



## A STUDY TO ASSESS THE LEVEL OF KNOWLEDGE ON MOSQUITO BORNE DISEASES AMONG ADULTS IN SELECTED AREAS, AT KANCHIPURAM DISTRICT, TAMIL NADU.

**Ms.M.suvitha**

B.Sc (N) III year, Chettinad College of Nursing, Rajiv Gandhi salai, kelambakkam, kanchipuram district, Tamil nadu, India

**Mr.M Nishanth  
Niranjan Kumar**

B.Sc (N) III year, Chettinad College of Nursing, Rajiv Gandhi salai, kelambakkam, kanchipuram district, Tamil nadu, India

**Dr. L. Lakshmi,  
principal**

Prof. Chettinad College of Nursing, Rajiv Gandhi salai, kelambakkam, kanchipuram district, Tamil nadu, India

**ABSTRACT** Mosquito Borne Diseases (MBD) account for 17% of the estimated global burden of all infectious diseases. The most deadly MBD, malaria, Chickungunya, dengue, etc caused an estimated 627,000 deaths in 2012. The world's fastest growing MBD is dengue, with a 30-fold increase in disease incidence over last 50 years. This study was focused to create awareness about common MBDs in the villages through village volunteers and educate them about the measures to prevent the occurrence of the disease by community participation and behavioral change communication and to assess the impact of educational intervention. This study was a Descriptive Study conducted in the rural field practice area of Kadambadi village Kanchipuram district, Tamil Nadu. Sample of 80 adults were selected by using Simple Random Sampling Technique. Data was collected with structured interview schedule. Data were analysed with inferential and descriptive statistics. It is concluded that with the intensified efforts towards creating a public awareness about MBDs, the measures taken to control vectors other than personal protection measures would be suggested as effective and remain a valuable in community-based vector prevention and control interventions.

**KEYWORDS :** Mosquito Borne Diseases, rural areas, knowledge assessed

### INTRODUCTION

Those who would benefit from a service are least likely to obtain it. Mosquito is a vector agent that carries disease causing viruses and parasite from person to person without catching the disease themselves. Epidemic of mosquito borne disease are now a days major health problem in India. Historically before mosquito transmitted diseases were brought under control, they caused tens of thousands of deaths in most of the countries. Mosquitoes were shown to be the cause by which yellow fever and malaria were transmitted from person to person. They act as agents or vectors for many dreadful diseases such as Malaria, Filariasis, Dengue fever, Chickungunya, Yellow fever and Japanese Encephalitis etc. Malaria is caused by the Protozoan, Plasmodium transmitted by female Anopheles mosquito. Filariasis or Elephantiasis is caused by a parasitic Round worm, Wuchereria Bancroft carried by Culex species. Parasitic Round worm, Wuchereria Bancroft carried by Culex species. Dengue fever, Yellow fever, Chickungunya are transmitted by Aedes species. Japanese Encephalitis is caused by a virus spread by various species of Culex and Aedes. The WHO reports that it's currently endemic in at least 100 countries, putting some 2.5 billion people (40% of the world's population) at risk. The CDC reports estimates of more than 100 million cases annually. Countries reporting recent outbreaks include India, Singapore, and Thailand in Southeast Asia; Puerto Rico in the Caribbean; and Honduras, Nicaragua, Costa Rica, Paraguay, and Brazil in Central and South America. Mosquito Borne Diseases of public health importance are complex, and their occurrence depends on the interaction of various biological, ecological, social and economic factors. Malaria constitutes an important disease with annual occurrence of 300-500 million cases and 1.12.7 million deaths globally.

### MATERIALS AND METHODS:

**Research approach:** Quantitative, Non experimental - evaluative approach.

**Research design:** Non experimental - Descriptive research design.

**Research setting:** The study was conducted in the selected Village, Kanchipuram District, Tamil Nadu.

**Population:** The population of the study comprised of adults 25-60 years of a selected community, Kanchipuram district, Tamil Nadu.

**Sample size :** The samples of the study consisted of 80 adults in a selected community in Kanchipuram District, Tamil Nadu.

**Sample techniques:** Simple random sampling was used for the selection of the adults.

### CRITERIA FOR SELECTION OF SAMPLE:

Inclusion criteria:

- 1) Adults who were above 25-65 years of age.
- 2) Adults who were willing to participate in the study.
- 3) Adults who could understand and speak Tamil.

Exclusion criteria:

- 1) Adults who were not available at the time of study.
- 2) Adults who were below & above 60 years of age.

### DEVELOPMENT AND DESCRIPTION OF THE TOOL.:

A structured questionnaire used in this study consisting of two sections

**SECTION A:** Demographic variables

**SECTION B:** It consisted of multiple choice questions which were prepared to assess the knowledge on osteoporosis among adult women.

**METHOD OF SCORING INTERPERTATION:** each correct answer carries "1" mark and wrong answer carries "0" mark.

Less than 50% & above - inadequate knowledge

51-75% - moderately knowledge

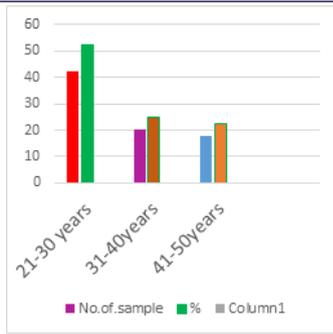
>70% & above - adequate knowledge.

>74% - adequate knowledge.

**METHOD OF DATA COLLECTION:** The data was collected using structured interview schedule.

### RESULTS AND DISCUSSION;

Majority of the Adults were (52.5%) with in the age group of 21-30 years. Majority of the adults (56.25%) were Females. Majority of the adults (31.25%) have done their education in the primary school level. Majority of the adults (41.25%) were having own business. Majority of the adults (60%) were in the income group of RS.2000-40000. Majority of the adults (82%) were married. Majority of the adults (50%) were from nuclear family. Majority of the adults (53%) have obtained knowledge from the source of health care personnel.



**CONCLUSION**

The following conclusions were drawn on the basis of the findings of the study. The findings showed that most of the adults had inadequate knowledge regarding Mosquito Borne Diseases. This study helped the adults to gain more knowledge regarding Mosquito Borne Diseases. Hence it was concluded that the adults need to gain more knowledge regarding Mosquito Borne Diseases and to improve knowledge and Mosquito Borne Diseases.

**REFERENCE:**

1. Park K. Preventive and social medicine. Jabalpur: M/s Banarsidas Bhanot Publishers,2005.Volume90,page(5)12.
2. ermando,De silva.D, et al The cognitive perference of Mosquito Borne Diseases in India: report of brain storming session, 1999;Volume,20page(49)2
3. Rehmanam,etal in Bioko island mainland malaria monitor the infection with plasmodium flaciparm 2009 and 2016:Volume29,page(7)
4. Pandit N, Patel Y, Bhavasar B. Knowledge and practice about preventive method against mosquito bite in Gujarat. Health Line 2010; Volume1,page(16-20).
5. Boratne AV, Datta SS, Singh Z, Purty A, Jayanthi 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. IJMS 2010; Volume1,page(91-6).