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ASSESSMENT OF KNOWLEDGE REGARDING DENGUE FEVER AMONG ADULTS OF SELECTED VILLAGE, AHMEDNAGAR, WITH A VIEW TO DEVELOP HEALTH EDUCATION PAMPHLET.

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ABSTRACT   A study was conducted to assess the knowledge regarding dengue fever among adults of selected village, Ahmednagar, with a view to develop health education pamphlet.

The objectives of the study were 1.To assess the knowledge regarding dengue fever among adults.2.To find out association between knowledge regarding dengue fever and selected demographic variables. 3.To develop health education pamphlet regarding dengue fever.

The conceptual framework of the study was based on Nola. J. Pender's health promotion model. The study was conducted on a sample of 100 adults of Wadagaon Gupta village of Ahmednagar, using purposive sampling technique. In the present study descriptive survey design was adopted. Data were collected by using structured knowledge questionnaire. The obtained data were analyzed by using descriptive and inferential statistics like frequency, percentage, mean, standard deviation and chi square. The knowledge scores of adults revealed that 75% had average knowledge, 19% had good knowledge and remaining 6% had poor knowledge regarding dengue fever. The study concluded that the knowledge in the respective field is inadequate among the adults and so it is important to initiate actions to enhance the knowledge of the people in the community so that they can take necessary measures to prevent diseases.

INTRODUCTION

There are many diseases illness arising because of environmental changes that may be caused by human activities and geographical conditions. One example of these is the disease what we called **Dengue fever**[1].

It has been studied that dengue is derived from the Swahili phrase "Ka-dingapepo", which describes the disease as being caused by an evil spirit. The Swahili word "dinga" may possibly have its origin in the Spanish word "dengue" meaning fastidious or careful, which would describe the gait of a person suffering the bone pain of dengue fever. Alternatively, the use of the Spanish word may derive from the similar-sounding Swahili. Slaves in the West Indies who contracted dengue were said to have the posture and gait of a dandy, and the disease was known as "Dandy Fever."[2]

Dengue fever is an acute infectious life threatening mosquito born disease, transmitted through Aedesaegypti mosquito, characterized by episodes of 'saddle back' fever, muscle and joint pain accompanied by an initial erythema and terminal rash of varying morphology.[2] It is also called as 'Break bone fever' or 'Dandy fever',occurs more frequently during rainy seasons i.e. in the month of June to September.[3]

Over the past 10 to15years next to diarrheal disease and acute respiratory disease dengue fever has become a leading cause of hospitalization and deaths among children in South East Asia region. The estimated number of annual dengue fever cases is between 20 to 30 million.[3] The main factors for breeding of the mosquito are due to unhygienic practices and poor environmental sanitation. Mosquito mainly breeds in open drainages, stagnant water around houses and uncleaned water reservoirs.[4]

The first evidence of dengue fever was reported at Vellore district in Tamilnadu in 1956. The first dengue hemorrhagic fever outbreak was found in Calcutta (West Bengal) in 1963.[3]Without proper treatment, dengue hemorrhagic fever case fatality rate can exceed 20% with modern intensive supportive therapy; the rate can be reduced to less than 1%.[5]

By using mosquito net, repellent, cream and covering whole body parts can prevent from mosquito bite. By cleaning or removing breeding places like utensils, periodical cleaning or drying of water containers, aerosol spray etc. can prevent breeding of mosquitoes.[4]

A study conducted in the city of West Bengal on community perception of dengue in slum area of metropolitan city reveals that; around 161 participants were interviewed through structured knowledge questionnaires. Only 68.9% had knowledge as fever is a main symptom of dengue fever. Majorities (83.3%) of respondents were unaware of mode of transmission of disease and 69.9% were unaware about prevention of dengue fever. The levels of awareness are significantly high among literates. Study also reveals that compare with high socio-economic people, low socio-economic people have less knowledge on dengue fever and it`s prevention. Nearly 60.9% were unaware regarding breeding places of mosquitos. So overall study reveals that there should be provision of specific intervention like information, communication and education to be provided for urban slum community on prevention of dengue fever and dengue hemorrhagic fever.[6]

Even though dengue fever has become one of the growing global health problem, where there is no proper preventive and control measure have been taken effectively.[2] In the absence of specific treatment and vaccine for dengue fever, only a vector control is an important measure to control of dengue infection.[7] And also there is a need to develop a vaccination on comparison with other communicable disease, which has become challenge for researchers, and there is a need to educate the community in regard of prevention and control with view to reduce the burden on society and Health Care Delivery System (HCDS).

RESEARCH PROBLEM

"A study to assess the knowledge regarding Dengue fever among adults of selected village, Ahmednagar, with a view to develop health education pamphlet."

OBJECTIVES

1. To assess the knowledge regarding Dengue fever among adults of selected village, Ahmednagar.
2. To find out association between the knowledge and selected demographic variables.
3. To develop health education pamphlet.

RESEARCH DESIGN:

The research design is descriptive design.

RESEARCH SETTING:

Settings are the more specific places where data occurs. The area, which is selected for the study is at Wadgoan Gupta.

POPULATION:

A population is the entire aggregation of cases in which a researcher is interested.In the present study, the population of study comprises adults between the age group 20-60 years residing at Wadgaon Gupta.

SAMPLE:

A sample is a portion of population that represents the entire population. Thus, it is the subject of the population elements. The sample consists of 100 adults including male female between the age group 20-60 years.

SAMPLE SIZE AND SAMPLING TECHNIQUE:

The sample size considered for the study was 100 adults. The sampling technique used for the study was purposive sampling, which is a type of non-probability sampling.

CRITERIA FOR SELECTION OF SAMPLES:

The criteria for selection of samples is the list of characteristics essential for inclusion or exclusion in the target population.

