Nursing

A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAM ON KNOWLEDGE REGARDING PREVENTION OF SWINE FLU AMONG HOME MAKERS IN RURAL AREA IN INDORE CITY

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ABSTRACT The flare-up of human disease because of the novel pig root flu A (H1N1) infection started in Mexico in March 2009. Since clinical manifestations of disease with the novel flu infection don't vary from those of occasional human flu, there is a proceeded with requirement for subtyping and research center affirmation. Pigs tentatively contaminated with pandemic 2009 H1N1 flu. An infection created respiratory sickness; nonetheless, there was no proof for foundational ailment to recommend that pork from pigs contaminated with H1N1 flu would contain irresistible infection.

KEYWORDS : Prevention from Swine Flu, Home Makers, Planned Teaching Programme

INTRODUCTION

Swine flu is an intense respiratory ailment, brought about by a strain of the flu type an infection known as H1N1, formally alluded as Novel A/H1N1. The infection is a blend of four known strains of flu an infection: One endemic in people, one endemic in flying creatures and two endemic in pigs (pig). Swine flu was first proposed to be a sickness identified with human flu during the 1918 influenza pandemic, which was known as Spanish influenza. Transmission of the new strain is human-to-human. Its side effects are like those of flu by and large. It incorporates fever, hack, sore throat, body hurts, cerebral pain, chills and weariness. Seasonal influenza can aggravate constant medical issues. Immunizations are accessible for various types of Swine flu. In any case, antibodies against the new strain are created, with security profile like occasional influenza immunization.

The episode of human contamination because of the novel pig root flu A (H1N1) infection started in Mexico in March 2009. Pigs tentatively contaminated with pandemic 2009 H1N1 flu. An infection created respiratory sickness; notwithstanding, there was no proof for foundational illness to propose that pork from pigs contaminated with H1N1 flu would contain irresistible infection. H1N1 Swine flu is an intense illness that taints the upper respiratory lot and can cause aggravation of the upper respiratory entries, windpipe, and potentially the lower respiratory lot. The known brooding period forH1N1 Swine fluranges from 1 to 4 days, with the normal around 2 days in many people, yet a few people, it might be up to 7 days. The infection period for grown-ups begins around 1 day before manifestations create and keeps going around 5 to 7 days after the individual creates indications. The infectious period might be longer in people with debilitated resistant frameworks and kids (e.g., 10 to 14 days).

OBJECTIVES
- To assess the pre-test knowledge on prevention of swine flu among home makers residing in rural area Indore city.
- To compare the pretest and posttest knowledge score regarding knowledge on prevention of swine flu among the home makers residing in the rural area of Indore.
- To assess the effectiveness of planned teaching program on prevention of swine flu among the home maker residing and rural area.
- To find out the association between pretest knowledge scores with demographic variables.

HYPOTHESIS
RH_0 - There will be no significant difference between pretest and posttest Knowledge scores on swine flu and its prevention among home makers residing in the rural area of Indore city.

RH_1 -There will be a significant difference between pretest and posttest Knowledge scores on swine flu and its prevention among home makers and rural area of Indore city.

RH_{02} -There will be no significant association between the pretest knowledge of home makers regarding swine flu prevention with selected demographic variables

RH_2- There will be a significant association between the pretest knowledge of home makers regarding swine flu prevention with selected demographic variables.

METHODOLOGY
Quantitative evaluative approach is used to assess the effectiveness of planned teaching programme on knowledge regarding prevention from swine flu among home makers at selected rural areas of Indore city. The target population consist of home makers in rural area of Indore city sample size comprises of 60 home makers, simple random sampling technique is used Demographic variables and administration of self-structured questionnaire.

SECTION - 1
Demographic characteristics – Demographic data of home makers includes, Age, education, types of family, monthly income, health status of family members, previous knowledge regarding swine flu and its preventive aspects, If yes source of knowledge.

