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Nursing

A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING SWINE FLU AND ITS PREVENTION AMONG ADULTS IN A SELECTED RURAL AREA, KANPUR.

Mrs. Minu. S. R*	Associate Professor cum HOD Pediatric Nursing Department, Faculty of Nursing, Rama University, Kanpur, Uttar Pradesh, India.*Corresponding Author
Ms. Nidhi Singh	Bsc Nursing Interns, Faculty of Nursing, Rama University, Kanpur, Uttar Pradesh, India
Mr. Nitin Yadav	Bsc Nursing Interns, Faculty of Nursing, Rama University, Kanpur, Uttar Pradesh, India
Ms. Minam Jerang	Bsc Nursing Interns, Faculty of Nursing, Rama University, Kanpur, Uttar Pradesh, India
Mrs. Poonam Singh	Bsc Nursing Interns, Faculty of Nursing, Rama University, Kanpur, Uttar Pradesh, India
Ms. Sapna Yadav	Bsc Nursing Interns, Faculty of Nursing, Rama University, Kanpur, Uttar Pradesh, India

ABSTRACT Swine flu is an infection by any one of several types of swine influenza virus. In this present study the effectiveness of structured teaching programme on knowledge regarding swine flu and its prevention among adults in a selected rural area, Kanpur was assessed through a quantitative evaluative approach and research design was one group pretest and posttest design. The sample size was 30 adults under 55 years selected by non probability convenient sampling technique.. The setting of the study was Kukradev village Kanpur. The total mean posttest knowledge score 17.36 was higher than mean pretest knowledge score 9.36. The calculated paired t-test t= 12.37, p= 2.05 at the level of 0.05. t>p, so it is significant. The result of the study showed that there is a significant improvement in knowledge of adults after giving the teaching. The adult people of kukradev village gained knowledge regarding swine flu through the STP.

KEYWORDS : Swine influenza virus,STP, swine flu, adults.

INTRODUCTION:-

Swine flu is an infection by any one of several types of swine influenza virus. The H1N1 viral strain implicated in the 2009 flu pandemic among humans often is called "swine flu". The Swine Flu virus influenza type A H1N1 was first isolated from a pig in 1930. Swine Flu Viruses causes a high level of illness but low death rates in pigs. Like all influenza viruses, Swine Flu changes constantly[1]. Swine Flu also called Hog or Pig Flu is an infection caused by any one of several types of Swine Influenza which is common throughout population worldwide.[1]

Swine Flu disease was found in Mexico and spread over the world, the union agencies reported more than 15,000 cases of swine Flu world 60 and older. Swine Flu spread very rapidly worldwide due to its high human to human transmission rate Swine Flu has been creating a worldwide panic and decreased epidemic in most parts of the world. India is reeling under the worst Swine Flu outbreak in half a decade with over 18,000 affected cases over 1000 deaths by the end of February 2015. This year outbreak of H1N1 Virus is the dead list in India since 2010. In 2015 the instances of Swine Flu substantially increases to 5 years high with over 18,000 cases reported and over 1000 death in India. The State reported the highest number of cases and deaths are Rajasthan, Gujarat, Delhi, Maharashtra, and Telangana. Swine flu was normally of H1N1 influenza subtype. However, since 2017, the H3N2 subtype becomes the dominant strain.[2]

Swine flu is an acute respiratory disease, caused by a strain of the influenza type A virus known as H1N1, officially referred to as novel A/H1N1.[3] The virus is a mixture of four known strains of influenza A virus: One endemic in humans, one endemic in birds and two endemics in pigs (swine). Swine influenza was first proposed to be a disease related to human influenza during the 1918 flu pandemic, which was known as Spanish flu, (infected about 500 million people and caused approximately 50 million deaths).[4] At the end of March 2009, an outbreak of novel influenza A/H1N1 infection occurred in Mexico, followed by ongoing spread all over the world in a short period. On 11 June 2009, the World Health Organization (WHO) raised its pandemic alert to the highest level, phase 6, meaning that; the A/H1N1 flu had spread in more than two continents.[5] On June 2010, it had caused over 18,172 deaths in more than 214 countries and overseas territories or communities. Most illnesses, especially the severe ones and deaths had occurred among healthy young adults.[6]

OBJECTIVES OF THE STUDY:-

• To assess the pre-test knowledge regarding swine flu and its prevention among adults in a selected rural area, Kanpur.
• To assess the effectiveness of structured teaching programme regarding swine flu and its prevention among adults in a selected rural area, Kanpur.
• To find out the association between the pretest knowledge scores with their selected demographic variables.

