

Effectiveness Of Health Education On Knowledge Of The People about General Complication And Preventive Policies Of Dengue Fever

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Abstract

Background of the study:-Dengue is one of the most common mosquito borne viral disease in India. Health education is best method to create an awareness to prevent complication.

Objective:-Study investigated the effectiveness of health education on knowledge of the people about general complication and preventive policies of dengue fever.

Material and methods: -The experimental study was done on knowledge of the people about general complication and preventive policies of dengue fever in Koyanavasahat, Malkapur. Total sample size 40. convenient sample technique was used. pre test done with self-prepared questionnaire. Samples selected as per inclusion criteria. One group pre-test post-test design was used. After 7 days post-test taken with help of same questionnaire. Poster exhibition done as a health education on complication and preventive policies of dengue fever. Data was analysed.

Sample consisted 40 people selected by convenient sampling technique with one group pre and post-test design. Pre-test taken with help of self-prepared questionnaire and health education with help of poster exhibition given on complication and preventive policies of dengue fever. Post-test taken after one week with help of self-prepared structured questionnaire which was validated by experts. The data was analysed using descriptive and inferential statistics. Samples included according to inclusion criteria and those know Marathi.

Results: -Result of the present study shows that pre-test score 7.775 and, in the post-test, score 12.4 and $t = 19.410$, $P=0.0001$. It proves that there was statistically significant difference in pre and post-test on knowledge score. The health education shows significant improvement in the knowledge of people in selected area of Koyanavasahat, Malkapur regarding the Preventive Policy and Complication of dengue fever.

Conclusion: -

This study shows the knowledge of the people increased after health education with help of poster exhibition on complication and preventive policies of dengue fever in Koyanavasahat, Malkapur.

Keywords: Dengue fever, health education, Preventive policies

1 Introduction:

Dengue is one of the most common disease in India Dengue spreads rapidly and may affect large number of people during an epidemic resulting in reduced work productivity, but most importantly causing the loss of lives. People are having good attitude but poor practices among prevention of dengue fever.¹

Household survey is necessary to create awareness among people about dengue fever is necessary. Person will show the symptoms after bite of mosquito in 3 to 14 days. Person will show the symptoms like high fever, Joint pain nausea and vomiting. Dengue haemorrhagic fever was found symptoms like bleeding and low level platelets. . Involving community people through campaign and mass media can be an effective tool to control on dengue. ²

It is a burden on India among dengue. Mortality rate is very high so some measures can be taken to protect from the bite by wearing full sleeve clothes, use of repellent, mosquito coils, nets, windows and doors are screened properly, protection of people sick with dengue.

In India 2.5% of people are at the risk of dengue infection. People should know about preventive policy, there should be strengthening laboratory facilities; epidemiological survey, effective vector control methods are necessary to control dengue infection. ⁴

Mortality rate is high if it is not treated properly with serious complication. People are affected equally urban as well as rural. Serious symptoms like low blood pressure, reduced urine output, weak pulse irregular, enlargement in liver, pulmonary oedema, low platelet count etc. ⁵

As health care workers nurses are most important play a role in create awareness about dengue fever. Only think they need extra training about Dengue fever like, how to handle them, necessary lab investigation, treatment and how to take her own precaution.

2 Methods-

Experimental study done in the Koyanavasahat, Malkapur. Sample consisted of 40. Convenient sampling technique was used with one group pre and post-test design was used Pre-test taken with help of self-prepared questionnaire and health education with help of poster exhibition given on complication and preventive policies on dengue fever. Post-test taken after one week. Data collected with help of structured questionnaire. The data was analysed using descriptive and inferential statistics. Samples included those who know Marathi and limited only with area. Of Koyanavasahat, Malkapur. (Knowledge score 0-5 poor knowledge, 6-10 good knowledge, 11-15 excellent knowledge.)

After permission of ethical committee. Krishna institute of medical sciences deemed to be university, Karad and permission of Sarpanch from Koyanavasahat, Malkapur. People those willing participate in the study were taken. Informed consent taken from the samples and data collected with help of structured questionnaire on complication and preventive policies' on Dengue fever as a pre-intervention. Health education given and data collected after one week as a post test. Assessment of knowledge done as poor, good and excellent level.

Described of the tool-structured questionnaire consists of two sections.

Section 1: Demographic data of the samples.

Section 2: Structured questionnaire related to knowledge of peoples regarding the complication and preventive policy of dengue fever before and after pre-test and post-test.

3 Results -

TABLE NO.1 – Demographic Performance of the samples. N=40

SR.NO	VARIABLES	F	%
1)	Age		
	15 – 20	2	5%
	21 -25	8	20%
	26- 30	10	25%
	More than 30	20	50%
2)	Sex		
	Female	21	52%
	Male	19	47.5%
3)	Education		
	Primary	6	13%
	Secondary	14	35%
	Higher	19	47.5%
	Illiteracy	1	2.5%
4)	Occupation		
	House wife	19	47.5%
	worker	7	17.5%
	Education	1	2.5%
	Business	13	32.5%
5)	Area Living		
	Rural	3	7.5%
	Urban	37	92.5%
6)	Economic status		
	Higher	1	2.5%
	Middle	39	97.5%
7)	Diet		
	Vegetarian	2	5%
	Non vegetarian	0	0
	Mixed	38	95%
8)	Environment		
	Good	18	45%
	Bad	0	0
	Normal	22	55%
9)	Family type		
	Nuclear	12	30%
	Joint	27	67.5%
	extended	1	2.5%
10)	Health Sources		
	Health Worker	16	40%
	Family Person	11	27.5%
	T.V	12	30%
	News Paper	1	2.5%

Above table shown that sample belongs to the Age group of 30 and above 30 yrs.-50%. There were Male 47.5% and Female 52% , and Education in that were Higher education 47.5%, in occupation housewife 47.5%, in worker Business 32.5% is more and Living Area in that Rural 7.5%,Urban 92.5% then Type of family involves Nuclear 30%, Joint 67.5%, in Diet like maximum peoples are taking mixed diet.95%, and Source of health information in that Health workers 40%, Family Person 27.5 % , T.V 30%.

