In the present study, the target population was housewives living in the selected urban community at Udaipur.

Description of tool: Structured questionnaire to assess the knowledge. It consisted of two parts:

Section A: It consists of 6 demographic variables, including age, religion, educational status, type of family, source of information, and family history of mental illness.

Section B: It consists of 30 structured knowledge questionnaires, and was considered appropriate for assessing the knowledge score regarding obsessive-compulsive disorder. The maximum total score of the knowledge questionnaire was 30 (for each correct response 1 mark will be given and 0 mark for an incorrect answer).

Ethical consideration

- Approval from the ethical committee of Venkteshwar College of Nursing Udaipur.
- Before data collection, written permission was obtained from the concerned authority of the urban area, at Udaipur.
- Anonymity and confidentiality of subjects were maintained.
- Informed consent was obtained from the subjects.

Plan for data analysis

The data analysis will be done according to the study objectives by using descriptive and inferential statistics. The plan of data analysis would be as follows:

- Frequency, percentage, mean, and standard deviation will be calculated.
- A paired t-test will be used to test the hypothesis.
- The chi-square test will be used for association with demographic variables.

RESULTS AND DISCUSSION

The data obtained are divided into sections for easy and accurate interpretation of data. The data finding has organized under the following section:

Section A: Description of the demographic variables.

Section B: Findings related to assessment of the pre-test & post-test level of knowledge regarding the obsessive-compulsive disorder.

Section C: Findings related to assessment of the effectiveness of a structured teaching programme regarding obsessive-compulsive disorder among housewives.

Section D: Findings related to the association between the pre-test knowledge scores with the selected demographic variables.

Section A: Description of the demographic variables:

The demographic data consists of 6 items seeking information about the age, religion, educational status, type of family, source of information, and family history of mental illness.

Table 1 Description of the demographic variables **N = 120**

S. N.	Demographic variable	Frequency (n)	Percentage (%)
1	**Age**		
a)	21-25 years	12	10
b)	26-30 years	36	30
c)	31-35 years	30	25
d)	36-40 years	42	35
	Total	**120**	**100**
2	**Religion**		
a)	Hindu	60	50
b)	Muslim	51	42.5
c)	Christian	9	7.5
d)	Other	0	0
	Total	**120**	**100**
3	**Educational Status**		
a)	Illiterate	6	5
b)	Primary education	45	37.5
c)	Secondary / Sr. Secondary education	27	22.5
d)	Graduation / Post graduation	42	35
	Total	**120**	**100**
4	**Type of family**		
a)	Nuclear family	75	62.5
b)	Joint family	45	37.5
	Total	**120**	**100**
5	**Source of information**		
a)	Mass-Media	42	35
b)	Health professionals	30	25
c)	Friends and relatives	33	27.5
d)	Other	15	12.5
	Total	**120**	**100**

6	**Family history of mental illness**		
a)	Yes	57	47.5
b)	No	63	52.5
	Total	**120**	**100**

Age in years: Table 1 revealed that regarding the age group majority of respondents 42 (35%) were 36-40 years, 36 (30%) were 26-30 years, 30 (25%) were 31-35 years of age group, and 12 (10%) were 21-25 years.

Religion: Table 1 depicted that the majority of the samples 60 (50%) were the Hindu, 51 (42.5%) were Muslim religions, 9 (7.5%) were Christians and none (0%) were other religions.

Educational Status: Table 1 showed that the majority of respondents 45 (37.5%) had primary education, 42 (35%) had graduation/post-graduation, 27 (22.5%) had secondary/senior secondary education, and 6 (5%) belonged to illiterate.

Types of Family: Table 1 revealed that regarding the types of family majority of respondents 75 (62.5%) were from the nuclear family, and 45 (37.5%) were from the joint family.

Source of Information: Table 1 showed that the majority of samples 42 (35%) got information from mass media, 33 (27.5%) got information from friends or family, 30 (25%) got information from health professionals, and 15 (12.5%) got information from other.

Family History of Mental Illness: Table 1 depicted that the majority of the participants 63 (52.5%) had no family history of mental illness, and 57 (47.5%) had a family history of mental illness.

