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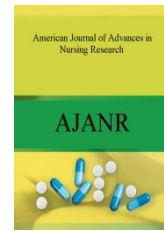
EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING DENGUE FEVER AND ITS PREVENTION AMONG SELECTED PEOPLE RESIDING AT SAMAYANALLUR, MADURAI

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ABSTRACT

Aim and objective: The study was aimed at assessing the knowledge regarding dengue fever and its prevention among selected people. Methodology: A quantitative approach pre experimental – one group pre test and post test design was used in this study. A sample size of 150 people selected by Non probability- convenient sampling technique was used to collect the samples. The tool used for this study was structured knowledge regarding dengue fever and its prevention given to the subjects. Results: The mean post test score of knowledge regarding dengue fever and its prevention among selected people after teaching will be significantly higher than their mean pre test score of knowledge. Conclusion: Dengue is one of the most important emerging viral diseases of humans in the world afflicting humanity in terms of morbidity and mortality. Currently the diseases are endemic in all continents except Europe. he dengue viruses are the members of the genus flavivirus The findings of the study revealed that structured teaching programme the knowledge regarding dengue fever and its prevention was effective on increase the knowledge among people and can prevent the number of cases and carriers.

INTRODUCTION

"Small Bite, Big Threat
-WHO

More than half the world's population is at risk from diseases such as malaria, dengue, leishmaniasis, Lyme disease, schistosomiasis and yellow fever, carried by mosquitoes, flies, ticks, water snails and other vectors. Every year, more than one billion people are infected and more than one million die from vector-borne diseases. In 2014, World Health Day – 7 April – WHO is highlighting

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the serious and increasing threat of vector-borne diseases, with the slogan "Small bite, big threat".

"A global health agenda that gives higher priority to vector control could save many lives and avert much suffering. Simple, cost-effective interventions like insecticide-treated bed nets and indoor spraying have already saved millions of lives," says Dr Margaret Chan, WHO Director-General. "No one in the 21st century should die from the bite of a mosquito, a sandfly, a blackfly or a tick" [1-3].

Vector-borne diseases affect the poorest populations, particularly where there is a lack of access to adequate housing, safe drinking water and sanitation. Malnourished people and those with weakened immunity

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are especially susceptible.

Dengue is a self limiting acute mosquito transmitted disease characterized by fever headache muscle joints pains rash nausea and vomiting. Dengue fever (DF) is caused by an Arbovirus and spread by Aedes Mosquitoes. Some infection results in dengue hemorrhagic fever (DHF) and in its severe form. various factors responsible for the resurgence of dengue epidemic are: (I) un precedent human population growth;(II) un-planned and un-uncontrolled urbanization ;(III) inadequate waste management (iv) water supply mismanagement (v) increased distribution and densities of vector mosquitoes (vi) lack of effective mosquito control has increased movement & spread of dengue viruses and development of hyperendemicity (vii)deterioration in public health infrastructure. Dengue in India: the first evidence of occurrence of DF in the country was reported during 1956 from Vellore district in Tamil Nadu.

RESEARCH METHODOLOGY

A quantitative research approach has been used for this study. The research design used for this study is Pre experimental design. The research setting for the study was conducted at selected rural area in Samayanallur. It is under the control of deputy directorate of health service (DDHS). Primary health centre is situated in the Samayanallur and it is 30 bedded hospitals. 6 sub centres is under the control of this primary health centre. Paravai is selected area in Samayanallur, Madurai.

The Structured teaching programme on knowledge regarding dengue fever and its prevention which consists of explanation and demonstration with video assisted teaching regarding definition of dengue, mode of transmission, diagnosis, control & prevention of dengue . Personal data sheet on the demographic characteristics. It contains demographic variables such as age, sex, occupation, monthly income, housing condition, educational status etc [4-6].

The level of knowledge was assessed using self structured questionnaire devised by the investigator. Both descriptive and inferential statistics were used for analysis.

