

# **“A STUDY TO ASSESS EFFECTIVENESS OF SUMMER INTERNSHIP PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING HEALTH EDUCATION AMONG STUDENTS SELECTED FOR SUMMER INTERNSHIP PROGRAMME FROM MAHARATSHTRA UNIVERSITY HEALTH SCIENCE, NASHIK .”**

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## **ABSTRACT**

Health education is a social science that draws from a multitude of fields, often taking a biopsychosocial approach towards promoting health and preventing disease. It can encompass instruction in hygiene, reproductive health, nutrition, and more, and help address global healthcare crises by giving community members the tools necessary to engage in preventative care measures<sup>1</sup>. Health education is a profession of educating people about health. Areas within this profession encompass environmental health, physical health, social health, emotional health, intellectual health, and spiritual health, as well as sexual and reproductive health education. Health education can be defined as the principle by which individuals and groups of people learn to behave in a manner conducive to the promotion, maintenance, or restoration of health<sup>2</sup>. **The present study title:** “A study to assess the knowledge and attitude regarding health education among the medical students selected for Summer internship programme in Maharashtra”. The objective of the study was the knowledge and attitude regarding health education among the medical students with demographic variables. **Material and methods:** Researcher adopted non-experimental exploratory design. Study carried out on Medical, Ayurvedic, Homeopathic and nursing Students. The Purposive sampling technique was used to data was collected using self-structured questionnaire. Data analysis was done mainly using descriptive statistics. **Result:** Result showed that level of knowledge score of the medical student regarding health education. In that majority of student, in pre test shows 7(70%) average knowledge regarding health education and in post test it is increased 9 (90%) shows good knowledge regarding health education.

**Conclusion:** Recommendation: Similar comparative study may conducted using different age groups and experiences.

**Keyword:** Assess, knowledge, attitude, medical students, health education

## **INTRODUCTION**

Health education has existed for about two centuries; it however became a distinct discipline almost 70 years ago. It is a major component of programme services. Health educators are stalwarts in the fight for social justice and believe that the health of a population should be a priority in any society. In the U.S., the Joint Committee on Health Education and Promotion Terminology of 2001 defined Health Education as "any combination of planned learning experiences based on sound theories that provide individuals, groups, and communities the opportunity to acquire information and the skills needed to make quality health decisions."<sup>3</sup> Modern students live in a technological era in which cell phones, tablets, computers, and video games are core elements of daily life. An additional four years of education lowers five-year mortality by 1.8 percentage points; it also reduces the risk of heart disease by 2.16 percentage points, and the risk of diabetes by 1.3 percentage points. Digital programs and educational programmes could increase patient health by presenting

material in a more engaging, relatable, and convenient way<sup>4</sup>.

## **NEED OF THE STUDY –**

The World Health Organization (WHO) defined Health Education as consisting of "consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health." Health educators are stalwarts in the fight for social justice and believe that the health of a population should be a priority in any society<sup>5</sup>. This is why the discipline embraces both qualitative and quantitative methods, community-based participatory research, health communication and social marketing principles, and policy and media advocacy to accomplish programmes objectives. The purpose of health education - Health education combines and integrates knowledge from many different scientific disciplines.<sup>2</sup> It encourages positive attitudes toward healthy choices and changes. It provides

the skills and knowledge to form lifelong habits. Health education is about more than just improving the life or health of one person. If one person changes their habit those around them are likely to observe and possibly improve their health. Health education is the first step towards changing the attitudes for the better life, so the researcher wants to pilot study on “a pilot study on assessment of knowledge and attitude regarding health education among the medical students selected for summer internship programme in Maharashtra “.

#### Aim of the study

A pilot study to assess the knowledge and attitude regarding health education among medical students selected for Summer Internship programme.

#### Methodology

Researcher adopted non-experimental descriptive design. It was a pilot study carried out on 10 samples. The

convenient sampling technique was used to data was collected using self-structured questionnaire. Data analysis was done mainly using descriptive statistics.

#### Result

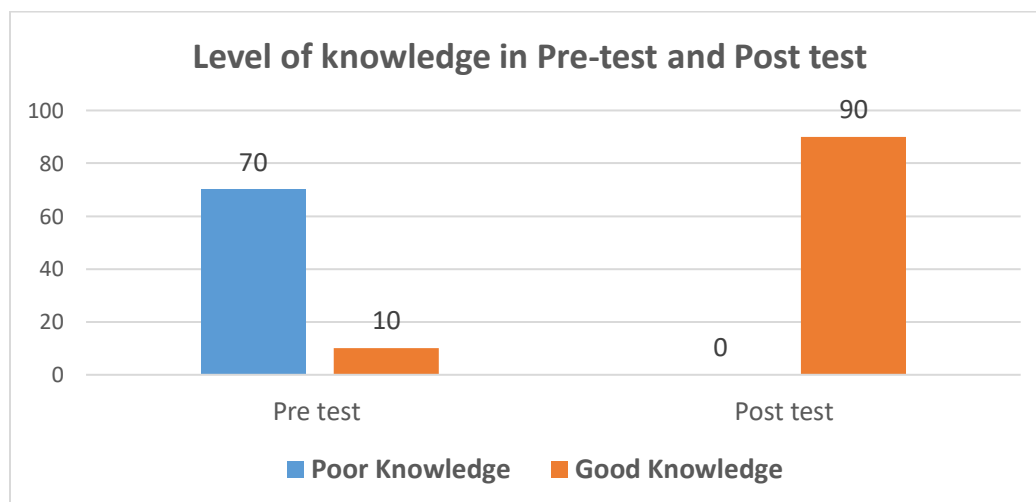
##### SECTION I: DESCRIPTION OF DEMOGRAPHIC VARIABLE

The majority of the student age between 18.5-20 years 50% and majority of medicals students were 60% males than female 40%. Majority of 40% student were of MBBS and Nursing. 60% was from rural area and 20% was from urban. Majority 65% were from the class –II.

