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A Study to Assess the Effectiveness of Video Assisted Teaching (VAT) on Knowledge Regarding BPH and its Associated Risk Factors among Elderly Men in Selected Villages, Rohtas

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Abstract: *BACKGROUND: The prostate gland, which is found only in men, is an important part of the reproductive system; It secrets a fluid that is part of semen and keeps sperm alive and healthy, A benign (not Cancer cell) condition in which overgrowth of prostate tissue pushes against the urethra and the bladder, blocking the flow of urine; Normal prostate and benign prostatic hyperplasia (BPH); A normal prostate does not block the flow of urine from the bladder.*

AIM: To assess the level of knowledge regarding benign prostate hyperplasia (BPH) and its associated risk factors.

METHODOLOGY: The current study was a pre-experimental research study one group pre-test and post-test was used to conduct the study. 60 samples each pre-test and post-test taken from the Rural area at karkatpur by non-probability convenience sampling method. Researcher was collecting the data by using of random sampling technique, after collection of the data, the data was analysed by using descriptive and inferential statistics, and chi-square test to assess the knowledge score.

RESULT: The current study depicts that the show out of 60 study participants majority of Unaware level at 53.333%, Very Unaware level at 38.333%, Neither Unaware nor Aware level at 05% placing them as adequately informed, secondly, 03.333% of the sample data were at Aware level and 0% of the sample showed result for Very Aware. In respectively another hand the post-testmajority of the sample depicted Aware level at 46.666%, Neither Unaware nor Aware level at 41.666% placing them as adequately informed, secondly, 05% of the sample data were at Unaware level and 03.333% of the sample showed result for each Very Unaware and Very Aware, with the showing of risk factors distribution 70.66% of study participants don't have any risk regarding the disease.

CONCLUSION: Among the available sample, majority of the sample depicted Unaware level at 53.333%, Very Unaware level at 38.333%, Neither Unaware nor Aware level at 05% placing them as adequately informed, secondly, 03.333% of the sample data were at Aware level and 0% of the sample showed result for Very Aware and with the showing of 70.66% of the sample don't have any risk regarding the disease. Pertaining to association between socio demographic variables and knowledge regarding BPH partial relation was found using Chi-square test. As per Chi-square test..

Keywords: Effectiveness, VAT, BPH, Elderly men, Risk factors

I. INTRODUCTION

Benign prostatic hyperplasia (BPH) is a common condition as men get older; An enlarged prostate gland can cause uncomfortable urinary symptoms, such as blocking the flow of urine out of the bladder, The prostate goes through two main growth periods as a man ages; Benign prostatic hyperplasia (BPH) is when the prostate and surrounding tissue expands; The prostate goes through two main growth periods as a man ages; The first is early in puberty, when the

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prostate doubles in size; Benign prostatic hyperplasia often occurs with the second growth phase, that begins around age 25 and continues during most of a man's life; while the prostate is usually the size of a walnut or golf ball in adult men, it can grow to be as large as an orange; As the gland enlarges, it can squeeze the urethra; The bladder wall becomes thicker; Over time the bladder may weaken and lose the ability to empty fully; Urine then remains in the bladder; These problems cause many of the lower urinary tract symptoms (LUTS) of BPH; BPH affects the Prostate gland, Bladder and Kidney.

BPH is benign. it means not cancer, nor does it lead to cancer. Still, BPH and cancer can happen at the same time. BPH itself may not require any treatment, but if it begins to cause symptoms, treatment may help. It is also of great value to know that BPH is common. About half of all men above age 45years old have BPH. Up to 90% of men over age 80 have it. In India Benign prostatic hyperplasia is a common elderly problem with an incidence rate of 92.97% and 93.3%. AUA guidelines suggested that BPH incidence worldwide will increase, and by the age of 60 years, more than 50% of men would have some evidence of the disease.

