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A Quasi Experimental Study to Assess the Effectiveness Structured Teaching Programme on Knowledge Regarding Yoga Exercise to Reduce Pain among People at Selected Rural Area of Jaipur

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INTRODUCTION

Pain disorders are most commonly treated with potent drugs such as non-steroidal anti-inflammatory drugs, opioid analgesics, systemic corticoids, tricyclic antidepressants, and several others. However, chronic pain is not exclusively a physical condition but a complex syndrome including physical, psychological, and social processes. With respect to the multifaceted causes, there is need for interdisciplinary procedures in diagnosis and pain management. There is evidence that intensive multidisciplinary bio-psycho-social rehabilitation improves pain and function in patients with chronic disabling low back pain, while the evidence for short-term effects of behavioral therapy in back pain is much weaker.1

Pain is a major bio psychosocial problem worldwide because it affects the quality of life of individuals and causes considerable economic impact. Pain is a of subjective nature and can be described as an 'unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage'. Although there is still no consensus on the definition of pain, according to the International Association for the Study of Pain it can be classified as either acute (lasts from a few seconds to 30 days) or chronic (more than 3 months to several years).2

The word "yoga" literally means "yoking", or "joining together" for a harmonious relationship between body, mind and emotions to unite individual human spirit with divine spirit or the True Self.

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Yoga involves a process of physical and mental training towards self-realization, the practice of which has eight component limbs. The eight components guide conduct within society, personal discipline,

postures/poses ("asanas"), breathing, concentration, contemplation, meditation and absorption/stillness. As classically described, yoga poses comprise just one of the eight components of a broader discipline of physical, mental, and spiritual health. Modern Hatha yoga usually combines elements of postural positioning, breathing, concentration, and meditation. A typical Hatha yoga program involves a group led by an instructor for a ~60–90 minute session. The instructor provides guidance for correct postures, breathing and focus. They often encourage positive self-images. Iyengar yoga has a focus on holding postures, and the use of modifications (such as blocks, belts, chairs, blankets) to accommodate individual physical abilities. Other yoga styles exist and the experience in one style or class can be very different. The intensity can range from gentle to strenuous, with some types of yoga providing a cardiovascular workout, and others focused on relaxation and calmness. Another experiential factor comes from the yoga center itself, which can provide a sense of social and spiritual community.3

Yoga is a mind-body and exercise practice that combines breath control, meditation, and movements to stretch and strengthen muscles. What sets yoga apart from most other exercise programs is that it places as great an emphasis on mental fitness as on physical fitness. People have been doing yoga for thousands of years. Given its history, several types of yoga have developed. The most popular form

practiced in the United States is hatha yoga—of which there are numerous variations.4

One of the best known and frequently used mind-body interventions is yoga. Its conceptual background is originated from Indian philosophy, and there are numerous schools or types of yoga (ie, Iyengar, Viniyoga, Shivananda, etc.) with distinct priorities in terms of spiritual and physical practices. A typical yoga session with a specific sequence of postures (asanas of Hatha Yoga), breathing techniques (pranayama), and mental concentration/meditation (dhyana) lasts between 1 and 2 hours. For yoga practitioners, there is no need to adopt specific spiritual attitudes or specific religious behavior. Yoga practices (particularly the asanas) may increase patient's physical flexibility, coordination, and strength; the breathing practices and mediation may calm and focus the mind to develop greater awareness and diminish anxiety; thus resulting in higher quality of life. Other beneficial effects involve a reduction of distress, blood pressure, and improvements in metabolic regulation.4

Yoga is increasingly being used now-a-days to help people cope with pain. Yoga has been practiced for more than 1000 years. Many studies recommend yoga as a complimentary therapy in order to achieve a healthy state of mind.5

A non-pharmacological therapies, such as yoga, have been indicated to manage acute or chronic pain. Yoga is an integrative mind–body practice of oriental origin that involves three main elements: body positions (asana), techniques for controlling and/or regulating breathing (pranayama), and meditation and/or relaxation (samyama). Currently, there are several yoga types, which differ mainly due to variations in the intensity, difficulty and duration of the postures, in addition to variations in the meditation and breathing techniques. 'Hatha yoga' and 'integrative yoga' are the terms commonly used to refer to several types of yoga practice, including those most used in Western societies, such as Iyengar and Vinyasa yoga or Viniyoga.6

