

Structururd Teaching Programme on Knowledge and Attitude Regarding Dengue Fever among Mothers of Underfive Years Older Childrens at Saidapet

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ABSTRACT

Aim: The focus of the study was to assess the effectiveness of structured teaching program on knowledge and attitude regarding dengue fever among mothers of under 5 children at Saidapet, Chennai. The present study aimed to assess the knowledge and attitude regarding dengue fever among mothers of under 5 children before administering structured teaching program. The community health nurse plays a vital role in educating and motivating people for knowledge regarding dengue fever. Community health nurse can conduct awareness programme on dengue fever Health education can be provided through mass media and mass health education programme to the public to increase awareness and knowledge on dengue fever. The Investigator has drawn the following implications from the study which is vital concern for nursing services, nursing education, nursing administration and nursing research.

Key words: Dengue fever, Prevention, Transmission

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INTRODUCTION

Dengue is a mosquito-borne infection that had become a major public health concern. It is a disease found in most tropical and subtropical areas of the world and had become the most common arboviral disease of human. Dengue fever and dengue hemorrhagic fever (DHF) are viral diseases transmitted by Aedes mosquitoes, usually Aedes aegypti¹. The four dengue viruses (DEN-1 through DEN-4) are immunologically related, but do not provide cross-protective immunity against each other (Center for Disease Control [CDC], 2007). Dengue virus is now believed to be the most common arthropod-borne disease in the world². The World Health Organization (WHO) currently estimated there might be 50 million cases of dengue infection worldwide every year. About 250,000 individuals per year manifest the severe forms, which have a mortality rate of about 10 percent³. Given the dramatic geographic expansion of epidemic dengue fever (DF) and dengue hemorrhagic fever (DHF), the WHO has classified this disease as a major international public health concern [1]. The health burden of dengue in South East Asia only is estimated to be 0.42 Disability Adjusted Life Years (DALYs) per 1,000 populations (52% due to premature mortality, 48% due to morbidity^{4,5}. The global prevalence of dengue has grown dramatically in recent decades. Not only is the

number of cases increasing as the disease is spreading to new areas, but explosive outbreaks are occurring as its epidemiological pattern is changing [2]. In 2003, only eight countries in South East Asia Region reported dengue cases. As of 2006, ten out of the eleven countries in the Region (Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste) reported dengue cases. Bhutan reported the first dengue outbreak in 2004. An outbreak with a high case fatality rate (3.55%) was first reported in Timor-Leste in 2005. In 2006, most countries reported increase in dengue cases (Bangladesh, Bhutan, Indonesia, Thailand, Maldives and Sri Lanka) whereas India, Myanmar and Timor-Leste reported slightly lesser cases than in 2005. Nepal reported dengue cases for the first time in November 2006 (WHO Regional Office for South-East Asia, 2007). 2012-2013⁷. The present study aimed to analyse the knowledge and attitude regarding dengue fever among mothers of under-five years children before administering structured teaching program [3].

MATERIALS AND METHODS

The present study was a quantitative research approach was used in this study and conducted in saidapet. The samples consisted of all mothers of under-five years residing at saidhapet and the sample size was 50 mothers. A non-probability purposive sampling technique was adopted to select the samples in the study. The tools consist of 3 section.

Section 1: It consist of an interview schedule to assess the demographic characteristics such as age. Religion, type of family, educational status family income, number of children occupation and source of information

Section 2: multiple choice question to assess the knowledge on dengue fever

Section 3: to assess the attitude on dengue fever

The interpret the level of knowledge of dengue fever the score were converted to percentage and were classified as follows, Adequate $>76\%$ to 100% , Moderatly adequate $>51\%$ to 75% and Inadequate $<50\%$. The rating scale to assess the attitude on dengue fever.it consist of 10 items to assess the attitude of mother on dengue fever items related to positive and negative attitude on dengue fever wich are responded as agree disagree and don't know, positive attitude item had 3 responses for which 2 marks for agree 1 mark for disagree No mark for don't know and 1 mark is awarded for agree 2 marks for disagree this case of negative statement positive statement items are 1 -5. Negative statements items are :5-1 0 Totally a maximum of 30 marks was given To interpret the level of attitude of

dengue fever the score were converted to percentage and were classified as follows, Most favorable $>76\%$ to 100% , Favorable $>51\%$ to 75% and Unfavorable: $<50\%$. The statistical analysis were done by the statistical software, Graph pad Prism (Ver. 5).