Patients should be informed that the following lifestyle changes may help relieve symptoms of BPH; Avoid alcohol and caffeine; Avoid drinking fluids at bedtime; drink smaller amounts throughout the day; Avoid taking decongestant and antihistamine medications.

Regular exercise and maintaining a healthy weight can reduce the risk of developing BPH and several other conditions (including those that are risk factors for BPH). VAT is effective in different way like Easy to access anytime, more effective learning, learn whenever you want, many ways to use, Easy to deliver, learning at an individual pace, Opportunity for self-study, Chance for self-testing.

AIM OF THE STUDY

To assess the level of knowledge regarding benign prostate hyperplasia (BPH) and its associated risk factors.

OBJECTIVES OF THE STUDY

- To assess the pre-existing knowledge regarding BPH among elderly men.
- To assess the effectiveness of VAT on knowledge regarding BPH among elderly men.
- To identify the risk factors associated with BPH among elderly men.
- To find out the association between the effectiveness of VAT on knowledge regarding BPH among elderly men with the demographic variables.

II. METHODOLOGY

The current study was a pre-experimental research study one group pre-test and post-test was used to conduct the study. 60 samples each pre-test and post-test taken from the Rural area at karkatpur by non-probability convenience sampling method. Researcher was collecting the data by using of random sampling technique, after collection of the data, the data was analysed by using descriptive and inferential statistics, and chi-square test to assess the knowledge score.

III. RESULT

Table No.1- Distribution of Samples according to their Socio-demographic variables. (N=60)

Demographic Information			Frequency	Percentage (%)	df	(X^2)
1.	Age (in years)	45-50	31	51.666	12	15.048
		51-55	12	20		
		56-60	07	11.6		
		60 & above	10	16.6		
2.	Residential Area	Urban	00	00	4	0
		Rural	60	100		
3.	Family Type	Nuclear	47	78.333	12	15.3929
		Joint	11	18.333		
		Extended Family	02	3.33		

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4.	Religion	Hindu	60	100	12	0
		Muslim	00	00		
		Christian	00	00		
		Others	00	00		
5.	Education	Illiterate	48	80	12	5.91121
		High School	08	13.333		
		Senior secondary	02	3.333		
		Degree holder	02	3.333		
6.	Occupation	Skilled work	01	1.666	12	11.0457
		Semi-skilled work	07	11.666		
		Unskilled work	49	81.666		
		Unemployed	03	5		
7.	Income	Less than 20000	39	65	12	6.388861
		20000-30000	12	20		
		30000-40000	05	8.333		
		40000 above	04	6.666		
8.	Previous knowledge	Yes	04	6.666	4	0.22882
		No	56	93.333		

Table No.1- Shows percentage wise distributions of subjects according to socio-demographic variableswhere age represents that most of the population of age group in 45-50 years at 51.666%, 20% of sample were in age group 51-55 years, 16.666% sample were in age group 60 years & above and 11% of sample were in age group 56-60 years.
Residential Area shows whole of the population were in Rural Area.
Family types represent most of the population were in Nuclear Family at 78.333%, 18.333% were in Joint Family and remaining 3.333% were in Extended Family.Religions shows whole of the population were in Hindu Religions.Educational Status Shows most of the population were in Illiterate category at 80%, 13.333% were in High School, 3.333% were in Senior Secondary and 3.333% were in Degree Holder.Occupational Status Shows most of the population were in skilled work at 83%, 10% were in semi-skilled work, 5% were in unemployed and 2% were in skilled work.Income status Shows most of the population were in 10,000-20,000 at 67%, 12% were in 31,000-40,000, 11% were in 21,000-30,000 and 10% were in 40 above.Previous knowledge Shows most of the population were have no previous knowledge at 93% and 7% have previous knowledge.Source of information shows the distribution of the source of information among the population were equally divided into Friends and Family at 50% each.