NEED of THE STUDY

Yoga popularity has grown tremendously in the past several years. National Health Interview Survey data conducted by the Centers for Disease Control and Prevention (CDC) show increased usage for complementary and alternative medicine (CAM) treatments. In 2021, yoga was the 7th most commonly used CAM therapy. CAM therapies are used mostly to treat musculoskeletal conditions, in particular back pain and to a lesser degree neck pain.7

There are 200 million adults in India aged between 15-24 years. One fifth of this statistics is contributed by adults aged 15-19 years. It is expected that this group of population will reach 314 million by 2030.8

About one fourth of United States adults report low back pain, lasting a whole day or more, at some point within the past 3 months. It is the most common cause of limited activity in people below the age of 45, is these condition most frequent reason for Visits to a physician, the third most common reason for surgery, and the fifth most common cause of hospital admission.9

In 2017, the USA, Germany, France, Italy, Spain, UK and Japan reported an estimated 119 619 121 cases of acute pain related to surgery, trauma or other disease conditions. In the USA, acute pain was reported by 41 766 061 patients after surgery and by 34068366 patients with traumatic injury. Between the European countries studied, Germany and the UK registered the highest number of acute pain cases.10

The majority of individuals with back pain and sciatica recover from an acute episode in 4–8 weeks. 80–90% return to work within 12 weeks post injury. However 25–80% of low back pain patients experience some form of recurrent back problem in the following year. Among those who suffer from an episode of low back pain, one year later as many as 33% have moderate intensity pain, and 15% may have severe pain.11

People suffering from chronic low back pain have other associated problems such as anxiety, depression, and disability, with a reduced quality of life. Rates of major depression are 20% for persons with chronic back pain, compared to 6% for pain-free individuals.12

Yoga popularity has grown tremendously in the past several years. National Health Interview Survey data conducted by the Centers for Disease Control and Prevention (CDC) show increased usage for complementary and alternative medicine (CAM)

There are many techniques like progressive muscle relaxation, aerobic exercises and yoga which are being practiced by individuals to reduce pain. Yoga has been found to be beneficial for pain in many studies conducted around the world. Due to its feasibility, practicability and economical nature, the investigator felt the need to evaluate the effectiveness of structured teaching programme on knowledge regarding Yoga exercise to reduce pain among the people.

OBJECTIVE of THE STUDY

- To assess the level of knowledge regarding yoga exercise to reduce the pain in experimental and control group by Pre-test.

- To evaluate the effectiveness of structured teaching programme regarding yoga exercise to reduce pain.
- To assess the level of knowledge regarding yoga exercise to reduce the pain in experimental and control group by post test.
- To find out the association between the level of knowledge regarding yoga exercise to reduce the pain among people of experimental and control group and their selected demographic variables.

OPERATIONAL DEFINITION

ASSESS: In this study evaluate refers to determine the knowledge gained by the people regarding yoga exercise to reduce the pain after administration of structure teaching programme.

EFFECTIVENESS: In this study it refers to significant gain in knowledge as determined by significant difference between pre and post-test scores of people regarding yoga exercise to reduce the pain.

STRUCTURE TEACHING PROGRAMME: It refers to systematically organized teaching materials which provides information regarding yoga exercise to reduce pain.

YOGA EXERCISE: A type of YOGA in which the people are required to practice breathing exercise and physical postures for 30 minutes daily for 3 weeks.

PEOPLE: In this study it refers to the individuals who have residing in selected rural area and want to participate in the study.

ASSUMPTIONS

The study assumes that individual may

- Yoga exercise will have some effect on pain among people.
- Structured teaching programme may enhance the knowledge of people regarding yoga exercise to reduce the pain.

HYPOTHESIS

- **H1:** There will be significant relationship before and after intervention regarding yoga exercise to reduce the pain.
- **H2:** There will be a significant association between level of knowledge regarding yoga exercise to reduce the pain with the selected demographic variables.

RESEARCHAPPROACH

Research approach indicates the basic procedure for conducting the research study. Research approach helps the researcher to determine what data to be collected and how to analyze it. It also suggests possible conclusions to be drawn from the data. The selection of approach depends upon the purpose of the study.[37]

In view of the nature of the problem selected for the study, a quantitative research approach was found appropriate. Its goal is to assess the effectiveness of structured teaching programme on knowledge regarding yoga exercise to reduce pain

among people. In this study quantitative research approach was used to evaluate the effectiveness of STP on knowledge regarding yoga exercise to reduce pain.

RESEARCH DESIGN

Research design refers to the researcher's overall plan for obtaining answers to research questions or for testing the researcher hypotheses.37

Selection of design is based on the purpose of the study that is to assess the effectiveness of structured teaching programme on knowledge regarding yoga exercise to reduce pain among people. A quasi experimental with control group research design is best suitable, as it is used to examine characters of a sample.

