# Assess the Effectiveness of Strutctured Teaching Program on Knowledge Regarding Home Visit among Second Year Basic B.Sc. Nursing Student's in Selected Nursing

**Nayana Kalane**

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**Abstract**

Community health nurse work in families in a variety of settings like clinic school offices and homes etc. An important aspects of community health nurse's role in promoting health of people is by providing services to individual families in their homes. Home visiting is one of the most important aspect of community health service. This study was based on *quantitative approach*. The *population* was second year Basic B.Sc. Nursing students in the selected nursing college. The **sample size** of 30 students. *Research Design* non-experimental approach is use to assess the knowledge. *Conceptual framework* used for present study is "Modified general system mode" total **sample size** is 30 and selected by ***Non-probability purposive sampling technique***. The pilot study was conducted from 18.02.2020 to 27.02.2020. as per laid down criteria 3 sample were selected from Basic B.Sc. nursing college for pilot study from non-probability purposive sampling technique. The data gathering process began on 29.10.20 to 5.11.20. The inclusion criteria were: The study is limited to $2^{nd}$ year Basic B.Sc. Nursing students. Male and Female is included. Who are willing to participate in the study. The investigator visited the selected Basic B.Sc Nursing college and obtained the necessary permission from the concerned authorities, after explaining the objectives and purpose of the study to the $2^{nd}$ year Basic B.Sc. Nursing students consent was obtained from them for participation in the study. Pre-test was given to assess their knowledge regarding Home visiting. The structured teaching on study regarding Home visiting was given to the participants of the study. Post-test was conducted on $7^{th}$ day of structured teaching. Based on the Objective and Hypothesis the data analyzed and by using various statistical tests i.e., Percentage, mean, chi square and standard deviation, T-test, the level of significance set for testing the hypothesis was at 0.05.

*Result:* The finding shows that in pre-test score, 13.33% of sample has poor level knowledge, 86.67% of sample has average level of knowledge, 0% of sample has good level of knowledge. But in post-test score. 46.67% of sample has good level of knowledge, 53.33% sample has average level of knowledge. The finding shows that calculated 'T' value was much higher than tabulated value. Hence, it was strongly interpreted that the structured teaching regarding Home visiting was effective**.**

**Author's Affiliation:** Associate Professor, Department of Community Health Nursing, Sumantai Wasnik Institute of Nursing, Nagpur, Maharashtra 440023, India.

**Corresponding Author: Nayana Kalane,** Associate Professor, Department of Community Health Nursing, Sumantai Wasnik Institute of Nursing, Nagpur, Maharashtra 440023, India.

**E-mail:** Kalanenayana@gmail.com

*Conclusion:* So, the H1 was accepted. There was to significance difference between age, previous knowledge, residential area, gender and nutritional status. The structured teaching brought out improvement in the knowledge regarding Home visiting among Basic B.Sc. Nursing students. Analysis of the data shows that there is significance difference between pre-test and post-test knowledge.

**Keywords:** assess, effectiveness, structured teaching program, knowledge, home visit, students.

## INTRODUCTION

Community health nurse work in families in a variety of settings like clinic school offices and homes etc. An important aspects of community health nurse's role in promoting health of people is by providing services to individual families in their homes. Home visiting is one of the most important aspect of community health service. Beside the healthy and vulnerable people in the community, many of the side people are there in house health care at home requires knowledge comprehensive care to the health and the sick. Community health nurse must have teaching abilities, judgment, critical thinking, communication skills problem solving abilities and skills in therapeutic measures. Home visit not only help the nurse to get to know her patient very well but also help to build support with the family, which helps her in day-to-day activities in the community.

a. Mother in her own environment is free to express and exchanges her opinions and problems.

b. It gives the socio-economic information of the family background, in turn it also provides helpful information regarding cultural beliefs regarding health practices, and general habits of the family. By gaining such information, she can impart health education to suit the situation.

Nurses make health care visits to the home for many reasons. Public health nurses "are in a unique position because they are the professional group that has the opportunity to visits families in their own homes to detect health concern and prevent problem before they become serious. The goal of home visit to improve health and the quality of life has a long history (Hanks and Smith, 1999). Specific activities depend on the need of family and on the agency for which the nurse works. Agency from which nurses make associations, hospice, public health departments, home health agencies, and school districts. Many hospitals also have home care programs that employ community health nurses to provide follow up for the hospital's clients. Home visiting provide opportunities to observe the home environment and to identify barriers and support for reaching family health promotion goods. Home visit refers to meeting the health needs of people at their doorsteps. Home visiting given at home for client family and the community in general for nursing services and health counseling.