Table No.2- Distribution of pre-test & post-test knowledge Score (N=60)

Knowledge Score	Pre-Test Score		Post-Test Score	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Very Unaware	23	38%	2	3%
Unaware	32	53%	3	5%
Neither Unaware	3	5%	25	42%
Aware	2	3%	28	47%
Very Aware	0	0	2	3%

Table No.2- Shows Pre-test and post-test knowledge score where In pre-test most of the population were in Unaware category at 53%, making their knowledge below average, 38% were in Very Unaware category, 5% were in neither unaware nor aware and 3% were in aware and In post-test most of the population were in Aware category at 47%, making their knowledge above average, 42% were in neither unaware nor aware, 5% were in unaware category and 3% were in Very Unaware category and 3% were in Very Aware category.

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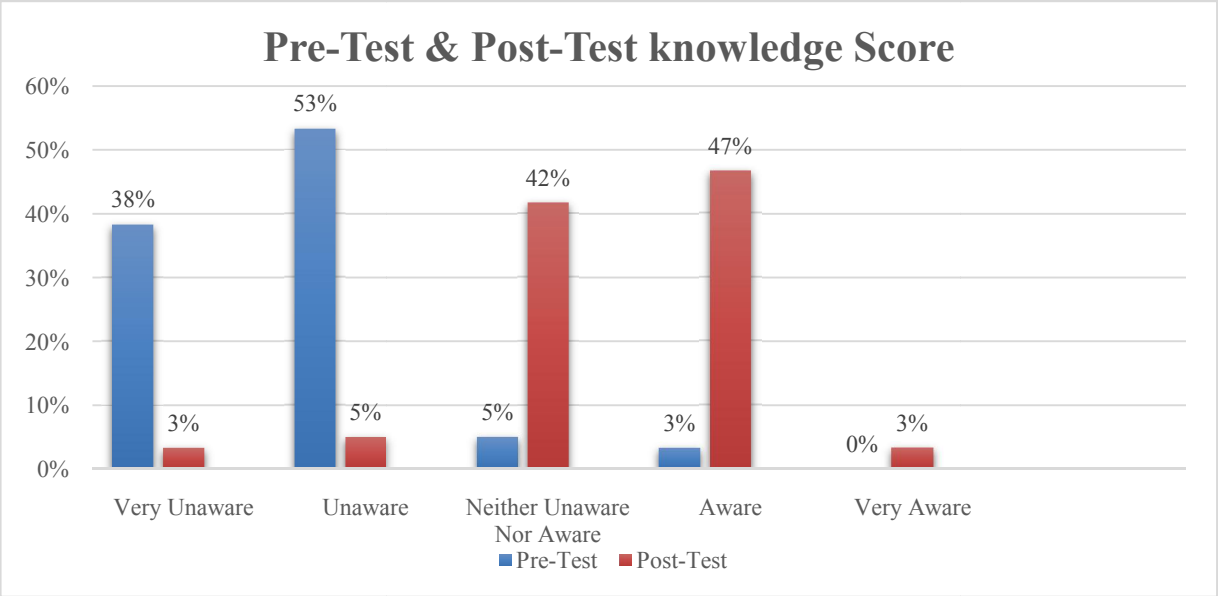

Figure.1-Bar graph showing the distribution of pre-test and post-test knowledge score.

Table No.3- Percentage distribution for Risk Factors (N=60)

YES	29.333%
NO	70.666%

Table No.3- Shows majority percentage of the population were not in the risk factors.