• **HYPOTHESIS**
• **H₁**- There is a significant difference between the pretest and posttest knowledge score after structure teaching programme regarding swine flu and its prevention.
• **H₂**- There is a significant association between the knowledge score of an adult with their selected demographic variables

MATERIALS AND METHODS:-

Research approach
The quantitative evaluative approach was used for the present study.

Research Design
Pre-experimental one group pre-test and post-test design was used for this study.

SETTING OF THE STUDY

This study was conducted in Kukradev rural area, Kanpur

VARIABLES
Independent Variables
In this present study, structured teaching programme on swine flu and its prevention is an independent variable.

Dependent Variables
Knowledge of adult people regarding swine flu and its prevention is the dependent variable

Demographic variables
The demographic variable is the factor that is not the part of the study but may not affect the measurement of the study variable such as age, gender, income, education, occupation, type of house, drainage system, and source of health information in adults.

POPULATION
Population for the present study was adult people of rural area.

Target population
All adults of rural area of Kanpur were the target population in this study.

Accessible population
All adults of Kukradev village Kanpur was the accessible population in this study.

SAMPLE
Sample of the present study was 30 adults of rural area of Kukradev, Kanpur who fulfill the sampling criteria for the present study.

SAMPLING TECHNIQUE
Non – probability convenient sampling technique was used to select the sample for the present study.

SAMPLING CRITERIA
INCLUSION CRITERIA
This study includes –
1. Adults aged 25-55 years.
2. All adults who will be available at the time of data collection.

EXCLUSION CRITERIA
This study excluded –
1. All adults who were not willing to participate in a study
2. Those who were under treatment of swine flu

METHOD OF DATA COLLECTIO
TOOLS
The tool used for the study includes.

Section –A: It deals with demographic data such as age, sex, educational status, occupation, income, type of family, type of house, drainage system, source of health information.

Section-B: Consist of 26 multiple choice questions to assess the knowledge regarding swine flu and its prevention.

DATA COLLECTION PROCEDURE:-
The data collection was scheduled in the month of April 2019 (15-04-2019 to 27-04-2019). Before the data collection, a prior permission from the Gram Pradhan of Kukradev Kanpur was obtained to conduct the study in their village. Written consent taken from the samples and through structured interview schedule data was collected from the subjects. The structured teaching programme was implemented after the pretest assessment. The post-test assessment was done after 7 days of the implementation of the structured teaching programme.

RESULTS
Pretest and posttest knowledge score regarding swine flu and its prevention.
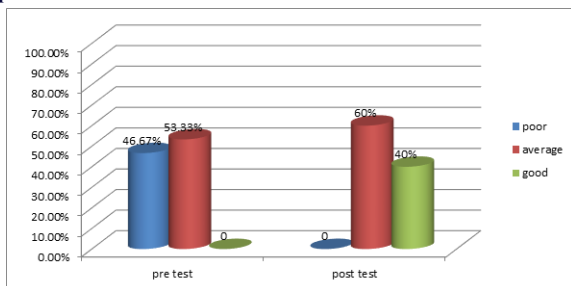

FIG.1 Cylindrical diagram showing the difference between pretest and post-test knowledge score.

The above cylindrical diagram shows that in the pretest 53.33% of adults had average knowledge, 46.67% of adults had poor knowledge and none of the adults had good knowledge. In the post-test, 60% of adults had average knowledge and 40% of adults had good knowledge and none of the adults had poor knowledge regarding swine flu and its prevention.

Effectiveness of a structured teaching programme on knowledge regarding swine flu and its prevention.

Table No. 1 Effectiveness of structured teaching programme on swine flu and its prevention.

N = 30

Knowledge score	N	Mean	SD	t value
Pretest	30	9.36	3.29	12.37* df- 29, P 2.05
Post-test	30	17.36	1.70	

The mean total knowledge score before the intervention was 9.36 which were increased to 17.36 after the intervention. The paired "t" test (12.37) was found to be significant at the 0.05 level.