## BACKGROUND OF STUDY

Effectiveness of paraprofessional home visitation on improving the circumstances of disadvantaged families is under. Caring for infants and young children can be challenging for many parents, it can be further complicated when families are poor, lack, social support or have addiction problems. Home visiting programs attempt to address the needs of these at risk families with young children by offering services and support that they might not otherwise access. Home visiting programs have been in existence now for more than 20 years. The benefit of home visiting programs is that the services are brought to socially isolated or disadvantaged families in their own homes and as such. May increase their sense of control and comfort allowing them to get the most benefit from services offered. Home visit is an integral component of PHC delivery system it is prevent and promotes health practice where health professionals render care to clients in their own environment and provide appropriate health care needs and social support services. Home visiting programs have been developed to improve the functional abilities of older people and subsequently to reduce the use of institutional care service. Home visits for a high-risk population rather than the general population, seems a promising approach we therefore studied the effects of a home visiting program for older people with poor health.

## OBJECTIVES OF THE STUDY

• To assess the pre-test knowledge regarding

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Home Visiting among selected student's.

- To assess the post-test knowledge regarding Home Visiting among the selected student's.

- To assess the effectiveness of structured teaching program among Basic B.Sc. Nursing students.

- To find out the association between post-test knowledge score with selected demographic variables.

## NEEDS OF THE HOME VISIT

The attitude of the community people towards home visiting by nursing students effects the nursing services, so there is need to find the reason. For it so that health problems can be solved with the help of home visiting. So the investigator did a modest attempt to study the attitude of community people towards home visiting. Home visiting programs provide structured visits by trained professional and paraprofessional to high risk parents who are pregnant or have young children. These programs support families by providing health check-ups, screenings, referrals, parenting advice, and guidance with navigating other programs and services in their community. The programs also monitor progress on children's developmental milestones. Quality home visiting programs help parents provide safe and supportive environments for their children and over time, families and home visitors build strong relationship that lead to lasting benefits for the entire family.

**Needs include:**

- Moms and babies are healthier
- Children are better prepared for school
- Children are safer
- Families are more self sufficient
- Home visiting programs save money
- Home visiting provide an opportunity to study the home and family situations
- Home visit clarify the doubts raised by the family members
- Home visit provides an opportunity to maintain continuity of family health care
- Home visits helps to prevent and handling the problems
- Home visit helps for the prevention of diseases
- Home visit helps for the promotion of health

of the family members.

**Operational Definition**

**Assess:** In this study, 'assess' means "estimating the amount of knowledge regarding Home Visiting among the selected student's.

**Effectiveness:** In this study the effectiveness means to extend to which the structure teaching program achieve the desire improvement in knowledge among second year Basic B.Sc. Nursing at selected nursing college.

**Knowlegde:** According to oxford dictionary ''knowledge'' means the information, understanding and skills that you gain through experience and education

**Structured Teaching Program:** In this study, "structured teaching program'' means by using instructional aids and designed to provide information to the selected student's.

**Home Visiting:** Home visit refers to the meeting the health needs of people at their doorstep. Health services given at home for patient, family and the community in general for nursing service and health counseling.

**Student's:** Second year basic B.SC nursing students.

**Limitations**

- The study is limited to selected second year Basic B.Sc. nursing student's.
- Male and female is included.
- Sample size is 30.
- Who knows about English reading and writing.

**DELIMITATION**

- The study is delimitated to not more than 30 students.
- Trans gender group is not included.
- Students who are not present during data collection.

**Ethical Aspects**

The study was approved by the institutional ethical committee and the study was conducted in accordance with ethical guideline prescribe by central ethics committee on human research. Permission was taken from ethical committee. Proper explanation regarding the purpose of the study and nature of questionnaire involved in the study was given to the samples. Information

was not released outside the terms of agreement. Subjects were protected from all type of harm.

## HYPOTHESIS

- **$H_0$:** There will be no significance difference between pre-test and post-test Knowledge Regarding Home Visit among Second Year Basic B.Sc. Nursing students at selected nursing college.