SCORING KEY FOR KNOWLEDGE QUESTIONN
Table No. 01

Scores	Remarks
0 – 8	Poor
9 - 16	Average
17 – 24	Good
25 – 32	Excellent

Table No.02 Frequency And Percentage Distribution Of Selected Demographic Variables Of Home Makers

S. No.	Demographic Variable	Particular	Frequency (f)	Percentage (%)
1	Age (in years)	**A.** 18-28	21	35
		B. 29-38	24	40
		C. 39-48	11	18.3
		D. Above 49	04	6.7
2	Education Status	**A.** Primary School	08	13.3
		B. Secondary	18	25.0
		C. Higher Secondary	30	53.4
		D. Graduate and post graduate	04	08.3
3	Type of Family	**A.** Nuclear	18	30
		B. Joint	31	51.7
		C. Extended	11	18.3
4	Present Health Status	**A.** Healthy	42	70
		B. Fever	06	10
		C. Sore Throat	08	13.3
		D. Any type of pain	04	6.7
5	Monthly Income	**A.** Less than 10000	07	11.7
		B. 10001-20000	20	33.3
		C. 20001-30000	21	35
		D. Above 30000	12	20
6	Previous Knowledge	**A.** Yes	13	21.7
		B. No	47	78.3

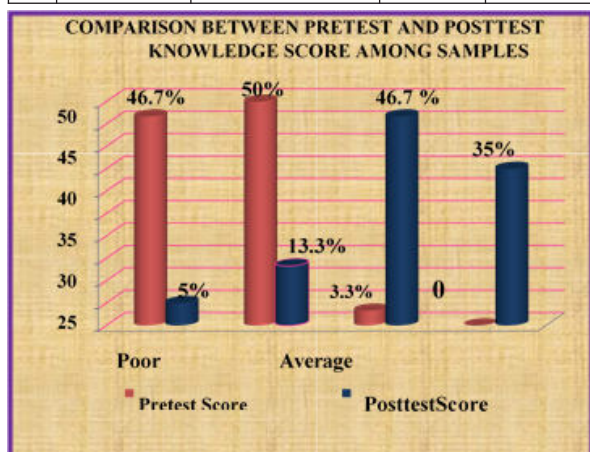| 7 | Sources of Knowledge | A. Mass Media | 08 | 72.7 |
| | | B. Magazines and Newspaper | 03 | 26.2 |
| | | C. ASHA Worker and Local Bodies | 02 | 01.1 |

Figure-1:3D Clustered Column diagram shows categorical comparison between pre-test and post-test knowledge regarding prevention of swine flu among home makers.

RESULTS

The result of this indicates that there was a significant increase in the Post-test knowledge scores compared to Pre-test scores of knowledges regarding prevention of swine flu among home makers in rural area in Indore City. The mean and SD Knowledge score were observed 6.45 ±3.05 in the pre-test and after administration of Planned Teaching Program the post-post mean and SD was observed with 14.09 ±3.81 and mean differences is 7.64.

CONCLUSION

Based upon the analysis and interpretation of data we can conclude that there is statistically significant difference in the pre-test and Pre-test knowledge and attitude score Hence, the Hypothesis R**H1,** that is " There will be a significant difference between pre test and post test Knowledge scores on swine flu and its prevention among home makers and rural area." is being **accepted**.

Also, the hypothesis, R**H2** "There will be a significant association between the pretest knowledge of home makers regarding swine flu prevention with selected demographic variables is being **accepted** here as all the demographic variable accept type of family is insignificant".

From the above results, we can conclude that there were a statistical significant increase in knowledge among the home makers regarding prevention from swine flu. Thus, the intervention planned teaching programme was effective for improving knowledge.

LIMITATION
- The present study consists of home makers living in selected rural area of Indore.
- The present study only comprises of 60 homemakers
- The data collection of present study was carried for a stipulated 20 days due to Covid-19 pandemic situation.

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