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Journal or A	RIGINAL RESEARCH PAPER	Community Medicine			
PARTPEN SE	O ASSESS EFFECTIVENESS OF SOCIO DRAMA N PREVENTION OF DENGUE IN TERMS OF NOWLEDGE AMONG PEOPLE RESIDING IN LECTED URBAN AREA OF SURAT	KEY WORDS: Diseases, Dengue Incidence, Awareness			
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There is many diseases arising because of environmental changes that may be caused by human activities and geographical conditions. One example of this disease is dengue fever. It is an acutely infectious mosquito-borne viral disease characterized by episodes of "Saddle back" fever, muscle and joint pain, accompanied by an initial erythema and a terminal rash of varying morphology which is a life threatening. The study focuses on improving knowledge regarding dengue prevention & increase awareness. The number of cases reported increased from 2.2 million in 2010 to 3.2 million in 2015. India experienced the highest dengue incidence in 2012 about 41 million population. From 1998 to 2014, the highest dengue incidence was reported in Pondicherry (372.92), Dadra Nagar Haveli (176.31) and Delhi (102.15). Similarly, high dengue incidence, ranging (21-50 million) was reported in Punjab, Gujarat, Karnataka, Kerala, Tamil Nadu and Orissa.

INTRODUCTION

ABSTRACT

'We live in our world today where everything seems to be is a fast face.'

The term "Dengue" is a Spanish attempt at the Swahili phrase "Ki dengapepo" meaning "Cramp like seizure caused by an evil spirit". It emerged during a Caribbean outbreak in 1827 – 1828. The first case report dates back from 1789, who coined the term "Break – bone fever" because of the symptoms of myalgia and arthraligia. It is also called as Dandy fever. Dengue is an acutely infectious mosquito – borne viral disease characterized by episodes of "Saddle back" fever muscle and Joint pain, accompanied by an initial erythema and a terminal rash of varying morphology. It is a life – threatening fever.

"Dengue is a very significant world public health Problem which has largely been ignored In the developed world".

-Rory Marks

It is caused by group -B arbovirus and the virus has four distinct antigenic serotype, i.e., 1, 2, 3 and 4 and is transmitted by certain species of Aedes mosquitoes i.e., culexfatiguns, Aedesaegypti and Aedesalbopietus. It can occur at any age. Both sexes are susceptible epidemic usually occurs after rainy season.

The transmission cycle in dengue is direct i.e., **"man to mosquito to man"** the vector Aedesacgypti acquires the virus by feeding on a patient during the first 3 days (viraemic stage) of illness. After an extrinsic incubation period of 10-15 days the mosquito becomes infective and is able to transmit the infection to man. Incubation period is usually 5 - 6 days though it may vary from 3 to 15 days after the bite by the mosquito.

Dengue fever is an acute febrile illness with sudden onset of fever $(39^\circ C \text{ and } 40^\circ C)$ followed by a remission of a few hours to

2 days. (Biphasic curve). The rash may be diffuse flushing, mottling or fleeting pin – point eruption on the face, neck and chest during the first half of the febrile period and a conspicuous rash that may be maculopapular or scarlatini form on 3^{rd} or 4^{th} day. It may be accompanied by itching and hyperaesthesia. The severe form of dengue is known as dengue hemorrhagic fever and dengue shock syndrome.

STATEMENT OF THE PROBLEM

"A study to assess effectiveness of socio drama on prevention of dengue in terms of knowledge among people residing in selected urban area of surat." OBJECTIVE OFTHE STUDY

- 1] To assess the knowledge on prevention of dengue among People residing in selected urban area of Surat.
- 2] To assess the impact of socio drama on prevention of Dengue among people residing in selected urban area of Surat.
- 3] To check the co relation between the Pre test knowledge Score and selected demographical variable.

HYPOTHESIS OF THE STUDY

H1: The mean post test knowledge score is significantly higher than mean pre test knowledge score after Administration of socio drama on prevention of dengue among people residing in selected urban area Surat.

 \mathbf{H}_{2} :-There is significant Co-relation between pre-test Knowledge score with selected demographical variable.