The research design represented as follow:

Experimental group: O1 ---------- X---------- O2

Control group: O1 ---------- O2

Key:–

O1 – Pre-test of knowledge regarding yoga exercise to reduce pain among people.

X – Administration of structured teaching programme regarding yoga exercise to reduce pain among people.

O2 – Post-test of knowledge regarding yoga exercise to reduce pain among people.

Schematic Representation of Research Design

Table: 3.1 Schematic representation of study design

Group	O_1 (Pre-test)	X (Intervention)	O_2 (Post test)
Experimental Group	Pre-test on knowledge regarding yoga Exercise to reduce Pain among people	Structured teaching programme on knowledge regarding yoga Exercise to reduce pain	Post test on knowledge regarding yoga exercise to reduce pain among people
Control Group	Pre-test on knowledge regarding yoga Exercise to reduce Pain among people	----------	Post test on knowledge regarding yoga exercise to Reduce pain among people

VARIABLES UNDER INVESTIGATION

An attribute of a person or object that varies, that is, takes on different values like age, gender, education etc. Variables are the measurable characteristics of a concept and consist of a logical group of attributes.37

There are three types of variables in this study: dependent variable, independent variable and demographic variables identified.

DEPENDENT VARIABLE

The outcome variable of interest; the variable that is hypothesized to depend on or caused by another variable. In the present study it refers to the knowledge regarding yoga exercise to reduce pain of people residing in selected rural area.

INDEPENDENT VARIABLE

The variables that is believed to cause or influence the dependent variable; in experimental research, it is treatment or manipulated variables. In present study it refers to structured teaching programme regarding yoga exercise to reduce pain of people residing in selected rural area.

DEMOGRAPHIC VARIABLES

An uncontrolled variable that greatly influences the results of the study is called as the demographic variables. Demographic variables selected for this study are Age, gender, religion, education status, occupation, previous knowledge regarding asthma.

SETTING of THE STUDY

Setting is the physical location and condition or more specific place in which data collection take place in a study. The researcher needs to decide where the data will be collected. Research some time occurs in more than one site because the use of multiple sites can often ensure a larger, more diverse, or more representative sample.

The study was conducted in selected rural area of Jaipur i.e. Rampura Unti Bagru Jaipur and Ajayrajpura Bagru, Jaipur.

POPULATION

A population is the entire aggregation of cases that meet a designated set of criteria. The accessible population is the aggregate of cases that conform to the designated criteria and that are accessible to the researcher as a pool of subjects for a study. The target population is the aggregate of cases about which the researcher would like to make generalizations.37

Target population for present study was people residing in selected rural area at Rampura Unti Bagru Jaipur and Ajayrajpura Bagru, Jaipur.

Accessible population for present was 80 people in which 40 people from experimental group and 40 people from control group from selected rural area of Jaipur i.e. Rampura Unti Bagru Jaipur and Ajayrajpura Bagru, Jaipur.

SAMPLE

The sample may be defined as a part or subset of the units that compose the population selected to participate in research study.37

As the Sample the 80 people in which 40 people from experimental group and 40 people from control group from selected rural area hospital of Jaipur i.e. Rampura Unti Bagru Jaipur and Ajayrajpura Bagru, Jaipur.

SAMPLING TECHNIQUE

Sampling is a process of selecting a portion of the population to represent the entire population.37

In this study, sampling technique used for present study was purposive sampling technique.

CRITERIA FOR SELECTION of SAMPLE

The following were the criteria for selection of samples for the study.

Inclusion Criteria: The people who

- Are willing to participate in the study
- Are available during the period of data collection
- Are able to read and write Hindi or English

Exclusion Criteria: The people nurses who

- Are not willing to participate in the study
- Are not present at the time of data collection.

DATA ANALYSIS AND INTERPRETATION of FINDINGS

The description of the data analysis is the heart of a research project. It is the communication of measurements, and observation gathered by the researcher. For achieving the results the collection of data must be processed and analyzed in an orderly coherent fashion. Analysis is a process of organizing and synthesizing data in such a way that research questions can be answered and hypothesis can be tested.

The data collected through structured knowledge questionnaire. Analysis and interpretation of data obtained from structured knowledge questionnaire regarding yoga exercise to reduce pain among people. Then the findings were print in different graphs and tables of percentage.

