



AWARENESS REGARDING COMMON WATER BORN DISEASE AND ITS PREVENTION AMONG ADULTS IN MARAIMALAINAGAR.

Nursing

Vinitha. D M.Sc(N), SRM College of Nursing, Kattankulathur

Senpagavalli. M B.Sc(N), SRM College of Nursing, Kattankulathur

Sajna. V B.Sc(N), SRM College of Nursing, Kattankulathur

ABSTRACT

Life is dependent on basic elements like water. But the same natural elements also convey death for almost all organisms on earth which are reflected as water borne disease. Human being is highly susceptible to such infections where an array of water borne diseases are being encountered by as almost on a regular basis. Water borne diseases are initiated by pathogenic microorganisms that most generally are transmitted in polluted crisp water. Tainting generally comes about throughout showering, washing, drinking in the arrangement of substance, or the utilization of nourishment in this manner spoiled. The transmission of many infectious diseases such as cholera, typhoid, diarrhea, and hepatitis is associated with the contamination of water with human fecal matter and lack of personal hygiene. The research approach with Quantitative approach it was used Probability sampling techniques. **Research Design:** Pre experimental design one group pretest & post test design. The present study was conducted in maraimalainagar at Chengalpattu district, Tamil Nadu. The participants are adults from maraimalainagar. The total participants of 100 adults were from maraimalainagar at Chengalpattu district. **Results:** Objective 1: To assess the level of knowledge regarding Common Waterborne disease and its prevention among adults. In this present study 1% of adults are having inadequate level of knowledge, 68% of them are having moderate level of knowledge and 31% of them are having adequate level of knowledge regarding health consequences of early and late marriage. Statistical significance was calculated using chi square test. Objective 2: To find out the association between the knowledge score of adults and selected demographic variables. The analysis revealed in the table 3 shows that the demographic variable income ($\chi^2=13.192$, $p=0.040$) had shown statistically significant association with level of knowledge on common waterborne diseases and its prevention among adults in at $p<0.05$ level and the other demographic variables had not shown statistically significant association with level of knowledge on common waterborne diseases and its prevention among adults.

KEYWORDS

INTRODUCTION

Life is dependent on basic elements like water. But the same natural elements also convey death for almost all organisms on earth which are reflected as water borne disease. Human being is highly susceptible to such infections where an array of water borne diseases are being encountered by as almost on a regular basis. Water borne disease are initiated by pathogenic microorganisms that most generally are transmitted in polluted crisp water.

Background/Needs Of The Study

According to World Health Organization, such sickness represents an expected 4.1% of the aggregate worldwide load of health disorder leading to the death of 1.8 million human yearly. The World Health Organization gauges that 88% of that trouble is attributable to hazardous water supply, sanitation and hygiene. The expression 'waterborne diseases' is held generally for contamination that dominatingly are transmitted through contact with or utilization of contaminated water.

Statement Of The Problem

Awareness regarding common water borne disease and its prevention among adults in Maraimalainagar.

Objectives of the study

1. To assess the level of knowledge regarding common water borne disease and its prevention
2. To find out the association between the knowledge regarding common water borne disease and its prevention with their demographic variables.

HYPOTHESES

- **H1:** There will be significant association between level of knowledge regarding common water borne disease and its prevention with their demographic variables.
- **H2:** There will be significant correlation between level of knowledge regarding common water borne disease and its prevention with their demographic variables.

Research Methodology

1. Frequency and percentage distribution of demographic variables of water borne disease among adults.

S.no.	Demographic-variable	Categories	Frequency	Percentage
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1.	Age	<25	25	25.0
		25-35	25	25.0
		35-45	26	26.0
		>45	24	24.0
2.	Gender	Male	71	71.0
		Female	29	29.0
3.	Religion	Hindu	89	89.0
		Muslim	9	9.0
		Christian	2	2.0
4.	Marital Status	Single	22	22.0
		Married	75	75.0
		Divorced	-	-
		Widowed	3	3.0
5.	Education	Primary School	19	19.0
		Secondary School	16	16.0
		Higher School	24	24.0
		Graduate	41	41.0
6.	Occupation	Home Maker	15	15.0
		Professional Work	37	37.0
		Industrial Work	48	48.0
7.	Income	<5,000	18	18.0
		5,000-10,000	24	24.0
		10,000-25,000	34	34.0
		>25,000	24	24.0