- **$H_1$:** There will be significance difference between pre-test and post-test Knowledge Regarding Home Visit among Second Year Basic B.Sc. Nursing student at selected nursing college.

### Conceptual Framework

According to Modified general system model' a system consist of a set of interacting components that is, input, throughout and output within a boundary that filter the type and rate of exchange with the environment. **Input**: In this type of information, students in the selected college with demographic variables will be including. These students will be assessing for their knowledge regarding home visiting. Demographic variable such as age, gender, nutrition status, previous knowledge regarding home visiting. It is assumed that students have some knowledge about home visiting, result may be positive or negative. **Throughput**: after the input it is processed in a way useful to the system. This transformation is called throughput. To assess the pre-test level of knowledge and administration of structured teaching program on knowledge regarding study related to home visiting can help to improve the knowledge regarding study related home visiting. **Output**: The general goal of nursing intervention is to maintain and improve knowledge output from a system is energy matter or information given out by the system as a result of its process. In this study post-test reveals result students are significantly improving in knowledge regarding study related home visiting among selected students in selected nursing college. The gain in knowledge was measured through the post test. There are significant improvement and non-significant improvement in knowledge. **Feedback**: feedback is the mechanism by which some of the output of the system is return to the system as input. This process including those students in selected college whose knowledge score will be the no gain in knowledge score. This selected students in the selected college will be again exposed to the structured teaching program for the development

of knowledge regarding home visiting. If there is a significant gain in scores indicates adequate knowledge gain.

## REVIEW OF LITERATURE

Literature review provide a foundation on base new evidence and usually is conducted well before any data collection.

A systematic review is a literature review focused on a research question, trying to identify, appraise, select and synthesize all high-quality research evidence and arguments relevant to that question. A meta-analysis is typically a systematic review using statistical method to effectively combine the data used on all selected studies to produce a more reliable result.

A literature review is a select analysis of existing research which is relevant to your topic, showing how it relates to your investigation. It explains and justifies how your investigation may help answer some of the questions or gaps in this area of research.

The review of literature is organized and presented under the following section:

Section A: Review of literature on Home visiting.

Section B: Review of literature on Bag Technique.

### Review of Literature on Home Visiting

**Tom Henwood** *et al*. **Int J Nurs Stud.** A study was conducted on Do home visiting programs improve children's language development? A systematic review This review examines home visiting programs that specifically provide home based support to vulnerable, socially disadvantaged women who are either pregnant or have recently become a new parent. A comprehensive search of four online databases (Embase, Emcare, Psycinfo and Medline) between 1990 and 2020 was conducted, as well as a hand search of the references of relevant studies Studies were screened with N = 11 meeting the inclusion/exclusion criteria. The risk of bias of each study was assessed. Most of the home visiting program had been established in America. Six of the eleven studies reported positive language outcomes for children. Where statistical data was reported, the magnitude of the difference between the intervention and control groups represented small effect sizes. Home visiting programmes targeted at socially disadvantaged women and their children have the potential to positively influence the language development of the child.

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### Review of Literature on Bag Technique

**Suchandana Bhattacharyaet,al. (2020)** A study was conducted on study to redesign the community nursing bag and assess the acceptability among students nurses in selected collage of Nursing at new Delhi.The design of the study was methodological. To assess the acceptability of bag semi-structured questionnaire was used. The sample was 150. From the acceptability perspective 97 percent of student nurses found there design bag is highly acceptable.

## METHODOLOGY

A Research methodology defines what the activity of research is, how to proceed, how to measure progress and what constitute success. The methodology decision paves crucial implication for validity and credibility of study findings. Methodology of research indicate general factors organizing procedure for the empirical study together with the method of obtaining valid rule reliable data for an investigation.

### Research Approach

The researcher approach for the present study is the quantitative research approach

### Research Design

The research design is the planed, structure and strategy of investigation of answering the research question in over all planned, and **non experimental design** is use to assess the knowledge regarding home visiting among the selected nursing student.

### Setting of the Study

Study was conducted among second year Basic B.Sc nursing student in selected nursing college.

## VARIABLES

### Independent Variable

According to polite and beck 2008 independent variable is the variable that is believed to cause or influence the independents variable in this study independents variable is knowledge.

### Dependent Variable

According to polite and beck 2008 dependent variable is the variable hypothesized to dependent on or because by another variable; the outcome variable of interested, in this study dependent variable is home visiting.