Analysis as the "categorizing" ordering manipulating & summarizing of data to obtain access to research questions. The purpose of analysis is to reduce data to an intelligible & interpretable form, so that the relation of research problem can be studied and tested.

This chapter presents the analysis and interpretation of the data collected for yoga exercise to reduce pain among people.

The data analysis was based on the following objectives of the study:

- To assess the level of knowledge regarding yoga exercise to reduce the pain in experimental and control group by Pre-test.
- To evaluate the effectiveness of structured teaching programme regarding yoga exercise to reduce pain.
- To assess the level of knowledge regarding yoga exercise to reduce the pain in experimental and control group by post test.
- To find out the association between the level of knowledge regarding yoga exercise to reduce the pain among people of experimental and control group and their selected demographic variables.

PRESENTATION of DATA

The analyzed data has been organized and presented in the following sections:

Section I: Description of demographic characteristics of the people.

Section II: Assess the level of knowledge of people regarding yoga exercise to reduce the pain.

Section III: Assess the effectiveness of structured teaching programme on yoga exercise to reduce the pain.

Section IV: Find out association between level of knowledge regarding yoga exercise to reduce the pain with their selected demographic variables.

SECTION I: DESCRIPTION of DEMOGRAPHIC CHARACTERISTICS of THE PEOPLE.

Table 4.1: Frequency and percentage distribution of people as per age N=80

S. No.	Variables	Experimental group (40)		Control group (40)	
		Frequency	Percentage	Frequency	Percentage
1.	Age				
	20– 30 years	6	7.5%	8	10%
	31– 40 years	8	10%	12	15%
	41– 50 years	16	20%	14	17.5%
	50 and Above	10	12.5%	6	7.5%

Table 4.2: Frequency and percentage distribution of people as per gender N=80

S. No.	Variables	Experimental group		Control group	
		Frequency	Percentage	Frequency	Percentage
2.	Gender				
	Male	24	30%	22	27.5%
	Female	16	20%	18	22.5%

Table 4.3: Frequency and percentage distribution of people as per religion N=80

S. No.	Variables	Experimental group (40)		Control group (40)	
		Frequency	Percentage	Frequency	Percentage
3.	Religion				
	Hindu	18	22.5%	16	20%
	Muslim	14	17.5%	14	17.5%
	Christian	3	3.75%	4	5%
	Sikh	5	6.25%	6	7.5%

Table 4.4: Frequency and percentage distribution of people as per educational status N=80

S. No.	Variables	Experimental group (40)		Control group (40)	
		Frequency	Percentage	Frequency	Percentage
4.	Educational Status				
	Illiterate	4	5%	6	7.5%
	Up to Secondary	10	12.5%	8	10%
	Up to higher secondary	12	15%	14	17.5%
	Graduation and above	14	17.5%	12	15%

Table 4.5: Frequency and percentage distribution of people as per occupation N=80

S. No.	Variables	Experimental group (40)		Control group (40)	
		Frequency	Percentage	Frequency	Percentage
5.	Occupation				
	Private services	14	17.5%	12	15%
	Govt. services	12	15%	16	20%
	Business	8	10%	4	5%
	Others	6	7.5%	8	10%

Table 4.6: Frequency and percentage distribution of people as per pervious knowledge N=80

S. No.	Variables	Experimental group (40)		Control group (40)	
		Frequency	Percentage	Frequency	Percentage
6.	Previous knowledge				
	Yes	18	22.5%	16	20%
	No	22	27.5%	24	30%

SECTION II: ASSESS THE LEVEL of KNOWLEDGE of PEOPLE REGARDING YOGA EXERCISE TO REDUCE THE PAIN

A. Pre-test – post-test level of knowledge of people regarding yoga exercise to reduce the pain in experimental group

Table No. 4.7: Level of knowledge of people regarding yoga exercise to reduce the pain in experimental group

S. No.	Level of knowledge	Pre Test		Post test	
		Frequency	Percentage	Frequency	Percentage
1.	Poor<50%	08	20%	01	2.5%
2.	Average51–65%	28	70%	08	20%
3.	Good>65%	04	10%	31	77.5%

B. Pre-test – post-test level of knowledge of people regarding yoga exercise to reduce the pain in control group

Table No. 4.8: Level of knowledge of people regarding yoga exercise to reduce the pain in control group

S. No.	Level of knowledge	Pre Test		Post test	
		Frequency	Percentage	Frequency	Percentage
1.	Poor<50%	22	55%	18	45%
2.	Average51–65%	16	40%	18	45%
3.	Good>65%	02	05%	04	10%