Section B: Findings related to assessment of the pre-test & post-test level of knowledge regarding the obsessive-compulsive disorder: **N = 120**

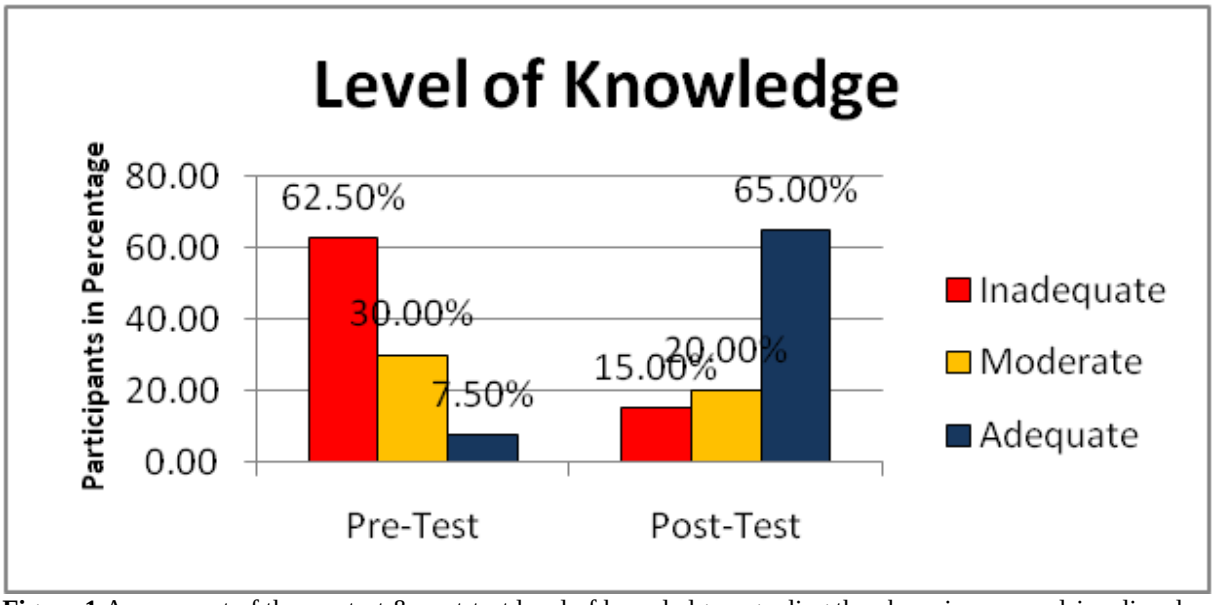

Figure 1 Assessment of the pre-test & post-test level of knowledge regarding the obsessive-compulsive disorder

Figure 1 showed that the majority of participants i.e. 75 (62.50%) of housewives had inadequate knowledge regarding obsessive-compulsive disorder, 36 (30%) of housewives had moderate knowledge and 9 (7.50%) of them had adequate knowledge of the pre-test. In the post-test majority of participants i.e. 78 (65%) of housewives had adequate knowledge about obsessive-compulsive disorder, 24 (20%) of them had moderate knowledge, and 18 (15%) of them had inadequate knowledge regarding obsessive-compulsive disorder.

Section C: Findings related to assessment of the effectiveness of structured teaching programme regarding obsessive-compulsive disorder among housewives: N = 120

Table 2 Assessment of the effectiveness of structured teaching programme regarding obsessive-compulsive disorder among housewives

Test	Mean	SD	Mean Difference	df	t- value	Inference
Pre-test	11.3	2.69	9.33	119	14.91	1.98* (0.05 Level)
Post-test	20.63	1.15				

H_1: There will be a significant difference between the pre-test and post-test level of knowledge regarding Obsessive-compulsive disorder.

Table 2 revealed that the pre-test mean and SD was 11.3±2.69 and the post-test mean and SD were 20.63±1.15. The overall calculated' value of 14.91 at $p<0.05$ in the knowledge aspect was higher than the table value of 1.98 at a 0.05 level of significance. Hence, the **H_1** was accepted.