##### SECTION II: LEVEL OF KNOWLEDGE SCORE OF THE MEDICAL STUDENTS REGARDING HEALTH EDUCATION & ITS ATTITUDE

TABLE NO: 1

Level of Knowledge	Pre-test		Post-test	
	Frequency	Percentage	Frequency	Percentage
Poor Knowledge	7	70	0	0
Average Knowledge	2	20	1	10
Good Knowledge	1	10	9	90
Mean	3.3		9.5	
SD	2.41		0.97	

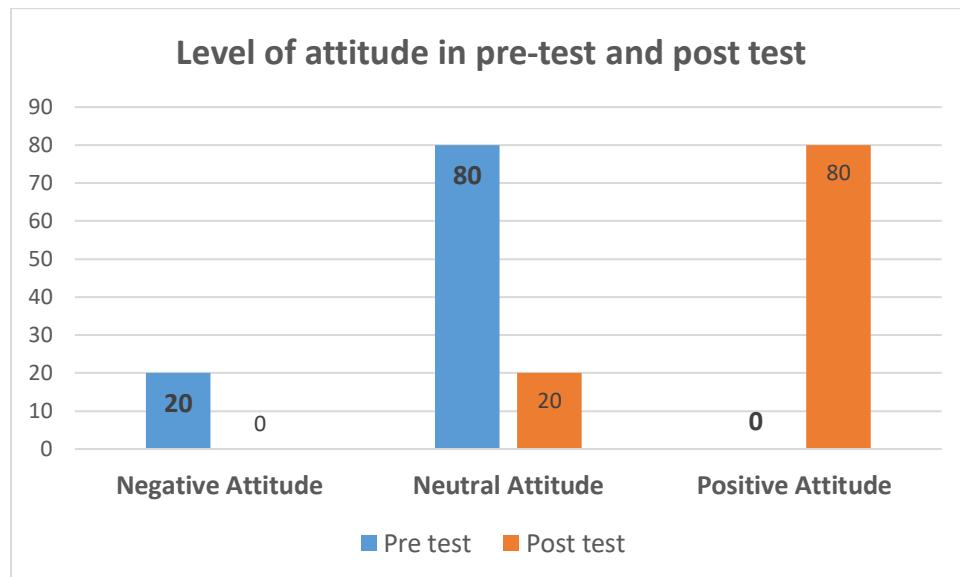


**Fig 1-** Above data showed level of knowledge score of the medical student regarding health education .In that majority of student , in pre test shows 7(70%)average knowledge regarding health education and in post test it is increased 9 (90%) shows good knowledge regarding health education.

### SECTION III: LEVEL OF ATTITUDE SCORE OF THE MEDICAL STUDENTS REGARDING HEALTH EDUCATION &

TABLE NO: 2

Level of Attitude Scale	Pre -test		Post test	
	Frequency	Percentage	Frequency	Percentage
Negative Attitude	2	20	0	0
Neutral Attitude	8	80	2	20
Positive Attitude	0	0	8	80
Mean	27.6		41.5	
SD	7.17		2.51	



**Fig no.2** - Above data showed level of attitude score of the medical student regarding health education .In that majority of student, in pre test shows 2(20%)negative, 8 (80%) shows neutral attitude regarding health education and in post test, the 2(20%) shows neutral attitude and 8(80%) in positive attitude regarding health education.

### DISCUSSION

The findings of the study was discussed with the objectives and hypothesis stated. The present study was undertaken to assess the knowledge and attitude regarding health education among medical students selected for Summer Internship programme in Maharashtra.

Present study findings are supported by study in Health Education among Medical Students: A Challenge Worth Accepting, the results shows that in the positive side, students understood the importance of Health Education and the role that doctors can have in this effort. It is also a motivation for students who completed the Program to

continue their involvement in the Health Education Team, as some of our participants did. In conclusion, including students as coordinators was positively perceived by all involved parties (experts, coordinators, and participants). Despite difficulties which such a program might face, overall the program has potential to promote Health Education.

In the present study the demographic variables shows that majority of the student age between 18.5-20 years 50% and majority of medicals student were 60% males than female 40%. Majority of 40% student were of MBBS and Nursing. 60% was from rural area and 20% was from

urban. Majority 65% were from the class –II. In level of knowledge, majority of student , in pre-test shows 7(70%)average knowledge regarding health education and in post-test it is increased 9 (90%) shows good knowledge regarding health education. .In level of attitude of student, in pre-test shows 2(20%)negative, 8 (80%) shows neutral attitude regarding health education and in post-test, the 2(20%) shows neutral attitude and 8(80%) in positive attitude regarding health education.

## CONCLUSION

The current study showed that majority of the medical students had average knowledge in pre test and it has increased to 90% regarding the health education & its attitude has changed as compared to pre-test. There was no significant association between age, gender educations, class and area with level of knowledge and attitude on health education.

## Recommendation

Similar Study can be done in larger population and comparative in urban and rural.

## Conflict of Interest

The authors certify that they have no involvement in any organization or entity with any financial or non-financial interest in the subject matter or materials discussed in this paper.

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