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Original Research Paper

Nursing

EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON CAUSES AND PREVENTION OF MONSOON BORNE DISEASES AMONG WOMEN IN SELECTED WARDS OF VAZHAYOOR PANCHAYATH, MALAPPURAM, KERALA

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ABSTRACT The monsoon 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.A pre-experimental one group pre-test post-test research design was used under quantitative approach. With convenient non-probability sampling,data were collected from 30 women with socio-demographic data sheet and knowledge questionnaire regarding causes and prevention of monsoon borne diseases. Findings of the study showed that about 10% of sample had very good knowledge, 70% had good knowledge, 16.7% had average knowledge and 3.33% had poor knowledge in pre-test. After teaching programme 63.3% of sample had very good knowledge and 36.7% had good knowledge. The mean pre-test knowledge score was 20.775 and the mean post-test score knowledge score was 21.242.Structured teaching programme was found effective in enhancing knowledge regarding causes and prevention of monsoon borne diseases among women.

KEYWORDS : Monsoon Borne Diseases, Structured Teaching Programme, Women.

INTRODUCTION:

Monsoon borne diseases has the potential to influence the earth's biological systems, however, its effects on human health are not well defined. Developing nations with limited resources are expected to face a host of health effects due to climate change, including vector-borne and water-borne diseases such as malaria, cholera, and dengue. This article reviews common and prevalent infectious diseases in India, their links to climate change, and how health care providers might discuss preventive health care strategies with their patients. Infectious disease distribution involves complex social and demographic factors. These include human population density and behavior, housing type and location, water supply, sewage and waste management systems, land use and irrigation systems, availability and use of vector control programmes, access to health care, and general environmental hygiene.[1]

Monsoon borne diseases are the diseases which occur during the rainy season.Various diseases can widespread during this period due to unhygienic practices, through vectors like mosquitoes and houseflies, contaminated food and water etc. Many diseases like Leptospirosis, Diarrhea, Dysentery, Malaria, Stomach Infections, Dengue, Typhoid, Hepatitis etc. can be spread during this period. The most common diseases that can be seen in many communities are Dengue, Typhoid, Hepatitis A, Cholera and Diarrhea.[2]

Diarrhea is a leading cause of death during complex emergencies and natural disasters. Displacement of population into temporary, overcrowded shelters is often associated with polluted water sources, inadequate sanitation, poor hygiene practices, contaminated food and malnutrition.[3]

Cholera is an acute diarrheal disease caused by vibrio cholera 01.the number of cholera cases reported to who continues to rise. For 2013 along, a total of 129,060 cases were notified from 47 countries including 2,102 deaths. During 2013, about 1,127 cholera cases were reported in India with 5 deaths. Typhoid is a leading cause of community acquired blood stream infection resulting in prolonged fever and in some cases leading to an asymptomatic carrier state.[4]

Several outbreaks of hepatitis A have been reported from Kerala, India in the last 10 years. An average of 8268 cases suspected to have hepatitis a per year has been reported to the state's official disease surveillance system.[5]

Dengue is a viral disease whose clinical spectrum ranges from unapparent to severe forms and total outcomes .Although dengue death is 99%, every year 20,000 deaths are estimated to occur in more than 100 countries.[6]

METHODOLOGY:

A quantitative approach with pre-experimental one group pre-test post-test group design was adopted to assess the effectiveness of structured teaching programme on causes and prevention of monsoon borne diseases among women. The present study was conducted in Vazhayoor Panchayath, Malappuram district, subjects were selected by convenient non-probability sampling. An informed consent was obtained from selected sample.30 women were screened using socio-demographic data and knowledge regarding causes and prevention of monsoon borne diseases. Out of 30 women screened,about3 women had very good knowledge in pre-test, 21 had good knowledge, 5 had average knowledge and 1 had poor knowledge in pre-test. After structured teaching programme regarding causes and prevention of monsoon borne diseases and post test was conducted after a week and showed that 19 women had very good knowledge and 11 had good knowledge.

