



Awareness Regarding Selected Vector Borne Diseases Among Patients Attending Medical Opd : A Cross Sectional Survey

Mrs.
Sreelakshmy.U.R

Assistant Professor, Department of Medical Surgical Nursing, Sree Gokulam Nursing College, Sree Gokulam Medical College and Research Foundation, Venjaramoodu-695607

Mrs. Haseena T A

Associate Professor, Department of Medical Surgical Nursing, Sree Gokulam Nursing College, Sree Gokulam Medical College and Research Foundation, Venjaramoodu-695607

ABSTRACT

vector borne diseases are mostly prevalent in the hardcore endemic pockets inhabited predominantly by the rural population with limited access to quality health care, communication and other basic facilities. The present study was intended to assess the awareness of patients regarding selected vector borne diseases. Objectives: To assess the awareness of patients regarding selected vector borne diseases and to determine the association of awareness score and selected sociopersonal variables Methodology: The research approach adopted was quantitative research approach. The study was conducted among 70 patients attending Medical OPD in Sree Gokulam Medical College and Research Foundation, Venjaramoodu. After obtaining consent from patients structured knowledge questionnaire was given to the samples. Results : Analysis revealed that majority of the patients had average awareness regarding selected vector borne diseases. There was significant association between awareness score and selected sociopersonal variable such as previous awareness regarding vector borne diseases.

KEYWORDS : Awareness, Vector borne diseases, Patients.

Introduction

The term disease broadly refers to any condition that impairs normal function. The vector borne diseases are mostly prevalent in the hardcore endemic pockets inhabited predominantly by the rural population including tribes with limited access to quality health care, communication and other basic facilities, although risk factors exist in many parts of the country. These diseases are major public health concern and impede socio-economic development. Vector borne diseases (VBDs), viz., Malaria, Filariasis, Chikungunya and Dengue are major public health concerns in India. The high incidence of VBDs is an indicator for deficient health & well being of the community, resulting in personal and national economic loss due to disease burden in terms of disability adjusted Life Years (DALYs). The direct costs of VBDs include a combination of personal and public expenditures on both prevention and treatment. The indirect costs include productivity or income loss due to illness or premature death¹. Looking at the seriousness of the situation, World Health Organization declared "vector borne diseases" as the theme for the year 2014 on World Health Day to highlight the importance of measures for prevention and community-based action.² Primary prevention of transmission of mosquito borne diseases is crucial to decrease the burden of these diseases.³

Despite centuries of control efforts, mosquito-borne diseases are flourishing world wide, with a disproportionate effect on children and adolescents. These conditions are responsible for substantial global morbidity and mortality. Malaria kills more than 1 million children annually. Dengue virus has expanded its range over the past several decades. Chikungunya virus has emerged in the Indian Ocean base in to affect millions. Effects to limit the effect of mosquito-borne-diseases in endemic areas face the challenges of controlling mosquito population delivering effective public health interventions. People require adequate knowledge for controlling and preventing vector borne diseases.

Knowledge and practices of community about prevention of mosquito borne diseases are an important aspect to assess the need of community-based interventions. In the same context, elimination of the breeding sites from the human habitat is the most effective way to manage mosquito borne diseases, hence social and behavioural interventions at household level are thought to be the most viable measures for these diseases.^{10,11} The use of personal protective measures (PPMs) such as mats, bed nets, screening, repellents, liquid vaporizers, mosquito coils, etc., has been advocated as an effective tool in control of mosquito borne diseases.¹²

Materials and Methods

In this study the researcher adopted a quantitative approach using a descriptive design. The setting of the study was medical OPD of Sree Gokulam Medical College and Research Foundation. The population of the study was patients attending Medical O P D. Samples were patients attending Medical OPD and those who satisfy the inclusion criteria. Sample size was 70 recruited using purposive sampling.

Tools and techniques

The tool consists of two sections:

Section A: Socio personal data

Socio personal data such as age, gender, educational status, occupation, type of family, area of living, previous awareness regarding vector borne diseases, the source of information and any exposure to vector borne diseases.

Section B: Structured knowledge questionnaire for assessing awareness regarding vector borne diseases and it's prevention.

This consists of 30 multiple choice questions. Each question has one right answer and three distracters.

Data Collection Process

Formal permission was obtained from the institutional ethical committee of Sree Gokulam Nursing College and Research Foundation. The data was collected from 8|6|15 to 13|6|15. The subjects who attended the Medical OPD of Sree Gokulam Medical College and Research Foundation and who met the inclusion criteria were identified and selected through purposive sampling method. The investigators met the participants and the topic was explained to them. They were assured that all the data would be kept confidential and would be used only for the study purpose. An informed consent was taken from all subjects individually after explaining the objectives and purpose of the study. After obtaining permission from the subjects, socio personal Performa and structured knowledge questionnaire were administered and data were collected. The data were collected daily from 8.00am to 4.00pm.

