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Original Research Paper

Nursing

A PRE-EXPERIMENTAL STUDY TO EVALUATE THE EFFECTIVENESS OF PLANNED TEACHING ABOUT KNOWLEDGE REGARDING CHIKUNGUNYA AMONG URBAN POPULATION IN SELECTED AREA.

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ABSTRACT

Aims: The aim of present study were to evaluate the effectiveness of planned teaching about knowledge regarding Chikungunya among urban population in selected area. **Material and Methods:** Non probability convenient sampling technique was used to select the sample. Quantitative research approach with pre-experimental one group pre-test post-test design. The data collected during the month of January among urban population in selected area. using socio demographic data sheet and structured knowledge questionnaire. **Results:** Number of sample being selected in the study. 60 urban population who was available during the period of data collection,. On final scoring of tests in pre-test score, 75% of subjects in pre test had good level of knowledge score, 18.33% had very good level of knowledge score, 5% had average level of knowledge score and 1.67% had excellent level of knowledge score. Post-test score ,78.33% of subjects in post test had very good level of knowledge score and 21.67% had excellent level of knowledge score. **Conclusions:** The study finds that the knowledge of target population was significantly improved after receiving information in the form of planned teaching regarding Chikungunya.

KEYWORDS : Effectiveness, Planned Teaching, Chikungunya. Urban Population

INTRODUCTION:

Communicable diseases are the major health problem of India**.** The communicable diseases are transmitted through water, air, vector etc. Among these vector Borne disease are transmitted by insects. The vector may be mechanical or biological. The Biological vectors which usually harbour pathogens within their body and deliver pathogens to new host, is often responsible for serious blood borne diseases such as Chikungunya[2]. Chikungunya fever is primarily transmitted by Aedes aegypti and Aedes albopictus or The Asia tiger mosquito by a human-mosquito-human transmission cycle. Chikungunya is characterized by an abrupt onset of fever frequently accompanied by joint pain. Other common signs and symptoms include muscle pain, headache, nausea, fatigue and rash.

Background Of The Study:

The name of the disease 'Chikungunya' is derived from the Makonde word that means "which bends up" and is in reference to the stooped posture that develops due to the arthritic symptoms. and Chikungunya is also called as Chikungunya fever or Chikungunya virus (CHIKV).[4]

Chikungunya is a viral disease transmitted to humans by the bite of infected mosquitoes. the disease was first described in 1955 by Marion Robinson and W.H.R.Lumsden following an outbreak in 1952 on the Makonde Plateau, along the border between Tanganyika and Mozambique.[8]

There was a wide gap between their knowledge of Chikungunya. The people need to be improve the knowledge of Chikungunya to bridge the gap.

Need For The Study:

An developing country, like India carries the major burden of communicable diseases especially those who are caused by Sub-standard living and environmental condition. Vector born diseases like Malaria, Dengue, Filaria etc. and recently in India with multiple outbreaks since 2005. Chikungunya appeared in India has no cleaning house for information about the debilitating infection and convalescence. Chikungunya has been identified in over 60 countries in Asia, Africa, Europe and the Americas. According to statistics, Chikungunya has been reported in 2.860 village and affected 2.86 lakhs people in Bijapur, Gulbarga, Bidar, Bellary D.K, Davangere, Chickmagalur Delhi, Madhya Pradesh, Orissa.[8]

A entomological survey was conducted, on Emergence of Chikungunya. In Moonlapamok Distric Champassak From May to September 2012. Suspected chikungunya cases were reported to National Centre for Laboratory The sample size of the study was 197, data was collected using interview techniques of village leaders and village health volunteers .The finding of the study was overall attack rate was 3.4% (197/5807) butwas higher in certain villages such as Donkhao (42/277,15%) in Khong District and Kanleung (20/187, 11%) in Moonlapamok District. All age groups were affected, and ages ranged from seven months to 96 years old (median: 35 years; interquartile range: 50–16 = 34years). More females (122/197, 62%) than males were affected but the attack rate was slightly higher in males (2.8%) than females (2.1%). This Emerging disease must continue to be taken seriously, and prevention and control measures should be established.[11]

During community posting this investigator noticed many health problem in community & families like open drainage system, increasing pollution ,inproper waste dispose , Plastic drums, mud pots, flowerpots, cement tanks, overhead tanks, coconut shells and broken vessels as the common sources for the breeding of mosquitoes.