C. Pre-test and post-test Level of knowledge score of people Regarding yoga exercise to reduce the pain in experimental group

Table 4.9: Pre Test and post-test knowledge score in term of Mean, mean percentage, median, SD among experimental group

S. No.	Aspect	Mean	Mean percentage	Median	SD
1.	Pre Test	15.57	51.91%	16	3.30
2.	Post test	20.42	68.08%	21	2.74

D. Pre Test and post-test Level of knowledge score of people Regarding yoga exercise to reduce the pain in control group

Table 4.10: Pre Test and post-test knowledge score in term of Mean, mean percentage, median, SD among control group

S. No.	Aspect	Mean	Mean percentage	Median	SD
1.	Pre Test	15.82	52.75%	16	1.81
2.	Post test	15.9	53%	16	2.80

SECTION III: ASSESS THE EFFECTIVENESS of STRUCTURED TEACHING PROGRAMME ON YOGAEXERCISE TO REDUCE THE PAIN

There were 80 people were taken for the study. In which 40 people selected for experimental group and 40 peoples selected for control group. Each of them had to answer 30 questions. After that mean, median, SD is calculated on the basis of responses and result or hypothesis can be calculated by 't' test.

A. Comparison of Pre Test and post-test knowledge level among the experimental group

Table 4.11: Mean, median, SD and t value of knowledge level in experimental group

S. No.	Knowledge level	Mean	Median	SD	Mean difference	Df	t value
1.	Pre Test	15.57	16	3.30	4.85	39	7.15
2.	Post test	20.42	21	2.74			

The above table no.4.11revealedthatthePre Test mean score of people is 15.57 while 20.42 for post-test with 4.85 mean difference. The medianis16 for the Pre-test and17 is for post test. The SD is 3.30 for Pre-test and 2.74 for post test.

The t value is 7.15. This value is obtained by paired t test. The calculated value of t (7.15) is more than the tabulated value (1.96) at 0.05level of significance.

B. Comparison of Pre Test and post-test knowledge level among the control group

Table 4.12: Mean, median, SD and t value of knowledge level in control group

S. No.	Control Group	Mean	Median	SD	Mean difference	Df	t value
1.	Pre Test	15.82	16	1.81	0.08	39	0.16
2.	Post test	15.9	16	2.80			

The above table no. 4.12 revealed that the Pre Test mean score of people is 15.82 while 15.9 for post-test with 0.08 mean difference. The median is 16 for the Pre-test and16 is for post test. The SD is 1.81 for Pre-test and 2.80 for post test.

The t value is 0.16. This value is obtained by paired t test. The calculated value of t (0.16) is less than the tabulated value (1.96) at 0.05 level of significance.

SECTION IV: FIND OUT ASSOCIATION BETWEEN LEVEL of KNOWLEDGE REGARDING YOGA EXERCISE TO REDUCE THE PAIN WITH THEIR SELECTED DEMOGRAPHIC VARIABLES

Table–4.13: Association Level of knowledge With Selected Demographic Variables among experimental group

S. No.	Variables	df	Table value	$\chi 2$ Value	Remarks
1.	Age	6	12.59	17.08	S
2.	Gender	2	5.99	7.10	S
3.	Religion	6	12.59	3.75	NS
4.	Educational status	6	12.59	14.73	S
5.	Occupation	6	12.59	13.02	S
6.	Previous knowledge	2	5.99	6.07	S

*: Significant

Table–4.14: Association Level of knowledge With Selected Demographic Variables among control group

S. No.	Variables	df	Table value	χ^2 Value	Remarks
1.	Age	6	12.59	10.14	NS
2.	Gender	2	5.99	0.75	NS
3.	Religion	6	12.59	1.41	NS
4.	Educational status	6	12.59	17.38	S
5.	Occupation	6	12.59	13.58	S
6.	Previous knowledge	2	5.99	6.07	S

*: Significant

SUMMARY

Pain is a major bio psycho social problem worldwide because it affects the quality of life of individuals and causes considerable economic impact. Pain is a of subjective nature and can be described as an 'unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage'. Although there is still no consensus on the definition of pain, according to the International Association for the Study of Pain it can be classified as either acute (lasts from a few seconds to 30 days) or chronic (more than 3 months to several years).