Results

Among the selected patients 68.57% were in the age group of above 30 years. Majority (58.6%) of the samples were females. Patients having upto SSLC (37.1%) level of education were higher in number than those with degree level of education. Majority of the patients are unemployed(45.7%). Major portions of the samples(71.4%) belongs to

nuclear family. Patients belonging to rural area (92.9%) were more in the sample. About 95.7% patients got previous information about vector borne diseases. Majority of the patients got information from the public health nurse (34.3%) when compared to other source of information. 70% of the patients were exposed to vector borne diseases. The findings of the awareness score shows that majority 81.4% had average awareness, 14.3% had good awareness and only 4.3% had poor awareness regarding selected vector borne diseases. There is significant association between awareness score and their previous awareness regarding vector borne diseases ($P < 0.05$). There is no significant association between awareness score of patients and selected socio personal variables such as age, gender, educational status, occupation, area of living, type of family, source of information and exposure to vector borne diseases.

Discussion

In the present majority 81.4% of patients had average awareness, 14.3% had good awareness and only 4.3% had poor awareness regarding selected vector borne diseases. This was supported by a study conducted among people of urban and rural areas of Rajkot District, Gujarat which showed that knowledge regarding malaria was found satisfactory (87.96%) but knowledge regarding other mosquito borne diseases was unsatisfactory (75.93%). Knowledge regarding prevention of mosquito borne disease was good (90.51%) and majority of the households were using preventive measures against mosquito bites.¹³

Computed Chi-square (χ^2) test proved that there is significant association between awareness score and their previous awareness regarding vector borne diseases ($P < 0.05$) and there is no significant association between awareness score of patients and selected socio personal variables such as age, gender, educational status, occupation, area of living, type of family, source of information and exposure to vector borne diseases.

This was contradictory to the study conducted on Knowledge, Attitudes, and Practices about Malaria and Its Control in Rural Northwest Tanzania conducted by Humphrey D. Mazigo et al. This study shows that there is significant association between knowledge regarding vector borne diseases and educational status of the people.¹⁴

REFERENCES

- Gubler DJ, Clark G.G, "The emergency of global health problem emergency infection diseases". CAB International 1995: 26(2)
- World Health Organization. Available from: <http://www.who.int/campaigns/world-health-day/2014/event/en/>. [Last accessed on 2014 Jun 30].
- Vanlerberghe V, Toledo ME, Rodríguez M, Gomez D, Baly A, Benitez JR, et al. Community involvement in dengue vector control: Cluster randomised trial. *BMJ* 2009;338:b1959.
- Dr. Shiv Lal, et al, Mosquito-borne disease in India by WHO, <http://www.searo.who.int/LinkFiles/CDS-mosquito-borne-diseases-in-india.pdf>
- Neglected tropical diseases, a peer reviewed open access journal.[internet].The Neglected Tropical Diseases of India and South Asia: Review of Their Prevalence, Distribution, and Control or Elimination. Available from www.plosntds.org
- Gubler DJ. Aedes aegypti and Aedes aegypti-borne disease control in the 1990s: Top down or bottom up. Charles Franklin Craig Lecture. *Am J Trop Med Hyg* 1989;40
- Leontsini E, Gil E, Kendall C, Clark GG. Effect of a community-based Aedes aegypti control programme on mosquito larval production sites in El Progreso, Honduras. *Trans R Soc Trop Med Hyg* 1993;87
- Boratne A, Datta S, Singh Z, Purty A, Jayanti V, Senthilvel V. Attitude and practices regarding mosquito borne diseases and socio demographic determinants for use of personal protection methods among adults in coastal Pondicherry. *Indian J Med Specialities* 2010;1
- Nancy Burn, Susan K Grove. Understanding Nursing Research ,building an evidence based practice. 4thed. St.Louis:Saunders;2008.
- Gubler DJ. Aedes aegypti and Aedes aegypti-borne disease control in the 1990s: Top down or bottom up. Charles Franklin Craig Lecture. *Am J Trop Med Hyg* 1989;40
- Leontsini E, Gil E, Kendall C, Clark GG. Effect of a community-based Aedes aegypti control programme on mosquito larval production sites in El Progreso, Honduras. *Trans R Soc Trop Med Hyg* 1993;87
- Boratne A, Datta S, Singh Z, Purty A, Jayanti V, Senthilvel V. Attitude and practices regarding mosquito borne diseases and socio demographic determinants for use of personal protection methods among adults in coastal Pondicherry. *Indian J Med Specialities* 2010;1
- Patel Umed, Joshi Nirav, Zalavadiya Dipesh, Bholra Chirag et al., Knowledge and Practices regarding commonly occurring mosquito borne diseases among people of ur-

- ban and rural areas of Rajkot District, Gujarat Vala Mayur_Resident , Department of Community Medicine,P.D.U. Government Medical College, Rajkot, Gujarat, India
- Humphrey D. Mazigo, Emmanuel et al Knowledge, Attitudes, and Practices about Malaria and Its Control in Rural Northwest Tanzania Malaria Research and Treatment Volume 2010 (2010), Article ID 794261,<http://dx.doi.org/10.4061/2010/79426>