The above table Shows the demographic information of adults who participated in the study. Considering age in years, 26(26%) were between 35-45 years, another 25(25%) between 25-35 years and less than 25 years and 24(24%) were above 45 years. With regards to Gender 71(71%) were Male and 29(29%) were Female. Based on Religion 89(89%) belongs to Hindu, 9(9%) belongs to Muslims and 2(2%) belongs to Christian. In marital status, 75(75.0%) are married, 22(22.0%) are single, 3(3.0%) are widow, None of the persons were Divorced. In education 19 (19.0%) are primary school, 16(16%) are Secondary School, 24 (24.0%) are higher school, 22 (22.0%), 41 (41.0%) are graduate. Considering Occupation 15(15.0%) are Homemaker, 37(37.0%) are Professional worker, 48(48.0%) are Industrial Worker. With regard to monthly income 18 (18.0%) are less than 5,000, 24(24.0%) monthly income between (5,000-10,000) 34(34%) monthly income between (10,000-25,000), 24(24.0%) are greater than 25,000.

Frequency and percentage distribution of knowledge regarding common waterborne disease and its prevention among adults

N=100

Level of Knowledge	Frequency	Percentage
Inadequate (1–33%)	1	1.0
Moderate (34–66%)	68	68.0
Adequate (67–100%)	31	31.0

The above table shows that among the adults in selected area out of 100 samples, majority 68(68%) of them were categorized to have moderate level of knowledge, 31(31.0%) were belong to adequate 67-100% of Knowledge and 1(1.0%) was formed with inadequate knowledge regarding common waterborne disease and its prevention.

3. Association of level of knowledge regarding Common Waterborne disease and its prevention among adults in selected area with their selected demographic variables

N=100

S.no.	Demographic variable	Frequency	Percentage
1.	Age	25	$\chi^2=5.351$
			d.f=6
		25	
			p=0.500
		26	
2.	Gender		N.S
		24	
		71	$\chi^2=3.186$
			d.f=2
			p=0.203
3.	Religion	29	
			N.S
		89	$\chi^2=1.505$
			d.f=4
		9	
4.	Marital Status		p=0.826
		2	
			N.S
		22	$\chi^2=2.186$
			d.f=4
5.	Education	75	
			p=0.702
		-	
			N.S
		3	
6.	Occupation	15	$\chi^2=6.322$
			d.f=6
		16	
			p=0.388
		24	
7.	Income		N.S
		41	
		15	$\chi^2=7.506$
			d.f=4
		37	
			p=0.111
		48	
			N.S
		18	$\chi^2=13.92$
			d.f=6
		24	
			p=0.040
		34	
			S*
		24	

Significant $p < 0.0$

The association of selected demographic variables in table 4.5 shows that the p values corresponding 100 samples, only income was less than $p < 0.05$ level. This shows that there is statistically significant association between income and level of knowledge on common waterborne diseases and its prevention among adults in selected area.

Whereas all other variables such as age, gender, religion, marital status, education & occupation last not showed statistically significant association with level of knowledge on common waterborne diseases and its prevention among adults in selected area.

DISCUSSION AND CONCLUSION

This chapter deals with the discussion of the results of the data analysis based on the objectives of the study. The purposes of the study to assess

the knowledge regarding common waterborne disease among Adults in selected area. The objectives of the study are to assess the knowledge level of common water borne diseases and its prevention among Adults and to associate the knowledge gain with the selected demographic variables.

The study period was 1 week. Totally 100 Adults in Maraimalai Nagar were selected as a samples by using convenient sampling technique method. The data was collected using structured questionnaire constructed by the investigator. The reliability of the tool was tested by test retest method, the data analysis and interpretation were done by using descriptive and inferential statistics.

FINDINGS BASED ON THE OBJECTIVES

Objective 1: To assess the level of knowledge regarding Common Waterborne disease and its prevention among adults

In this present study 1% of adults are having in adequate level of knowledge, 68% of them are having moderate level of knowledge and 31% of them are having adequate level of knowledge regarding health consequences of early and late marriage. Statistical significance was calculated using chi square test.

Objective 2: To find out the association between the knowledge score of adults and selected demographic variables

The analysis revealed in the table 3 shows that the demographic variable income ($\chi^2=13.192$, $p=0.040$) had shown statistically significant association with level of knowledge on common waterborne diseases and its prevention among adults in at $p < 0.05$ level and the other demographic variables had not shown statistically significant association with level of knowledge on common waterborne diseases and its prevention among adults

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