The word "yoga" literally means "yoking", or "joining together" for a harmonious relationship between body, mind and emotions to unite individual human spirit with divine spirit or the True Self. Yoga involves a process of physical and mental training towards self-realization, the practice of which has eight component limbs. The eight components guide conduct within society, personal discipline, postures/poses ("asanas"), breathing, concentration, contemplation, meditation and absorption/stillness. As classically described, yoga poses comprise just one of the eight components of a broader discipline of physical, mental, and spiritual health. Modern Hatha yoga usually combines elements of postural positioning, breathing, concentration, and meditation. A typical Hatha yoga program involves a group led by an instructor for a ~60–90 minute session. The instructor provides guidance for correct postures, breathing and focus. They often encourage positive self-images.

Iyengar yoga has a focus on holding postures, and the use of modifications (such as blocks, belts, chairs, blankets) to accommodate individual physical abilities. Other yoga styles exist and the experience in one style or class can be very different. The intensity can range from gentle to strenuous, with some types of yoga providing a cardiovascular workout, and others focused on relaxation and calmness. Another experiential factor comes from the yoga center itself, which can provide a sense of social and spiritual community.

Yoga is a mind-body and exercise practice that combines breath control, meditation, and movements to stretch and strengthen muscles. What sets yoga apart from most other exercise programs is that it places as great an emphasis on mental fitness as on physical fitness. People have been doing yoga for thousands of years. Given its history, several types of yoga have developed. The most popular form practiced in the United States is hatha yoga—of which there are numerous variations.

The present study aim to assess the effectiveness structured teaching programme on knowledge regarding yoga exercise to reduce pain among people.

For this study the conceptual framework is based on CIPP (Context, Input, Process and Product) Model by Stufflebeam.

It is four step model of programme evaluation developed for obtaining useful information for making decision. It provides a comprehensive, systemic and continuously ongoing framework assess the effectiveness of structured teaching programme.

The research approach adopted for this study was quantitative evaluative research approach. The research design selected for this study was quasi experimental research design. The demographic variables was Age, gender, religion, education status, occupation, previous knowledge regarding asthma. The pilot study was conducted from Ajayrajpura, Bagru, Jaipur, and main study was conducted from Rampura Unti Bagru Jaipur and Ajayrajpura Bagru, Jaipur. The sampling technique used to choose the subjects was purposive sampling technique. The sample comprised of 80 peoples in which 40 for experimental group and 40 for control group.

DISCUSSION

This chapter deals with discussion in accordance with objectives of the study and hypothesis. The statement of the problem was "A quasi experimental study to assess the effectiveness structured teaching programme on knowledge regarding yoga exercise to reduce pain among people at selected rural area of Jaipur." The objective of the study was assessing the effectiveness structured teaching programme on

knowledge regarding yoga exercise to reduce pain. There view of exiting discloses a Dearth in research on actual hands-on nursing which would be because of the methodological difficulties associated with investing actual practice.

A quasi experimental study was carried out to collect data from people. From 15/06/2026 to 15/07/2026, data were collected at the Rampura Unti Bagru Jaipur and Ajayrajpura Bagru, Jaipur. The research data from the people was collected through structured knowledge questionnaire by purposive sampling technique. The data were analyzed using descriptive and inferential statistics and presented in the form of tables and graphs in Chapter IV. The structured knowledge questionnaire consists of 30 questions related yoga exercise to reduce pain. The use of purposive technique ensured that the data collected was representative of the population of people at the Rampura Unti Bagru Jaipur and Ajayrajpura Bagru, Jaipur, during the specified time period.

The chapter attempts to discuss the findings based on the objectives of the study. These are discussed under the following headings:

- Findings related to description of demographic characteristics of the people.
- Findings related to level of knowledge of people regarding yoga exercise to reduce the pain.
- Findings related to effectiveness of structured teaching programme on yoga exercise to reduce the pain.
- Findings related to association between level of knowledge regarding yoga exercise to reduce the pain with their selected demographic variables.

Findings related to description of demographic characteristics of the people

As per the description of demographic variables of the people:

- Majority 16 (20%) of people were from the age group of 41–50 years of age followed by 10 (12.5%) of people were from more than 50 years of age, some of them 08 (10%) of people from 31–40 years of age and remaining 06 (07.50%) of people were from the age group of 20–30 years in experimental group whereas majority 14 (17.5%) of people were from the age group of 41–50 years of age followed by 12 (15%) of people were from 31–40 years of age, some of them 08 (10%) of people from 20–30 years of age and remaining 06 (07.50%) of people were from the age group of more than 50 years in control group.
- Majority 24 (30%) of people were male and remaining 16 (20%) people were female in experimental group while majority 22 (27.5%) of people were male and remaining 18 (22.5%) people were female in control group.
- Most of 18 (22.5%) of people were Hindu followed by 14 (17.5%) were Muslim, and Christian were 03 (03.75%) and 5 (6.25%) were Sikh in experimental group whereas 16 (20%) of people were Hindu followed by 14 (17.5%) were Muslim, and Christian was 04 (05%) and 06 (7.5%) were Sikh in control group.
- Most of 14 (17.5%) of people were have completed graduation and above followed by 12 (15%) were have completed up to higher secondary, some of them 10 (12.5%) people have up to secondary education and remaining 04 (05%) people were illiterate in experimental group whereas most of 14 (17.5%) of people were have completed up to higher secondary education followed by 12 (15%) were have graduate and above, some of them 08 (10%) people have up to secondary education and remaining 06 (7.5%) people were illiterate in control group.
- Most of 14 (17.5%) of people were private services followed by 12 (15%) of people have govt. services, some of them 08 (10%) were have Business and remaining 06 (07.5%) people have other occupation in experimental group whereas most of 16 (20%) of people were govt. services followed by 12 (15%) of people have private services, some of them 08 (10%) were have other occupation and remaining 04 (05%) people have Business in control group.
- Majority of 22 (27.5%) of people were had no previous knowledge regarding asthma and remaining 18 (22.5%) people had previous knowledge regarding asthma in experimental group whereas majority of 24 (30%) of people were had no previous knowledge regarding asthma and remaining 16 (20%) people had previous knowledge regarding asthma in control group.

Findings related to level of knowledge of people regarding yoga exercise to reduce the pain

The results show that 08 (20%) people had poor knowledge, 28 (70%) people had average knowledge and 04 (10%) people had good knowledge regarding yoga exercise to reduce the pain in pre-test whereas 01 (2.5%) people had poor knowledge, 08 (20%) people had average knowledge and 31 (77.5%) people had good knowledge regarding yoga exercise to reduce the pain in post-test in experimental group.

The results shows that 22 (55%) people had poor knowledge, 16 (40%) people had average knowledge and 02 (05%) people had good knowledge regarding

yoga exercise to reduce the pain in control group whereas post-test knowledge score; 18 (45%) people had poor knowledge, 18 (45%) people had average knowledge and 04 (10%) people had good knowledge regarding yoga exercise to reduce the pain in control group.

In experimental group pre-test mean is 15.57 with 51.91% mean percentage. The median and SD are 16; 2.30 respectively while the post-test mean is 20.42 with 66.08% mean percentage. The median and SD are 21; 2.27 respectively.

In control group pre-test mean is 15.82 with 52.75% mean percentage. The median and SD are 16; 1.81 respectively while the post-test mean is 15.9 with 53% mean percentage. The median and SD are 16; 2.80 respectively in control group.

Findings related to effectiveness of structured teaching programme life style modification

The pre-test mean score of people is 15.57 while 20.42 for post-test with 4.85 mean difference. The median is 16 for the pre-test and 17 is for post-test. The SD is 3.30 for pre-test and 2.74 for post-test in experimental group.

The t value is 7.15. This value is obtained by paired t-test. The calculated value of t (7.15) is more than the tabulated value (1.96) at 0.05 level of significance.

The pre-test mean score of people is 15.82 while 15.9 for post-test with 0.08 mean difference. The median is 16 for the pre-test and 16 is for post-test. The SD is 1.81 for pre-test and 2.80 for post-test in control group.

The t value is 0.16. This value is obtained by paired t-test. The calculated value of t (0.16) is less than the tabulated value (1.96) at 0.05 level of significance.

The t value is 7.15 in experimental group and 0.16 in control group. So we can say that the structured teaching programme regarding yoga exercise to reduce the pain is effective for people among experimental group. The research hypothesis H1 is accepted.

Findings related to association between level of knowledge regarding life style modification with their selected demographic variables

There are some demographic variables like age, gender, education status, occupation, previous knowledge are shows the significant association with knowledge and others like religion is show not significant association with knowledge in experimental group.

There are some demographic variables like education status, occupation, previous knowledge are shows the significant association with knowledge and others like age, gender, religion, are show not significant association with knowledge in control group.

CONCLUSION

The following conclusion drawn of the study, "A quasi experimental study to assess the effectiveness structured teaching programme on knowledge regarding yoga exercise to reduce pain among people at selected rural area of Jaipur."