MATERIALS AND METHODS RESEARCH APPROACH

For this study research approach will be a quantitative approach which is experimental since this study is aimed to improve the knowledge & create awareness regarding prevention of dengue among people residing in selected

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urban area of Surat.

RESEARCH DESIGN

Research design for this study is one group pre-test post-test Design.

RESEARCH SETTING

For the Present study setting will be conduct in (D.K.M.) Gopipura area of Surat.

TARGET POPULATION

For present study the target population will be people of (D.K.M.) Gopipura area of Surat city.

SAMPLE SIZE

For the present study sample size will be 30 community people of (D.K.M.) Gopipura area of Surat city.

SAMPLETECHNIQUE

For the present study Simple random sampling technique will be used.

TOOLS FOR DATA COLLECTION

For the present study structured knowledge questionnaires will be used to assess the knowledge to people residing in community area.

The structure questionnaire will be dividing in two sections. **Section 1:-Demographical Data**

The section contains seven items for obtaining the information regarding in people residing in DKM area. Age, Sex, Religion, occupation, education.

Section 2:-knowledge Questionnaires

RESULTS & MAJOR FINDINGS

This section consisted of 25 items of multiple choice questions.

RELIABILITY

The reliability of tool will be assessing by split half method. In order to assess reliability, the tool will administer on people who residing in community area. After obtaining formal permission from the higher authority. The reliability coefficient will calculated by using spear-man brown prophay formula. The reliability quotient obtained for structure knowledge questionnaires for knowledge was (0.9) which indicates highly reliability of the tool.

PROCEDURE FOR DATA COLLECTION

The investigators will be obtaining a written permission from the concern higher authority person of (D.K.M.) Gopipura area of Surat city.

The purpose of the study will be explained to the subject and written inform consent will be obtained.

Their responses were assessing confidentially.

The average time for pre test will be 35 minutes. On the same day socio drama will be conduct and after 7 days pos test will be conduct with the same tools.

PLANS FOR DATA ANALYSIS

Data analysis is a systemic organization and synthesis of research data and testing and testing of research hypothesis using those data.

The data obtain is analysis in terms of objectives of the study using descriptive and inferential statistics.

To compute the data, a master data sheets will be prepare by the investigator Demographic data will be analyzed in terms of frequency and percentage.

Knowledge questionnaire will be used to find the association between the knowledge score with selected demographical variable.

METHODS FOR DATA ANALYSIS

Frequency, mean and standard deviation of data obtain through background data calculated & than tabulated data from various tables and graphs. Interpretations were made by following statistical tests.

- 1. Frequency and percentage
- 2. Standard deviation
- T test
- 4. Chi-square test

Table: comparison between pre test and post test knowledge score of people residing in community regarding prevention of dengue

Group	Mean knowledge score		Mean	Calculated "t"	Level of	Tabulated value
	Pre-test	Post-test	difference	value	significance	
Community people	8.98	17.54	8.56	15.06	P<0.05 significance	T= 2.04

For age the selected value of chi-square(x°) 0.833was less than tabulated value 5.99 of chi-square(x°) at the 2 degree of freedom at 0.05 level of significance therefore, there was not significance association for the knowledge score among the samples.

For sex the calculated value of chi-square(x^2) 0.71 was less than tabulated value 3.84 of chi-square(x^2) at the 1 degree of freedom at 0.05 level of significance therefore, there was not significance association for the knowledge score among the samples.

For religion the selected value of chi-square(x^2) 0 was less than tabulated value 7.82 of chi-square(x^2) at the 3 degree of freedom at 0.05 level of significance therefore, there was not significance association for the knowledge score among the samples.

For Education qualification the selected value of chisquare(x^2) 19.864 was greater than tabulated value 9.49 of chisquare(x^2) at the 4 degree of freedom at 0.05 level of significance therefore, there was positive significance association for the knowledge score among the samples. For Occupation the selected value of chi-square(x^2) 13.97 was greater than tabulated value 7.82 of chi-square(x^2) at the 3 degree of freedom at 0.05 level of significance therefore, there was positive significance association for the knowledge score among the samples.

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