**A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURE TEACHING
PROGRAMME ON KNOWLEDGE REGARDING PREVENTIVE MEASURES ON
SELECTED VECTOR BORNE DISEASES AMONG PEOPLE LIVING IN SELECTED
URBAN COMMUNITY AREA , JAIPUR**

Mrs.Usha Dadhich¹ Prof. Dr. Roop Parkash Sharma²

¹Assistant Professor Rajasthan College of Nursing, Bagru Road Jaipur

²Head of Department ,Jaipur Hospital Colege of Nursing,Jaipur ,Rajasthan

Corresponding Email: ushadhadich14@gmail.com

ABSTRACT:

Introduction: Health is the condition of being sound in body, mind or sprit, especially freedom from physical disease or pain. It is greatly affected by the surrounding environment; the impact of environment on health has been realized since this health immemorial especially communicable disease. Among the many health problems is India, communicable disease are the major health problems which are transmitted to man by direct and indirect contact with the causative agent the disease which are indirectly transmitted by mosquito are dengue, malaria, filarial and chikungunya among these disease dengue, malaria & chikunguniya is the common disease in the community.

Material and Method: This study was conducted in Jaipur Rajasthan. Study comprised of 100 people , All the people residing in selected urban community area, Jaipur. Pre experimental design (one group pre-test post-test design) Setting an evaluative approach was adopted for this study Structured knowledge questionnaire method used.

Result: The result shows that urban community people having maximum knowledge score 55% in the area of knowledge regarding preventive measures of vector borne diseases.

Conclusion:The overall findings of the study revealed that there was overall mean knowledge score obtained by the urban community people was 11.86 and mean percentage was 39.53with standard deviation 8.07. So this indicates urban community people have average knowledge regarding preventive measures of vector borne diseases.

Keyword: Assess, educational modules, urban community peoples and communicable community health problems.

INTRODUCTION:

Among the many health problems is India, communicable disease are the major health problems which are transmitted to man by direct and indirect contact with the

causative agent the disease which are indirectly transmitted by mosquito are dengue, malaria, filarial and chikungunya among these disease dengue, malaria &

chikungunya is the common disease in the community.

Dengue is an outbreak prone viral disease, transmitted by *Aedes* mosquitoes. Both *Aedes aegypti* and *Ae. albopictus* are involved in transmission. *Aedes aegypti* mosquitoes prefer to breed in manmade containers, viz., cement tanks, overhead tanks, underground tanks, tyres, desert coolers, pitchers, discarded containers, junk materials, etc. in which water stagnates for more than a week. This is a day biting mosquito and prefers to rest in hard to find dark areas inside the houses.ⁱ

Aedes albopictus mosquitoes prefer to breed in natural habitats like tree holes, plantation etc.

The risk of dengue has increased in recent years due to rapid urbanization, and deficient water management including improper water storage practices in urban, peri-urban and rural areas, leading to proliferation of mosquito breeding sites. The cases peak after monsoon and it is not uniformly distributed throughout the year.ⁱⁱ

Malaria is an acute parasitic illness caused by *Plasmodium falciparum* or *Plasmodium vivax* in India. The main clinical presentation is fever with chills; nausea and headache can also occur. The diagnosis is confirmed by microscopic examination of a blood smear and Rapid Diagnostic Tests.

Majority of the patients recover from the acute episode within a week. Malaria continues to pose a major public health threat in different parts of the country, particularly due to *Plasmodium falciparum* due to which severity may develop and may cause fatality, if not treated early.ⁱⁱⁱ

Chikungunya is a debilitating non-fatal viral illness caused by Chikungunya virus. The disease reemerged in the country after a gap of three decades. In India a major epidemic of Chikungunya fever was reported during 60s & 70s; 1963 (Kolkata), 1965 (Pondicherry and Chennai in Tamil Nadu, Rajahmundry, Vishakhapatnam and Kakinada in Andhra Pradesh; Sagar in Madhya Pradesh and Nagpur in Maharashtra) and 1973 (Barsi in Maharashtra). This disease is also transmitted by *Aedes* mosquito. Both *Ae.aegypti* and *Ae.albopictus* can transmit the disease. Humans are considered to be the major source or reservoir of Chikungunya virus.^{iv}

MATERIAL AND METHOD:

An evaluative approach was adopted for the study to determine the effectiveness of structured teaching programme on preventive measures of vector borne diseases among urban community people.

The structured questionnaire consist of two parts

Part 1st It contain 8 items related to demographic variables including age, sex, type of family, family income, sources of water supply, education of person, type of toilet and method of refuse disposal.

N=100

Part 2nd Contain 30 items which have 4 sections.

Section 1- Consist of 7 items related to dengue fever

Section 2 – Consist of 9 items related to malaria

Section 3 – Consist of 5 items related to chikunguniya

Section 4 – Consist of 9 items related to prevention of vector borne diseases

There were 30 items each has four options and one is most appropriate answer. The maximum scores for correct response to each item was “One”. Thus for 30 items there are 30 correct responses with 30 maximum obtainable scores.