Section D: Findings related to the association between pre-test knowledge score with the selected demographic variables: N = 120

Table 3 Associate between pre-test knowledge level and selected demographic variables

S. N.	Demographic Variables	Knowledge Level				df	$\chi 2$	P value (0.05 level)	Inference
		Inadequate	Moderate	Adequate	Total				
1				**Age**					
a)	21-25 years	6	2	4	12	6	20.24	12.592	S
b)	26-30 years	21	11	4	36				
c)	31-35 years	16	13	1	30				
d)	36-40 years	32	10	0	42				
	Total	**75**	**36**	**9**	**120**				
2				**Religion**					
a)	Hindu	35	23	2	60	6	11.18	12.592	NS
b)	Muslim	37	9	5	51				
c)	Christian	3	4	2	9				
d)	Other	0	0	0	0				
	Total	**75**	**36**	**9**	**120**				
3				**Educational Status**					
a)	Illiterate	1	4	1	6	6	9.08	12.592	NS
b)	Primary education	26	15	4	45				
c)	Secondary / Sr. Secondary	13	10	4	27				

	education								
d)	Graduation / Post graduation	35	7	0	42				
	Total	**75**	**36**	**9**	**120**				
4	**Type of family**								
a)	Nuclear family	35	35	5	75	2	18.70	5.991	S
b)	Joint family	40	1	4	45				
	Total	**75**	**36**	**9**	**120**				
5	**Source of information**								
a)	Mass-Media	22	18	2	42	6	10.30	12.592	NS
b)	Health professionals	15	10	5	30				
c)	Friends and relatives	25	7	1	33				
d)	Other	13	1	1	15				
	Total	**75**	**36**	**9**	**120**				
6	**Family history of mental illness**								
a)	Yes	36	17	4	57	2	0.03	5.991	NS
b)	No	39	19	5	63				
	Total	**75**	**36**	**9**	**120**				

S = Significant / **NS** = Non Significant

H_2: There will be a significant association between the pre-test knowledge of housewives regarding obsessive-compulsive disorder with the selected demographic variable.

Table 3 showed that the demographic variable such as age ($\chi 2$=20.24), and type of family ($\chi 2$=18.70) is higher than the tabular value which indicates that there was a significant association at p>0.05 level and other demographic variables such as religion ($\chi 2$=11.18), educational status ($\chi 2$=9.08), source of information ($\chi 2$=10.30), and family history of mental illness ($\chi 2$=0.03) is non-significant at P<0.05. Hence, research hypothesis **H_2** was accepted.

CONCLUSION

The present study aims to assess the effectiveness of a structured teaching program on knowledge regarding the management of obsessive-compulsive disorder among housewives in a selected urban area at Udaipur. The quantitative research approach and pre-experimental one-group pre-test post–research design was adopted for this study. The non-probability purposive sampling technique was used for data collection. The data were collected to assess the level of knowledge among housewives by using the structured knowledge questionnaire before and after the structured teaching programme. The collected data were tabulated and analyzed by descriptive and inferential statistics. The study findings showed that the structured teaching programme was effective in improving the knowledge of housewives regarding obsessive-compulsive disorder. There was a

significant difference between the pre-test knowledge score and post-test knowledge score after the administration of the structured teaching program regarding the knowledge of obsessive-compulsive disorder at the 0.05 level of significance. There was a significant association between the pre-test level of knowledge and the selected demographic variables.

REFERENCES

1. Obsessive - Compulsive Disorder. Available on. http://www.forteenshealth.org/yourmind/mentalhealth/ocd.html

2. Obsessive Compulsive Disorder. Available on. http://mental health_ocd.html.

3. Stewart, S. E., Rosario, M. C., et al. (2007). Principal components analysis of obsessive-compulsive disorder symptoms in children and adolescents. Biological Psychiatry, 61(3), 285–291. https://doi.org/10.1016/j.biopsych.2006.08.040

4. Berrios G. E. (1989). Obsessive-Compulsive disorder: its conceptual history in France during the 19th century. Comprehensive psychiatry, 30(4), 283–295. https://doi.org/10.1016/0010-440x(89)90052-7

5. Obsessive–compulsive disorder. (2022, November 14). In Wikipedia. https://en.wikipedia.org/wiki/Obsessive%E2%80%93compulsive_disorder

6. World Statistics on OCD. Available on. Htttp://www.who.com

7. Jiwanmall, S. A., & Kattula, D. (2016). Obsessive-Compulsive Disorder Presenting with Compulsions to Urinate Frequently. Indian journal of psychological medicine, 38(4), 364–365. https://doi.org/10.4103/0253-7176.185953

8. Steketee, G., & Van Noppen, B. (2003). Family approaches treatment for obsessive-compulsive disorder. Revista brasileira de psiquiatria (Sao Paulo, Brazil : 1999), 25(1), 43–50. https://doi.org/10.1590/s1516-44462003000100009