RESULTS

The table below shows that 46%of the women belonged to age group of 15-20yrs 16% were between 21 -25yrs 21% were between 26-30yrs and 16% between 31-45yrs.with regard to religion,76% were Hindus 10% were Muslims and 14%were chistians.as regards education 50% were illiterate till high school level 50%.as for family income 20% of them had income of rs. 5000 and below and 50%of them had 500-800 and above 16% of them had income of 8000- 10,000,14% of them had income of more than 10,000.50% were them nuclear family 50% were them joint family.70% of them had self-employed 14% had them homo maker 16% of them labour, a 16% of people have no children 8% of people have 1 children 36% of people have 2 children 40% of people have the 3 children (Table. 1 and Figure. 1a).

Table 1: Distribution of demographic variables among mothers of under 5 children.

DEMOGRAPHIC DATA	PERCENTAGE
1.age of women	
A. 15-20	0.46
B.21-25	0.16
C.26-30	0.22
D.31-40	0.16
2.religion	
a.hindu	0.76
b.christian	0.14
C.muslim	0.1
3.type of family	
a.nuclier family	0.5
b. join family	0.5
4.income	
a.<5000	0.2
b.5001-8000	0.58
c.8001-1000	0.16
d.> 10000	0.14
5.occupation	
a.selfemploye	0.7
b.home maker	0.14
c. labor	0.16
d. profesionals	0
6.number of children	

a.nil	0.16
b.1 child	0.08
c.2 child	0.36
d. more than two	0.4

The study also showed that 15% of the women had a favorable attitude, 85% had an unfavorable attitude regarding dengue fever (Figure.1b). In addition, it revealed that 50% of the mothers had moderately knowledge, 50% had adequate knowledge regarding dengue fever (Figure.1c). It also revealed that 85% of the women had a favorable attitude, 15% had an unfavorable attitude regarding dengue fever (Figure. 1d). The study showed that 20% of the mothers had moderately knowledge, 40% had adequate knowledge and 40% had inadequate knowledge regarding dengue fever before administering structured teaching program and 50% of the mothers had moderately knowledge, 50% had adequate knowledge regarding dengue fever after administering structured teaching program (Figure.1e). Figure 6 reveals that 15% of the mothers had favorable attitude, 85% had unfavorable attitude regarding dengue fever before administering structured teaching program and 85% of the women had a favorable attitude, 15% had an unfavorable attitude regarding dengue fever after administering structured teaching program (1f).

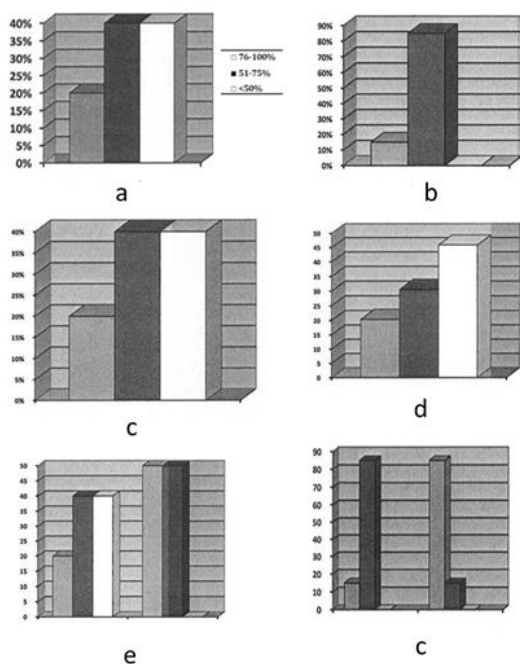


Figure 1: Summarized results of the Study.

DISCUSSION

The focus of the study was to assess the effectiveness of structured teaching program on knowledge and attitude regarding dengue fever among mothers of under five years children at Said pet. The Investigator has drawn the following implications from the study which is vital

concern for nursing services, nursing education, nursing administration and nursing research. The community health nurse plays a vital role in educating and motivating people for knowledge regarding dengue fever accordance with the previous study⁸. Community health nurse can conduct awareness program on dengue fever Health education can be provided through mass media and mass health education program to the public to increase awareness and knowledge on dengue fever. In services education can be imparted to staff working in a community in order to make awareness about dengue fever [4]. The community health nurse as an educator incorporate the major study finding in nursing curriculum at all level in order to well equip the student to address the inadequate knowledge and to motivate to people for dengue fever. The community health nurse administrator should collaborate with governing bodies to create policies in order to create awareness regarding dengue fever using administrator along with governing bodies formulate program to focus on dengue fever¹⁰. The nurse administrator should take initiative in arranging awareness program They should involve in distributing health education materials' like flash cards pamphlets, leaflets etc....the study should create awareness regarding dengue fever through from information booklets [5].

CONCLUSION

The findings of the study can be disseminated to community health nursing. Nurse practitioner and the student nurses through internet journals literate etc. The findings of the study will help the professional nurse and nursing students to gain the knowledge and attitude regarding dengue fever among mothers of fewer than 5 years older children.

ETHICAL APPROVAL

The study was approved by the Institutional Ethics Committee.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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