### Population

As per rose marie1998 population is a complete set a person or object that pauses some common characteristics interested the researcher. The population of present study was compared of second year basic B.Sc. nursing student in selected nursing college.

### Identification of Target and Accessible Population

A target population consists of the total number of people or subject which are meeting designated set of criteria. In this study of target population consist of $2^{nd}$yr basic B.Sc nursing students in selected nursing college.

### Accessible Population

The accession population is the aggregate of cases that confirm to designated criteria and also accessible as a subject for the study. In this study, accessible population consist of 2rd year Basic B.Sc. nursing students in selected nursing college, who need the designated criteria and who are also able for research study.

### Sample

According to polite and Hungler 2000 "sample" is a small portion of the population to participate in the research study. The sample selected for present study compromise of 2rd year basic B.Sc nursing students in selected nursing college.

### Sample Technique

Sampling technique is a procedure that the researcher adopts in selected the sample for the study. In this study, sample non probability purposive sample technique is used to select the sample.

**Sample Size: 30**

**Inclusion Criteria:**

- Second year basic B.Sc nursing students in selected nursing college.
- Second year basic B.Sc nursing students who are willing to participate in the study.
- Student who knows English.

**Exclusion Criteria**

- Students who are not studying in second year basic BSC nursing class.
- Students who are not willing to participate
- Student who don't know English.

## TOOL PREPARATION

The researcher prepared a structured questionnaire as the tool for the study. The structured questionnaire includes two section:

**Section A:** This section includes five questions on information regarding demographic profile of sample.

**Section B:** This section includes 30 question to assess the knowledge on second year BSC nursing students in selected nursing college.

As the structure of total questionnaire is developed in the 2 boundary section to assess the knowledge of second year basic BSC nursing students section B of total questionnaire deal with the multiple choice question. The score of the section B measured based on excellent, good and poor , where the correct response are given a score of "1" and incorrect "0".

**Selection and Developmet of Tool**

Development of tool according to Basavanthappa (2007) the tool of the data collection translated the research objective into specific question the response to which will provide the data required to achieved the research objectives. The order to achieve this purpose, each question must convey to response the idea or group of idea required by the researcher objectives. An instrument in a research refer to the tool or equipment used for the data collection or may take the form of questioning. Questionnaire is means of eliciting the dealing, believes, experiences knowledge of some samples of students. A data collecting instrument it could be structured. The present study aim at assessing the Knowledge Regarding Home Visit among Second Year Basic B.Sc. nursing students in selected nursing college. A structured questionnaire help the researcher to assess the knowledge regarding home visiting in selected nursing students.

*The steps selected for the preparing the tool were as follows:*

- Review of related literature, books, journals, reports, articles, published and unpublished studies were reviewed to develop the tool. Consultation with the guide and experts in the related field.

- Consultation with the statisticians was done for the preparation of the plan for statistical analysis.

- Discussion with the peer group.

## RELIABILITY

Reliability of research instrument is defined as the extend to which the instrument yields the same result on repeated measure. It is then concerned with consistency, accuracy, precision, stability, equivalence and homogeneity. The self-structure questionnaire schedule was tested for reliability.

## PILOT STUDY

Pilot study is the small scale version or a trail run done in preparation of a major study. Pilot study is a miniature of same part of actual study in which the instrument administered to subject, drawn from the same population.

Formal permission was obtained from the authorities prior to the pilot study. Second year Basic. BSc. Nursing students in selected Nursing College at Nagpur were selected by probability simple random technique and excluded from the main study. The pilot study conducted from 18.02.2020 to 27.02.2020. The students responded well in the structured multiple choice question and they were able to easily understand. The researcher took an average time about 45 minutes to collect data from 3 students. It was found feasible to conduct the study.

## VALIDITY

Validity refer to getting result that accurately reflect the concept been measured in practice, validity can also refer to the success of research in retrieving "Valid' result. The content of data collection tool was sending for its validity in terms of relevance and accuracy to a list of experts along with the scoring sheet. The data collection tool was send to expert and received back and valuable suggestion. The content validity at tool was introduced self-structured questionnaires with 2 section pertaining question on assessing the demographic information and knowledge assessment regarding home visiting. The validity was established by expert from different specialist that are from department of Community Health Nursing, department of pediatrics, department of gynecology, department of medical surgical nursing, department of mental health nursing. As a whole and valid suggestion and comment of experts include grammatical correction of sentence. Else the tool found to be relevant the necessary

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modification as been done as per the expert advice.