TABLE NO .2 -Pre-test level of knowledge on complication and health education of dengue fever. No.40

Sr. No.	Score	Frequency	Percentage (%)
1.	Poor	6	15%
2.	Good	33	82.5%
3.	Excellent	1	2.5%

In above table sample shows good knowledge 33(82.5%) and only 1(2.5%) in excellent knowledge.

TABLE NO.3: Frequency and percentage distribution of post-test level of knowledge of health education on complication of dengue fever. No.40

Sr. No.	Score	Frequency	Percentage (%)
1	Poor	4	10%
2.	Good	15	37.5%
3.	Excellent	21	52.5%

Above table shows after post-test 15(37.5%) of good knowledge and 21(52.5%) of sample are had excellent knowledge.

TABLE NO.4: Data showing difference between pre-test and post-test of knowledge score No.40

Sr. No.	Phases	Mean	SD	Mean difference	T-Value	P- Value	DF	Inference
1)	Pretest	7.775	1.229	4.625	19.410	<0.0001	78	ES
2)	Posttest	12.4	0.8711					

In this above table indicates that the gain in knowledge score is statistically extremely significant.

TABLE NO.5- Association between pretest knowledge score and socio-demographic variables. No.40

Sr. No.	Variables	Poor (0-6)	Good (7-9)	Excellent (10-14)	P-Value	Inference
1)	AGE :				0.9255	NS
a)	15 to 20	0	3	0		
b)	21 to 25	1	7	0		
c)	26 to 30	2	8	0		
d)	30 and above	3	15	1		
2)	SEX				0.4491	NS
a)	Female	4	16	1		
b)	Male	2	17	0		
3)	EDUCATION				0.6035	NS
a)	Primary	2	4	0		
b)	Secondary	3	11	0		
c)	Higher	1	17	1		
d)	Illiteracy	0	1	0		
4)	OCCUPATION				0.6112	NS
a)	House wife	4	14	0		
b)	Worker	0	4	0		
c)	Education	0	5	0		

d)	Business	2	10	1		
5)	AREA LIVING				0.0016	S
a)	Rural	0	2	1		
b)	Urban	6	31	0		
6)	ECONOMIC STATUS				0.8597	NS
a)	Higher	-	1	0		
b)	Middle	-	32	1		
7)	DIET				0.0001	S
a)	Vegetarian	-	1	1		
b)	Non vegetarian	-	0	0		
c)	Mixed	6	32	-		
8)	ENVIRONMENT				0.4596	NS
a)	Good	2	15	1		
b)	Bad	0	0	0		
c)	Normal	4	18	0		
9)	FAMILY TYPE				0.6751	NS
a)	Nuclear	2	10	1		
b)	Joint	4	22	0		
c)	Extended	0	1	0		
10)	HEALTH SOURCE				0.1518	NS
a)	Health Worker	2	15	0		
b)	Family Person	4	6	0		
c)	T.V	0	11	1		
d)	News Paper	0	1	0		

In above table association is with only with living area (P-value 0.0016) and diet (P-value-0.0001) is significant. No any association with other demographic variables.

4 Discussions:-

Result of present study shows people improved knowledge after poster exhibition as a health education given to samples in the post test.

Hassan B Usman et al. Saudi Arabia.2018. Comparative study done in-between public school and private school. Results shows Private schools improved in knowledge and practice compared to public school.so health education was necessary for the prevention amd management of denque.These findings are similar to my study.11

Yadlapalli S. Kusuma et al. Delhi, India. 2017. Descriptive study done in intervention surveys from 15 sub-clusters. Result shows that Health education based interventions are instrumental in improving people's knowledge and behaviour.¹²

BhanuVaishnavi G. et al. India. 2015. Study conducted on 177 patients over six months' time period. In results patient's knowledge, attitude and practice towards disease was improved and this will help to better adoption of measurements for prevention of dengue fever.¹³

Nagarani Ramachari. et al. A longitudinal study done under residents of village kattampondi

Under the primary health centre July to December 2017. Total population covered 9385. Four randomly selected villages included in the study. In Thiruvannamalai district, high incidences of dengue found. Tamil Nadu and dengue cases were more among males and in the age group of 15 years and above. Effective health education, strategies will help for good approach and surveillance were much needed to control and prevent dengue outbreaks. In this study age group is 15 to more and health education effectiveness is similar to my study.¹⁴

Contradictory study. Rajesh Verma, et al. In 2011. Retrospective study, done in Lucknow, India. Data collection period was July 2008 to September 2010. In result 26 patients found with dengue and its associated illness like brachial neuritis (10), encephalopathy (3), hypokalemic paralysis (2), viral myositis (2), myoclonus syndrome (2), acute disseminated encephalo-myelitis (1). So awareness is much important along with early treatment to prevent complication.¹⁵

5 Conclusion-

The poster exhibition as a health education brought out significant improvement in the knowledge of people in selected area of Koyanavasahat, Malkapur. Regarding the Complication and Preventive Policy of dengue fever. Community participation and good environmental sanitation is most important tool to control on dengue fever so there should be dengue fever.

6 Recommendations

On the basis of this study following recommendation can be done.

1. This study can be done on large sample size.
2. Comparative studies can be done.
3. Another method of audio –visual can be used to conduct study.
4. More awareness can be created in the community people.

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