INCLUSION CRITERIA:

The criteria includes, who are
• In the age group 20-60years.
• Willing to participate in study.
• Able to read, write and understand Marathi.

EXCLUSION CRITERIA:

The study excludes the people who are not willing to participate.

SAMPLE CHARACTERISTICS:

Purposive samples of 100 subjects were taken from the study population for data collection. The data obtained to describe the sample characteristics include age, educational status, occupational status, religion, economic status.

MATERIALS AND METHODS

A descriptive research approach was considered to carry out the study. The main focus of the study was to assess the knowledge regarding the dengue fever in order to develop and administer health education pamphlet. The samples were adults between the age group 20-60 years residing at Wadgaon Gupta of Ahmed nagar. Purposive samples of 100 subjects were taken from the study population for data collection. The data collection instrument was structured knowledge questionnaire. The collected data were analyzed by using descriptive (mean, Standard Deviation) and inferential statistics (Chi square test)

RESULTS :

Findings Related to Demographic characteristics of samples Majority of adults i.e.43% were in the age group of 20-30 years, 26% were in the age group of 30-40 years, 2. 19% were in the age group of 40-50 years and 12% were in the age group of 50-60 years. 68% were males and 32% were females.34% had completed secondary 3. education, 30% had their primary education, 29% had their higher education and 7% had

completed graduation and above. Majority of adults i.e. 52% were workers, 22% were students, 18%were business- men and 8% were government servants. 4 9% had monthly income of less than 5,000, 34% had 5,000 to 10,000, 5. 9% had 10,000 to 15,000 and only 8% had monthly income of more than 15,000. 73% were hindus, 10%were others, 9% were muslims and 8% were Christians. 59% were from nuclear family, 31% from joint family and 10% were from extended family. Majority i.e.54% were residing in semi pakka house, 29% were in pakka and 17% were in kaccha house. 91% were not having history of Dengue fever inthe last2 years where as remaining 9% had history of Dengue fever. 51% were never exposed to information regarding Dengue fever where as 49% had information regarding dengue fever. Among 49%, 23% had got information by health worker, 13% by family and friends, 10% by mass media and only 3% had got information by the books and journals. Findings related to assessment o f knowledge regarding dengue fever among adults.75% of adults had average knowledge, 19% had good knowledge and6% had poor knowledge. Findings related to association between knowledge of adults regarding the dengue fever and selected demographic variables. The demographic variables age, sex, education, occupation, monthly income, religion, type of family, type of house, previous information regarding dengue fever, source of information were independent of each other. The other demographic variable i.e. history of dengue fever in last 2 years ($X2=6.23$) showed an association with knowledge scores at 0.05 level of significance.

Table no. 1: Frequency and percentage distribution of samples according to demographic variables n=100

Sr no	Demographic variables		Frequency	Percentage
1.	Age			
	·	20-30 year	43	43
	·	30-40 year	26	26
	·	40-50 year	19	19
	·	50-60 year	12	12
2.	Sex			
	·	Male	68	68
	·	Female	32	32
3.	Education			
	·	Primary	30	30
	·	Secondary	34	34
	·	Higher secondary	29	29
	·	Graduation & above	07	07
4.	Occupation			
	·	Student	22	22
	·	Worker	52	52
	·	Government servant	08	08
	·	Business	18	18
5.	Monthly income			
	·	Less than 5,000	49	49
	·	5,000-10,000	34	34
	·	10,000-15,000	09	09
	·	More than 15,000	08	08
6.	Religion			
	·	Hindu	73	73
	·	Christian	08	08
	·	Muslim	09	09
	·	Other	10	10
7.	Type of family			
	·	Nuclear	59	59
	·	Joint	31	31
	·	Extended	10	10

8.	Type of house		
	· Kaccha	17	17
	· Semi pakka	54	54
	· Pakka	29	29
9.	History of dengue fever in last 2 years		
	· Yes	09	09
	· No	91	91
10.	Previous information regarding dengue fever		
	· Yes	49	49
	· No	51	51
11.	Source of information		
	· Family members & friends	13	13
	· Health worker	23	23
	· Mass media	10	10
	· Books and journals	03	03
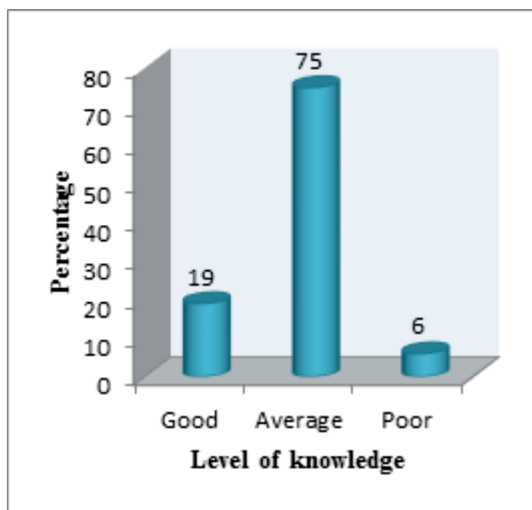
Graph 1. DISTRIBUTION OF SAMPLES BY LEVEL OF KNOWLEDGE.

CONCLUSION

The findings of study revealed that 75% of adults had average knowledge, 19% had good knowledge and 6% had poor knowledge. Thus it was found to be important to develop health education pamphlet regarding dengue fever to increase their knowledge. and boost their attitude up. The sample characteristics of adults with regard to source of health information showed that only 23% of the adults got the health information from health personnel. So this emphasizes need to disseminate more information on health related aspects through health personnel. Hence, the nurses who come in contact with adults either in hospitals or in community should take initiative to provide necessary information on dengue fever so as to help them to prevent dengue fever and thereby improving the quality of life.

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