## PROCEDURE FOR DATA COLLECTION

A formal permission was obtained from the authority of the selected Nursing college. The data was collected on 29.10.20. A sample is collected on the basis of criteria for the study. Sample is selected from the selected nursing college. After selection of sample on the basis of inclusion criteria, the researcher has introduce self to third year Basic B.Sc. Nursing students and explain the purpose of study and clarify their doubts and detail about the study and obtain a written consult from the sample. A structured questionnaire was given to the sample, and explains about the questionnaire, assess the knowledge about home visiting. It was filled by sample and the duration of 15-20 minutes was given to each sample. The response of each sample was recorded on the checklist, knowledge was given on the same day and post-test was conducted on Seventh day. The procedure was continuing till researcher achieved the required sample. At the end of the study, researcher thanks the sample and authority who help in the study. The data collection was completed on 5.11.20.

## PLAN FOR DATA ANALYSIS

The researcher planned to analysis data by using descriptive and inferential statistics.

- Frequency and percentage distribution where used to analysis to demographic data of the third year Basic, B.Sc. Nursing students in selected Nursing college.
- Knowledge score of third year Basic B.Sc. nursing students about home visiting was analyzed by frequency and percentage.
- Effectiveness of structured teaching program was assessed by 't' test.
- Association between demographic variable and knowledge score third year Basic B.Sc. nursing students.

### Analysis and Interpretation

Analysis is described as categorized as ordering, manipulating and summarizing the data to obtain answer to research question. The purpose of the analysis is to reduce the data to an interpretable form so that the research problem can be studied and tested.

### Organization and Presentation of Data:

The data has been organized and presented in four section:

**Section A:** Description of sample characteristic.

**Section B:** Knowledge of student's.

**Section C:** Association of demographic variables with the level of knowledge of students regarding Home visiting.

**Section A:** Percentage Distribution of Demographic Variables

**Table 1:** Frequency and percentage distribution of subject according to their age

*N=30*

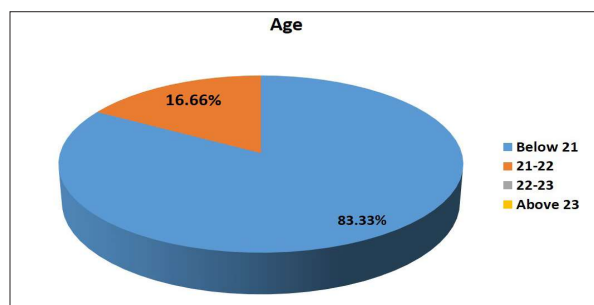| Age | Frequency | Percentage |
|---|---|---|
| Below 21 | 25 | 83.33 |
| 21-22 | 5 | 16.66 |
| 22-23 | 0 | 0 |
| Above 23 | 0 | 0 |



**Fig. 1:**

**Table 2:** Frequency and percentage distribution of subject according to their gender

*N=30*

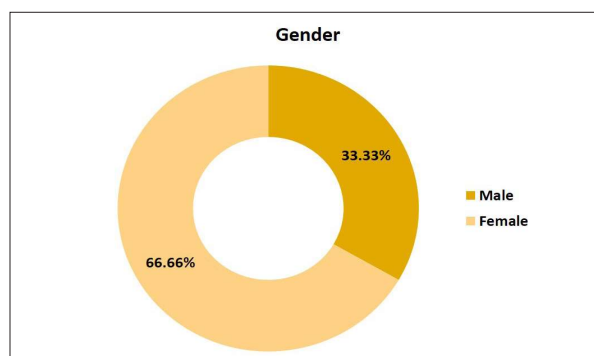| Gender | Frequency | Percentage |
|---|---|---|
| Male | 10 | 33.33% |
| Female | 20 | 66.67% |



**Fig. 2**

**Table 3:** Frequency and percentage distribution of subject according to their previous knowledge regarding home visiting