From the above inference, it is made clear that a structured teaching programme had a positive impact on knowledge among adults. **Hence H_1 was accepted**.

Association of pretest knowledge score with selected demographic variables.

Table No.2: Association between the demographic variables and pretest knowledge score of adults on knowledge regarding swine flu and its prevention.

Sl. No.	Demographic Variables	Poor	Average	Good	Chi Square	Df	Infrence
1.	**Age** a.25-35 years b.36-45 years c.46-55 years	11 2 1	11 3 2	0 0 0	0.4	4	9.49 N.S at 0.05 level
2.	**Gender** a.Male b.Female	8 6	6 4	0 0	1.07	2	5.99 N.S at 0.05 level
3.	**Education** a.informal b.primary c.secondary d.higher e.degree and above	2 4 3 0 5	0 3 4 4 5	0 0 0 0 0	6.18	8	15.51 N.S at 0.05 level
4.	**Occupation** a.private b.government c.self employed d.agriculture e.home maker	6 0 1 3 4	7 0 1 5 3	0 0 0 0 0	0.57	8	0.57 N.S at 0.05 level
5.	**Family income** a.>Rs.5000/- b. Rs.5001-10,000/- c. Rs.10,001-15,000/- d. Rs.15,001 or above	9 5 0 0	8 5 2 1	0 0 0 0	2	6	12.59 N.S at 0.05 level
6.	**Type of family** a.Nuclear b.Joint c.Extended	13 1 0	11 5 0	0 0 0	2.11	4	9.49 N.S at 0.05 level
7.	**Type of house** a.Kaccha b.Pucca	6 8	8 9	0 0	0.00	2	5.99 N.S at 0.05 level
8.	**Drainage system** a.Open b.Closed	6 8	10 9	0 0	1.15	2	5.99 N.S at 0.05 level
9.	**Source of health information** a.Newspaper and Magazines b.Mass media c.Health Personals d.Friends and relatives	3 7 1 3	2 11 0 3	0 0 0 0	1.92	6	12.59 N.S at 0.05 level

N.S (NOT SIGNIFICANT) at 0.05 level

The above table shows that Association between knowledge scores and selected demographic variables of adults shows that there was no significant association between the pretest knowledge scores and age, gender, education, occupation, family income, type of family, type of house, drainage system, source of health information, at 0.05 level. Hence H_2 was rejected.

CONCLUSION:-

The study was conducted to assess the effectiveness of structured teaching programme regarding swine flu and its prevention among adults in selected rural area, Kanpur. On basis of findings of the study showed that in the pre-test knowledge score majority 53.33% of the sample had average knowledge score and 46.67%of the sample had poor knowledge score and no one had good knowledge score. In the posttest assessment reveals that 60% of the adults had average knowledge score, 40% of the adults had good knowledge score and no one had poor knowledge score. The comparison of pretest and post-test knowledge level were done which shows that mean score in the pretest was 9.36 and in the posttest, it was 17.36 and SD was 3.29 and 1.70 respectively. The paired t-test value was 12.37 it proved that the structured teaching programme was very effective to improve the knowledge level of adults.

RECOMMENDATIONS:

- A Similar study can be replicated by increasing the size of the sample.
- A similar study can be done using another teaching approach.

REFERENCES

1. Ianneli V. Swine flu Basics Health' Disease and disease and condition, Dec 2009. 23(5):12-15
2. Faauci, Braunwald, Issesbache, et Al. "Harrison's principles of internal medicine".14th edition. Volume 1, USA, Mcgraw hill companies, 1998.P1112-3.
3. Girard MP, Tam JS, Assossou OM, Kieny MP. The 2009 A (H1N1) influenza virus pandemic: A review. Vaccine 2010;28:4895-902.
4. World Health Organization (WHO). Pandemic (H1N1) 2009 - Update. Disease Outbreak News (WHO); 2010 May 14
5. Novel Swine-Origin Influenza A (H1N1) Virus Investigation Team, Dawood FS, Jain S, Finelli L, Shaw MW, Lindstrom S, et al. Emergence of a novel swine-origin influenza A (H1N1) virus in humans. N Engl J Med 2009;360:2605-15
6. Center for Disease Control and Prevention (CDC). CDC advisors make recommendations for use of the vaccine against novel H1N1. Press Release. Retrieved 2009.