The content validity of the data collection tool and intervention tool was ascertained with the expert's opinion in the following field of expertise. The tool was validated by experts including 3 from the community health nursing departments and one director of preventive and social medicine, Samayanallur, Madurai. Experts were requested to judge the items for the clarity, relevance, comprehensiveness and appropriate of the content. Appropriate modifications were made in each part as per the suggestions given by the experts. Thus the inferential statistical method proved that the difference in the mean scores showed a significant change as increase knowledge among people. Thus structured teaching was effective in increase the knowledge among people [7-10].

FINDINGS:

Table 1. Level of knowledge regarding dengue fever and prevention. frequency and percentage distribution of pre-test and post test level of knowledge

n=150

Level of knowledge	Pretest		Posttest	
	Frequency	%	Frequency	%
Inadequate	37	61.67%	10	16.67%
Moderate	14	23.33%	38	63.33%
Adequate	9	15%	12	20%

Table 2. Associate the post test level of knowledge regarding dengue fever and prevention among selected people with selected demographic variables

Variables				Chi Square	P Value
Age	20- 30 Years	20	33.33	12.68	**Significant**
	30-40 Years	10	16.67		
	40-50 Years	18	30		
	<50	12	20		
Sex	male	28	46.67	2.84	Non significant
	female	32	53.33		
Education	primary	18	30	15.7	**Significant**
	Secondary	12	20		
	Degree	7	11.67		

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	No Formal	23	38.33	
Occupation	Cooly	30	50	11.12	Non significant
	Private	12	20		
	Government	5	8.33		
	Unemployment	13	21.67		
Type of House	Tiled	22	36.67	14.82	**Significant**
	Thatched	9	15		
	Concrete	16	26.67		
Income	>1000	7	11.67	3.77	Non significant
	1000-2000	15	25		
	2000-3000	18	30		
	<3000	20	33.33		
Family Type	Nuclear	27	45	4.50	Non significant
	Joint Family	33	55		
	Others	13	21.67		
Source of Information	Radio	9	15	17.16	**Significant**
	Television	10	16.67		
	Newspaper	12	20		
	Health personnels	22	36.67		
	Others	7	11.67		

*$p < 0.05$. Significant.

DISCUSSION

The percentage distribution of demographic variables to assess the effect of structured teaching programme on dengue fever, mode of transmission and prevention among people residing in Samayanallur, Madurai. It was observed that most of the study population are females and are above 20years of age majority of them are cooly and about 38.33% people have no formal education. About 33.33% earn more than Rs.3000 per month and most of them about 55% are coming from joint family. Majority 36.67% are living in tiled houses. Most of the people have the precious source of information through health personnel.

The pre test knowledge scores regarding Dengue fever, Mode of transmission and prevention which the majority (61.67%) has inadequate knowledge regarding Dengue fever mode of transmission and prevention and 14% have moderate knowledge regarding dengue fever mode of transmission and prevention.

The post test describes the effectiveness of mass health education regarding Dengue fever, Mode of transmission and prevention among people residing at Samayanalur. The post test was conducted after the structured teaching programme on dengue fever, mode of transmission and prevention among people. It shows that about 63.33% have moderate knowledge; 16.67% have inadequate knowledge and only 12% have adequate knowledge regarding dengue fever, Mode of transmission and prevention after the health education programme.

This shows that the mass health education was effective.

It is significant that the age and knowledge regarding dengue fever mode of transmission and prevention are dependent on each other. It is significant that the education and knowledge are dependent on each other. It is significant the knowledge is independent with residing area. It is significant that the knowledge is dependent with source of information.

CONCLUSION

The following conclusions were drawn on the basis of the results of the present topic to assess the knowledge of people regarding dengue fever, mode of transmission and prevention in Samayanallur, Madurai. It is significant that the age and knowledge regarding dengue fever mode of transmission and prevention are dependent on each other. It is significant that the education and knowledge are dependent on each other. It is significant that the knowledge is dependent with residing area. It is significant that the knowledge is dependent with source of information.

RECOMMENDATIONS
The following recommendations were drawn based on the findings of the study:

A similar study can be conducted among the general population. Experimental study can be conducted with structured teaching programme on knowledge and practice. Mass and individual health education in religious

languages to enlighten the people can be organized at all levels of health facilities.

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