*N=30*

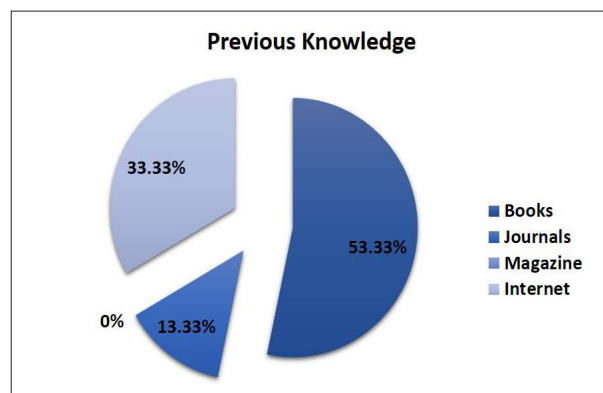| Previous Knowledge | Frequency | Percentage |
|---|---|---|
| Books | 16 | 53.33 |
| Journal | 4 | 13.33 |
| Magazine | 0 | 0 |
| Internet | 10 | 33.33 |



**Fig. 10.3**

**Table 4:** Frequency and percentage distribution of subject according to their nutritional status.

*N=30*

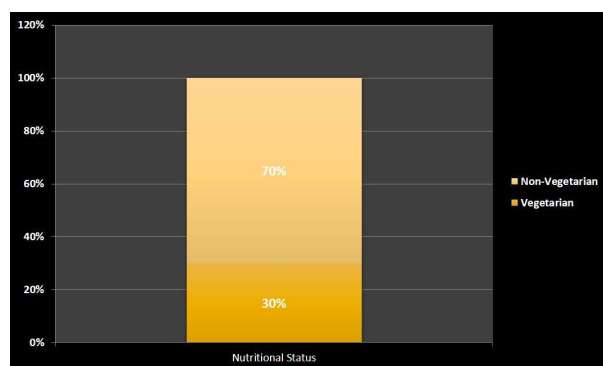| Nutritional Status | Frequency | Percentage |
|---|---|---|
| Vegetarian | 09 | 30 |
| Non-Vegetarian | 21 | 70 |



**Fig. 4**

**Table 5:** Frequency and percentage distribution of subject according to their residential area

*N=30*

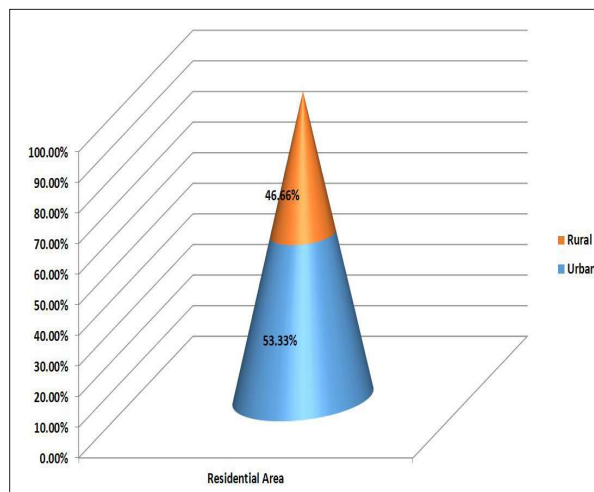| Residential Area | Frequency | Percentage |
|---|---|---|
| Urban | 16 | 53.33 |
| Rural | 14 | 46.66 |



**Fig. 5**

- Percentage distribution of sample according to their age shows that majority of them that is 25(83.33%) of them were aged below 21 year, 5 of them (16.66%) were aged 21-22 years and none of them (0%) were aged 22-23 year.

- Percentage of sample according to their gender Shows that in relation to gender, majority of the student's that is 20 (66.66%) of them were females and 10 (33.33%) of them were male.

- Percentage distribution of sample according to their previous knowledge show that majority of them that is 16 of them (53.33%) have knowledge from books, 4 of them (13.33%) from journal, none of them (0%) from magazine and 10 of them (33.33%) from internet.

- Percentage distribution of sample according to their nutritional status shows that 9 of them were vegetarian (30%) and 21 of them non-vegetarian (70%).

- Percentage distribution of sample according to their residential area shows that, 16 of them are from urban area (53.33%) and 14 of them are from rural area (46.66%).

**Section II:** Data on Comparison of Pretest and Post-test Knowledge Score Regarding Home Visiting among Basic B.Sc Nursing Students

This section deals with the assessment of knowledge regarding study related home visiting among Basic B.Sc nursing students between pretest and posttest. The level knowledge is divided under following heading poor, average, good.