RESULTS

Socio demographic data of women

- Among the sample selected all women belongs above 20 years of age.
- Majority belongs to Hindu religion (96.6%).
- Majority of sample's educational status is high school education (36.6%).
- Majority of samples are house wife (90%).
- 53.3% comes from nuclear families.
- Majority of the samples had monthly income < 5000 rupees.
- 86.6% women are married.
- 83.3% of women have previous knowledge about causes and prevention of monsoon borne diseases.

Effectiveness of structured teaching programme on knowledge of women regarding causes and prevention of monsoon borne diseases.

Table 1: Comparison of pre-test post-test knowledge by paired t test Knowledge regarding causes and prevention of monsoon borne diseases

tests	means	median	mode	range	Standard deviation
Pre-test	20.775	17	16	15	2.935
Post-test	21.242	21	21.5	8	2.143

The data presented in table 1 show that, the mean pre-test knowledge score is 20.775 and mean post-test score is 21.242.paired t test was used to compare the pre-test and post-test scores.as the calculated test statistic value 11.624 is higher than table value of 2.05 at 29 degree of freedom, the null hypothesis was rejected and already stated research hypothesis was accepted i.e. The mean post- test knowledge score of women is significantly higher than their mean post-test level knowledge score

Table 2: Frequency and percentage distribution of knowledge score of women on causes and prevention of monsoon borne diseases before and after structured teaching programme. (N=30)

		Pre-test score		Post-test score	
Level of knowledge	**Range of score**	**Frequency (f)**	**Percentage (%)**	**Frequency (f)**	**Percentage (%)**
Very good knowledge	21-25	3	10	19	63.3
Good knowledge	16-20	21	70	11	36.7
Average knowledge	10-15	5	16.7	0	0
Poor knowledge	<10	1	3.33	0	0

The results shows that 70% subjects had good knowledge, 16.7% had average knowledge, 10% had very good knowledge and 3.33% had poor knowledge before the structured teaching programme. On the other side of 30 samples, 63.3% subjects acquired very good knowledge whereas rest 36.7% gained good knowledge after the structured teaching programme.

The association between selected demographic variables and knowledge regarding causes and prevention of monsoon borne diseases

- There is significant association between knowledge of women regarding causes and prevention of monsoon borne diseases and religion with chi-square value of 30 and table value of 7.82 at 0.05. There is no significant association between knowledge of women regarding causes and prevention of monsoon borne diseases and socio demographic variables like age, education, occupation, type of family, monthly income, marital status and previous knowledge.

DISCUSSION

An analytical cross-sectional survey was conducted on selected demographic, socio-economic, household related and knowledge attitude practices in five selected dengue free communities living in dengue risk areas within Kandy District, Central Province, Sri Lanka by using random sampling technique. Data was collected through using a self-structured knowledge questionnaire. Researcher introduced and explained the purpose of study to the sample. Chi-square test for independence, cluster analysis and Principal Coordinates analysis were used for data analysis. Knowledge and awareness regarding dengue, (prevention of the vector breeding, bites of mosquitoes, disease symptoms and waste management) and attitudes of the community (towards home gardening, composting, waste management and maintenance of a clean and dengue free environment) are associated with the dengue free status of the study populations.

The findings of the study showed that pre-test mean knowledge score was 20.775. Whereas post-test mean knowledge score was 21.242.therefore, the difference of pre-test and post-test mean knowledge score of women was statistically significant. Hence it was concluded that structured teaching programme regarding causes and prevention of monsoon borne diseases had significant impact on knowledge of women. Based on the study findings, it suggest that health education programmes regarding causes and prevention of monsoon borne diseases should be conducted timely for all the children, adolescents and adults in the community.

CONCLUSION

The monsoon 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 various communities. Planned interventional programmes were found to be much effective in enhancing the knowledge regarding causes and prevention of monsoon borne diseases.

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