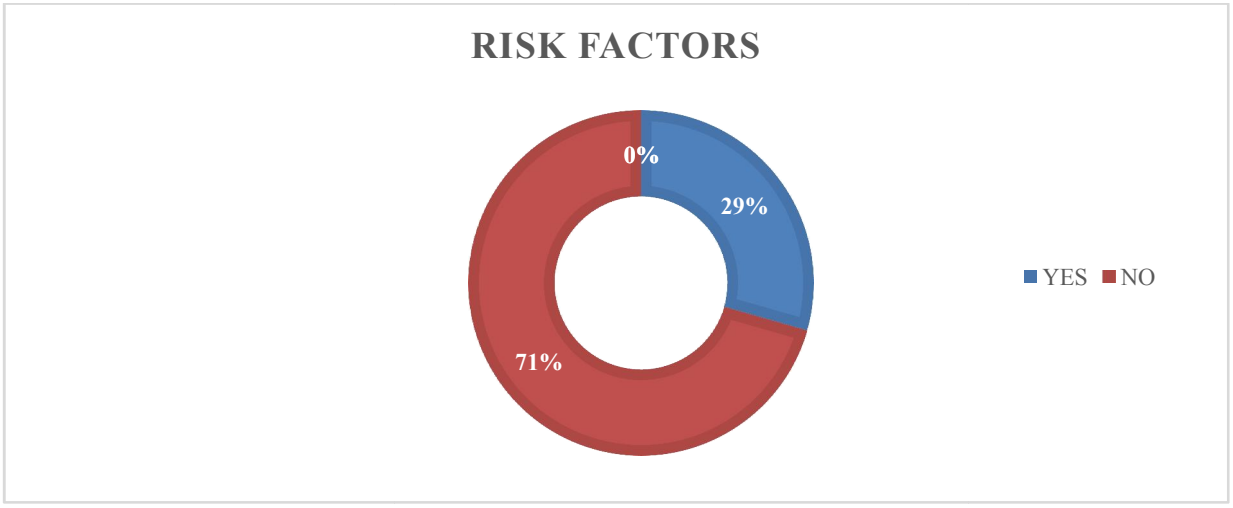

Figure No.2- Pie Chart showing the percentage distribution of the risk factors.

IV. CONCLUSION

The present study was aimed to assess the effectiveness of video assisted teaching (VAT) on knowledge regarding BPH and its associated risk factors among elderly men in selected villages, Rohtas". Among the available sample, chi-square were used to assess the effectiveness of VAT knowledge regarding BPH and its associated risk factors among elderly menwere majority of the sample depicted in Unaware level at 53.333%, Very Unaware level at 38.333%, Neither Unaware nor Aware level were at 05% placing them as adequately informed, secondly, 03.333% of the sample data were at Aware level and 0% of the sample showed result for Very Aware. Pertaining to association between socio demographic variables and knowledge regarding BPH partial relation was found using Chi-squared test. No demographic variables had influence over the level of knowledge as its chi-square value was less than 0.005

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REFERENCES

[1]. Mayo Clinic Staff. Benign prostatic hyperplasia (BPH). Mayo Clinic. Patient Care & Health Information. https://www.mayoclinic.org/diseases-conditions/benign-prostatichyperplasia/symptoms-causes/syc-
[2]. 20370087#: ~:text=It's%20found%20just%20below%20the, urinary%20tract%20or%2 0kidney%20problems.
[3]. Urology Care Foundation. Benign Prostatic Hyperplasia (BPH). American Urology Association. https://www.urologyhealth.org/urology-a-z/b/benign-prostatichyperplasia-(bph)
[4]. Bavdekar SB, Ghule R, Jadhav S. Healthcare-seeking behavior after seizures in children. Indian J Med Sci 2008; 62:331-5
[5]. Mathur SK, Gupta S, Marwah N, Narula A, Singh S, Arora B. Significance of mucin stain in differentiating benign and malignant lesions of prostate.Indian J Pathol Microbiol 2003;46:593-5.
[6]. R. W. Ojewola, African Journal of Urology, a cross sectional study Prevalence of clinical benign prostatic hyperplasia amongst community-dwelling men in a SouthWestern Nigerian rural setting, Volume 23, Issue 2, June 2017, Page 109-115, https://www.sciencedirect.com/science/article/pii/S1110570416300261#abs0005.
[7]. Dr. Sakshi Sharma. BDS. TATA1mg Medicines. Benign prostatic hyperplasia: View Causes, Symptoms and Treatments | 1mg.