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**Table 6:** Frequency and percentage distribution of score of pre-test and post-test knowledge study related to home visiting.

*N=30*

| Knowledge score | Pretest score | | Post-test score | |
|---|---|---|---|---|
| | Frequency | Percentage | Frequency | Percentage |
| Poor (1- 10) | 04 | 13.33% | 0 | 0% |
| Average (11-20) | 26 | 86.67% | 16 | 53.33% |
| Good (21-30) | 0 | 0% | 14 | 46.67% |

The table shows the information regarding level of knowledge in pre test and post test in which 4(13.33%) of sample has poor knowledge, 26(86.67%) of sample has good knowledge in pre test. After structured teaching program in which 0 of sample had poor knowledge, 16(53.33%) of sample had average knowledge, 14(46.67%) of sample has good knowledge.
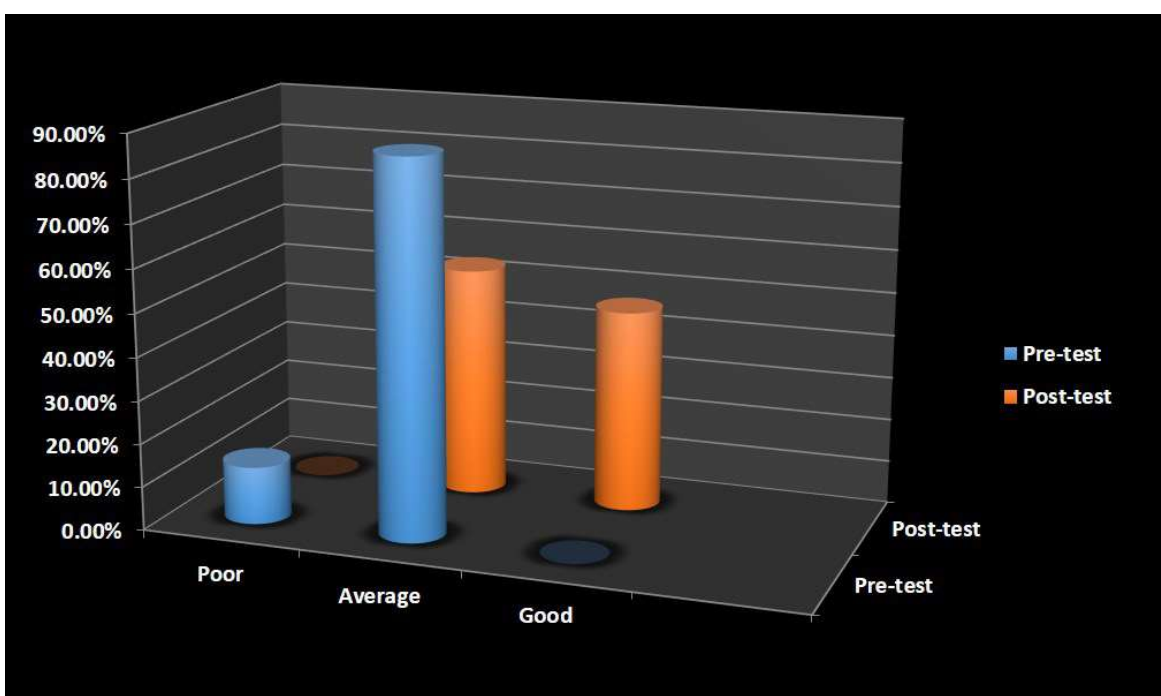


**Fig. 6**

**Table 7:** Mean, Median, Mode and Standard deviation of knowledge of student regarding home visiting

| Knowledge Level | Mean | SD | MD | t-Value | Significance |
|---|---|---|---|---|---|
| Pre-test | 13.4 | 2.8 | 6.93± | 10.82 | Significant (P<0.05) |
| Post-test | 20.33 | 2.19 | | | |

Above table shows that, the mean pre-test score is 13.4 with the standard deviation 2.8, where as in post-test the mean score was 20.33 with the standard deviation 2.19, the mean difference in the pre-test and post-test score was ±6.93, the calculated t-value was 10.82 it show that calculated "t" value. The table value is smaller than calculated value so, there was significant improvement in knowledge regarding study related to home visiting among the selected students.