RESULT: Distribution of Demographic Variables

SECTION I

Description of demographic characteristics of samples Table -1 Frequency distribution of socio demographical variables

S.No	VARIABLES	FREQUENCY	FREQUENCY PERCENTAGE
1	AGE		
	20-30	28	28%
	31-40	30	30%
	41-50	21	21%
	50 and above	19	19%
2	GENDER		
	Male	40	40%
	Female	60	60%
3	Type of family Nuclear	47	47%
	family Joint family	43	43%
	Extended	10	10%
4.	Family income per month	7	7%
	Less than 10,000	51	51%
	10,000-30,000		
	More than 30,000	42	42%
5.	Source of water supply Government	86	86%
	supply Any other	14	14%
6	Education		
	Up to primary	8	8%
	Up to secondary	8	8%
	Up to sr secondary	37	37%
	Graduation and more	47	47%
7	Type of toilet		
	Sanitary toilet	90	90%
	Sulbh complex	0	0%
8	Method of refuse disposal		
	Government measures	62	62%
	Burning	14	14%
	Dumping	12	12%
	Dispose in open place	12	12%

Table 1 shows the number and percentage of the distribution of the subjects

SECTION II

Percentage distributions of overall knowledge level and knowledge in Specific areas related to preventive measures of vector borne diseases among urban community people in pre test and post test.

Table 2.1 Percentage distribution of overall knowledge level

N=100

S.NO	Level of Knowledge	% of score	Pre test		Post test	
			Frequency	Frequency %	Frequency	Frequency %
1.	Poor	0-33	39	39	0	0
2.	Average	34-59	55	55	9	9
3.	Good	60-74	6	6	37	37
4.	Very good	75-100	0	0	54	54

SECTION III

Effectiveness of structured teaching programme among urban community people on preventive measures of vector borne diseases knowledge by comparing the pre-test and post-test assessment

Table 3 Area wise effectiveness of STP N=100

S.N	Area	Score	Pre-test(x)			Post- test(y)			Effectiveness (y-x)		
			Mean	Mean %	S.D.	Mean	Mean %	S.D	Mean	Mean %	S.D
1	RELATED TO DENGUE	7	2.77	39.5	1.82	4.87	69.5	1.92	2.1	30	0.1
2	RELATED TO MALARIA	9	3.72	41.3	2.44	6.75	75	2.46	3.03	33.7	0.2
3	RELATED TO CHIKUNGUNYA	5	1.78	35.6	1.34	3.75	75	1.37	1.97	39.4	0.03
4	RELATED TO PREVENTION OF VECTOR BORN DISEASES	9	3.64	40.6	2.47	6.59	73.2	2.60	2.95	32.6	0.13
	Overall	30	11.86	39.53	8.07	21.98	73.26	8.35	10.12	33.73	0.46

Table 4 Significance difference between pre-test and post-test

knowledge scores
N=100

S. n.	Area	Pre-test (x)		Post- test (y)		t- value		Inference
		Mean	S.D.	Mean	S.D	Calculated value	Tabulated value	
1.	RELATED TO DENGUE	2.77	1.82	4.87	1.92	11.28	1.98	S
2.	RELATED TO MALARIA	3.72	2.44	6.75	2.46	17.8	1.98	S
3.	RELATED TO CHIKUNGUNYA	1.78	1.34	3.75	1.37	16.4	1.98	S
4.	RELATED TO PREVENTION OF VECTOR BORNE DISEASE	3.64	2.47	6.59	2.60	20.6	1.98	S
	OVER ALL	11.86	8.07	21.98	8.35	29.05	1.98	S

SECTION IV

Table 5 Association between the knowledge of urban community people on preventive measures of vector borne diseases with selected demographic variables

N=100

S. No	Variable	Chi square χ^2		d.f	Level of Significance
		Calculated value	Tabulated value		
1	AGE 20-30 31-40 41-50 Above 50	6.95	12.59	6	0.05 NS
2	GENDER Male Female	3.09	3.84	2	0.05 NS
3	Type of family Nuclear family Joint family Extended	35.4	12.59	6	0.05 S
4	Family income per month Less than 10,000 10,000-30,000 More than 30,000	13.09	12.59	6	0.05 S
5	Source of water supply Government supply Any other	1.21	3.84	2	0.05 NS
6	Education Up to primary Up to secondary Up to sr secondary Graduation and more	9.40	12.59	6	0.05 NS
7	Type of toilet Sanitary toilet Sulbh complex	1.91	3.84	2	0.05 NS
8	Method of refuse disposal Government measures Burning Dumping Dispose in open place	7.87	12.59	6	0.05 NS

****The mean difference is significant at the 0.05 level.**

DISCUSSION:

The findings of the study are discussed under the following categories. The discussion is based on demographic variables of the subjects, objectives, hypothesis, related literature and conceptual frame work of the study and findings are discussed by comparing the findings of studies already undertaken in this area.

CONCLUSION:

The overall findings of the study revealed that there was overall mean knowledge score obtained by the urban community people was 11.86 and mean percentage was 39.53 with standard deviation 8.07. So this indicates urban community people have average knowledge regarding preventive measures of vector borne diseases.

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