People have less knowledge regarding chikungunya and it leads to unnecessary treatment. So the investigator felt the need to impart the knowledge regarding Chikungunya. and to create awareness regarding preventions and treatment of Chikungunya.

Objective Of The Study:

1. To evaluate the existing knowledge regarding Chikungunya among urban population in selected area.
2. To evaluate the effectiveness of planned teaching about knowledge regarding Chikungunya among urban population in selected area.
3. To associate the knowledge of urban population regarding Chikungunya with their selected demographic variables.

Hypothesis

H0: There is no significant difference between pre and post test knowledge scores regarding Chikungunya among urban population which is measured by structured knowledge questionnaire at $p<0.05$ level of significance.

H1: There is significant difference between pre and post test knowledge scores regarding chikungunya among urban population which is measured by structured knowledge

questionnaire at $p < 0.05$ level of significance.

Ethical Aspects

1. Prior permission was obtained from the institutional ethical committee.
2. Prior permission was obtained from the college authorities.
3. Prior permission was taken from municipal corporation authority.
4. Informed written consent was taken prior to the study from participant

Sampling Criteria:

Inclusive Criteria

- Urban area people who were present at time of data collection.
- Urban people who were willing to participate in the study.
- Urban people who could read and write Marathi.

Exclusive criteria:

- Urban people who had under gone health education program regarding Chikungunya.
- Person who were working in medical field and under gone health education program regarding Chikungunya.

Subject withdrawal criteria:

- Subjects were informed that they can withdraw from the study at anytime if they wish.

METHODOLOGY:

Non probability convenient sampling technique was used to select the sample. Quantitative research approach with pre-experimental one group pre-test post-test research design. The data collected during the month of November 2018. urban population in selected area. Total 60 samples were selected. After obtaining consent from the subjects, socio demographic and structured knowledge questionnaire were administered and data were collected.

Tools:

Socio demographic data sheet:

It includes age of population, gender of population, religion of population, education of population, income of population, occupation of population, availability of drainage system and source of information regarding chikungunya .

Knowledge questions:

This section contains 25 questions to evaluate the knowledge regarding Chikungunya .

Statistical analysis:

The data was analysed, by using descriptive and inferential statistics on the basis of objectives and hypothesis of the study. Analysis of effectiveness of planned teaching done with the help of student paired-'t' test. Association between post-test knowledge scores and demographic variables were analysed by chi-square test.

Description of the tool

Section A – Demographic data

It contains data regarding age of population, gender of population, religion of population, education of population, income of population, occupation of population, availability of drainage system and source of information regarding chikungunya .

Section B – A Structured Knowledge Questionnaire

There are multiple choice questions to evaluate the knowledge of urban population regarding chikungunya. Total 25 items was selected for the structured knowledge questionnaire. A blue print was prepared.

Scoring Technique

Grading of knowledge score	Percentage of subjects	Marks
Poor	20%	1-5
Average	21-40%	6-10
Good	41-60%	11-15
Very good	61-80%	16-20
Excellent	81-100%	21-25

RESULTS:

The finding of the study result showed that among all subjects, in pre-test score, 75% of subjects in pre test had good level of knowledge score, 18.33% had very good level of knowledge score, 5% had average level of knowledge score and 1.67% had excellent level of knowledge score.Post–test score was, 78.33% of subjects in post test had very good level of knowledge score and 21.67% had excellent level of knowledge score. Mean knowledge score of pre-test was 13.91 ± 2.17. and post-test was . 18.61 ± 1.88. The study reported that the result regarding level of knowledge chikunguniya among the subjects in pre-test was less and after the implementation of the planned teaching post-test score was increased. Evaluation of the effectiveness of planned teaching showed that in pre-test mean score 13.91. Post-test mean score 18.61. The calculated-'t' value i.e. 16.46 was much higher than the tabulated value at 5% level of significance for overall knowledge score of subject which was statistically acceptable level of significance. Hence, it was statistically interpreted that the planned teaching on knowledge regarding chikungunya among urban population in selected area was effective.

CONCLUSION:

The investigator concludes that the knowledge of target population was significantly improved after receiving information in the form of planned teaching regarding chikungunya

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