**Section C:** Association Between the Socio-Demographic Variables and Knowledge of Students

**Table 8:** Association between post-test knowledge of home visiting among students with selected socio-demographic variables

| Demographic data | Level of knowledge | | | | | | Chi square X2 |
|---|---|---|---|---|---|---|---|
| | Poor | | Average | | Good | | |
| *Age* | Frequency | % | Frequency | % | Frequency | % | |
| Below 21 | 0 | 0 | 13 | 43.33 | 12 | 40 | |
| 21-22 | 0 | 0 | 4 | 13.33 | 1 | 3.33 | 2.21, NS |
| 22-23 | 0 | 0 | 0 | 0 | 0 | 0 | Df=6 |
| Above 23 | 0 | 0 | 0 | 0 | 0 | 0 | |
| *Gender* | | | | | | | |
| Male | 0 | 0 | 6 | 20 | 4 | 13.33 | 0.25, NS |
| Female | 0 | 0 | 10 | 33.33 | 10 | 33.33 | Df=2 |
| **Previous knowledge** | | | | | | | |
| Books | 0 | 0 | 8 | 26.67 | 8 | 26.67 | |
| Journal | 0 | 0 | 3 | 10 | 1 | 3.33 | 2.22, NS |
| Magazine | 0 | 0 | 0 | 0 | 0 | 0 | Df=6 |
| Internet | 0 | 0 | 3 | 10 | 7 | 23.33 | |
| **Nutritional status** | | | | | | | |
| Vegetarian | 0 | 0 | 3 | 10 | 6 | 20 | 0.76, NS |
| Non-Vegetarian | 0 | 0 | 11 | 36.67 | 10 | 3.33 | Df=2 |
| **Residential area** | | | | | | | |
| Rural | 0 | 0 | 3 | 10 | 13 | 43.33 | 0.85, NS |
| Urban | 0 | 0 | 1 | 3.33 | 13 | 43.33 | Df=2 |

*Significant-S, Non-significant-NS, Degree of freedom-DF

$H_o$- Hypothesis is rejected, there is no difference between post-test knowledge with selected demographic data. The data presented in the table shows that the knowledge score among below 21 year of age is, (0) having poor knowledge (13) having average knowledge and (12) having good knowledge. The knowledge score among 21-22 years of age is (0) having poor knowledge,(4) having average knowledge and (1) having good knowledge. Then, among 22-23 years of age none of them has poor knowledge, none of them having average knowledge and none of them having good knowledge. The knowledge score among above 23 years of age none of them having poor, average and good knowledge. Calculated chi-square value is 2.21, degree of freedom is 6 at p <0.05 so, knowledge was not significantly associated with age.

among the male gender (10), 6 are having average knowledge, 4 are having good knowledge and none of them having poor knowledge. The female gender (20), 10 having average knowledge and 10 having good knowledge and none of them having poor knowledge. calculated chi-square value 0.25, degree of freedom is 2, at p<0.05 so, knowledge was not significantly associated with gender.

among the students using books (8) are having average knowledge, (8) are having good knowledge and none of them is having poor knowledge. among the students using journal (3) are having average knowledge, (1) is having good knowledge and none of them is having poor knowledge. among the student using magazine none of them are having poor, average and good knowledge. among the student using internet (3) are having average knowledge, (7) are having good knowledge and none of them is having poor knowledge. Calculated

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chi-square value 2.22, degree of freedom is 6, at p<0.05. So, knowledge was not significantly associated with religion.

among the nutritional status vegetarian 3 are having average knowledge, 6 are having good knowledge and none of them having poor knowledge. among Non-vegetarian 2 having excellent knowledge and none of them having good and poor knowledge. calculated chi-square value 0.76, degree of freedom is 2, at p<0.05, so, knowledge was not significantly associated with nutritional status.

among the residential area urban student, 13 having average knowledge, 3 having good knowledge and none of them having poor knowledge. And among rural student, 1 having average knowledge, 13 having good knowledge and none of them having poor knowledge. Calculated chi-square value 0.85, degree of freedom 2, at p<0.05. so, knowledge was not significantly associated with educational status.

The association between demographic data is non-significant because the sample size is less.

## CONCLUSION

The present study assessed the knowledge regarding home visiting among selected nursing student's. On the basis of finding of the study the following of the study the following conclusion were made.

- Majority of the student's adequate knowledge regarding home visiting.

- The study shows that there is no significant difference between pre-test and post-test knowledge.

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