From the findings it is can be concluded that majority 16 (20%) of people were from the age group of 41–50 years of age, 24 (30%) of people were male, 18 (22.5%) of people were Hindu, 14 (17.5%) of people were have completed graduation and above, 14 (17.5%) of people were private services, 22 (27.5%) of people were had no previous knowledge regarding asthma in experimental group.

Majority 14 (17.5%) of people were from the age group of 41–50 years of age, majority 22 (27.5%) of people were male, 16 (20%) of people were Hindu, most of 14 (17.5%) of people were have completed up to higher secondary education, most of 16 (20%) of people were govt. services and majority of 24 (30%) of people were had no previous knowledge regarding asthma in control group.

The t value is 7.15. This value is obtained by paired t-test. The calculated value of t (7.15) is more than the tabulated value (1.96) at 0.05 level of significance in experimental group.

The t value is 0.16. The calculated value of t (0.16) is less than the tabulated value (1.96) at 0.05 level of significance; so we can say that the structured teaching programme regarding yoga exercise to reduce the pain is effective for people among experimental group. The research hypothesis H1 is accepted.

NURSING IMPLICATION of THE STUDY

The finding of the study has implication for nursing education, nursing practice, nursing administration and nursing research.

The nursing implications are discussed under the following headings:

Nursing Education
Nursing Practice
Nursing Administration
Nursing Research

NURSING EDUCATION

Basic education of nursing and nursing research, professional should include theory and practical aspect of education on yoga exercise to reduce the pain. The nursing curriculum should consist of increased depth, content and activities which help to improve the knowledge regarding yoga exercise to

reduce the pain for people. As a nurse educator, there are abundant opportunities for nursing professionals to educate people towards yoga exercise to reduce the pain. The study emphasizes significance of to conduct short term programme for the people. Nursing personnel should be given education to the people and also others eligible candidate and help them to improve the knowledge regarding yoga exercise to reduce the pain by using appropriate approaches. The nurse educator needs to conduct health campaigns and use different informational modalities, teaching strategies about yoga exercise to reduce the pain. The nurse should educate about the strategies to assess the effectiveness of structured teaching programme regarding yoga exercise to reduce the pain among the people which helps to improve the knowledge of the people.

NURSING PRACTICE

An implication of nursing practice derived from the study is that, in modern times, health care delivery system has changed from a care-oriented approach to promotion of health and prevention of illness oriented approach. Nurses are the key persons of the health team who play a major role in effective health promotion and maintenance. This study implies a basis for yoga exercise to reduce the pain. Providing health education is one of the functions of nursing personnel, its accountability towards yoga exercise to reduce the pain. Nursing programme can be used to assess the effectiveness of structured teaching programme on knowledge regarding yoga exercise to reduce the pain among the people from Rampura Unti Bagru, Jaipur. Health can be imparted through demonstration, training programme, pamphlets, leaflets etc. This will help the people to improve the level of knowledge.

NURSING ADMINISTRATION

The nurse administrator can take part in developing protocols, standing orders related to design of the health education programme related to yoga exercise to reduce the pain. The nurse administrator can mobilize the available resource personnel towards the health education to the people from Rampura Unti Bagru, Jaipur. They should take interest in providing information on yoga exercise to reduce the pain. They should be able to plan and organize programmes, taking into consideration of cost effectiveness and carry out successful educational programmes. The nurse administrator should plan and organize training and demonstration programme for the people. The nurse administrator should explore their potentials and encourage innovative ideas and skill in the preparation of appropriate information and modalities towards yoga exercise to reduce the pain. The nurse administrator should organize sufficient manpower, money, and material for disseminating health information.

NURSING RESEARCH

The study helps the nurse researchers to develop appropriate healthcare delivery tools for yoga exercise to reduce the pain and improve the quality life of people. Nurses should come forward to take up unsolved aspects in the field of care to people. The study will motivate the beginning researchers to conduct some study with different variables on a large scale. The public and private agencies should also encourage research in this field through needed materials and funds.

LIMITATIONS

The study will be limited to:

- People from Rampura Unti Bagru, and Ajayrajpura Jaipur
- Sample size and sampling technique.
- Those were willing to participate in the study
- Available at the time of data collection

RECOMMENDATIONS

The study's conclusions led to the formulation of the following recommendations.

1. A pre-experimental research may be conducted again with groups that have different demographic characteristics.
2. Samples from two distinct locations may be taken for a research comparable to this one.
3. More specific inferences and generalizations might be made with the aid of a comparable research with a larger sample size.
4. A descriptive technique may be used to do a study, which often helps to develop theories for more research.
5. Alternative research strategy might be used to carry out an investigation.

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