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Effectiveness of Information Education Communication Knowledge Regarding Dengu Fever Prevention Among Under Five Mothers

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ABSTRACT

Dengue fever is the most well-known mosquito-borne viral contamination globally. It is a significant medical condition, chiefly influencing the kids in the South East Asian area since 1950. In 2012 the World Health Organization (WHO) positioned dengue as the quickest spreading vector-borne viral disease, going through a 30-overlap increment in illness occurrence in the course of recent years. Up to 50-100 million diseases are presently assessed to happen every year in more than 100 endemic nations, putting practically 50% of the total populace in danger. Worldwide circulation of dengue fever is assessed as 100 million new instances of dengue fever and 22,000 deaths generally among youngsters happen worldwide every year including 500,000 instances of a possibly deadly type of malady, Dengue hemorrhagic fever (DHF) and dengue shock syndrome (DSS). The study aim is to assess the effectiveness of an information booklet regarding dengue fever and its prevention among under-five mothers. A descriptive research design with purposing sampling technique was adopted to conduct a study among mothers of under-five children. Data was gathered by using structured questionnaires. Among 100 samples out of 61 samples (61%) have inadequate knowledge, 39 samples (39%) have moderate knowledge and none of them had adequate knowledge in the pre-test. Among 100 samples out of 17 samples (17%) have moderate knowledge, 83 samples (83%) have adequate knowledge and none of them had inadequate knowledge in post-test. The study shows that it is an association between the demographic variables of mothers of under-five children regarding prevention of dengue fever. The studies concluded that there is an association between the demographic variables of mothers of under-five children regarding prevention of dengue fever. There was a statistically significant found in significant family income.

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INTRODUCTION

Kids are the future pillars of the Nation. The present youngsters are days to come resident and pioneers. Kid medical care is the most vital factor to decide the development of the youngster, particularly in the initial five years of life. They are defenseless against malady, demise and incapacity inferable from their age, sex, a spot of living, financial status and host of different factors. Certain particular organic and mental needs should be met to guarantee the endurance and solid advancement of the kid

and future adult (Grisales *et al.*, 2013).

Dengue fever is an intense febrile illness with potential lethal entanglements brought about by disease of dengue infection that spread through the chomp of tainted female Aedes mosquito. Dengue fever was first alluded as "water poison" related with flying creepy crawlies in Chinese clinical reference book in 265-420 A.D. Dengue infection has a place with family Flaviviridae, having four zero sorts. It causes a wide range of sickness from gentle asymptomatic disease to extreme deadly dengue hemorrhagic fever or dengue stun disorder and it is called as breakbone fever or dandy fever (Gupta *et al.*, 2012).

Dengue fever is the most well-known and far and wide mosquito-borne viral disease on the planet today. It is a significant medical condition, fundamentally influencing the youngsters in the South East Asian district since 1950. In 2012 the World Health Organization (WHO) positioned dengue as the quickest spreading vector-borne viral sickness, going through a 30-crease increment in illness occurrence in the course of recent years. Up to 50-100 million diseases are currently assessed to happen every year in more than 100 endemic nations, putting practically 50% of the total populace in danger. Worldwide dispersion of dengue fever is assessed as 100 million new instances of dengue fever and 22,000 passings generally among youngsters happen worldwide every year including 500,000 instances of a possibly deadly type of malady, Dengue hemorrhagic fever (DHF) and dengue stun condition (DSS) (Ansari, 2011).

The expression "dengue" is a Spanish endeavor at the Swahili expression "Ki DengaPepo" signifying "cramp-like seizure brought about by a malevolent soul". Dengue fever is an intense febrile malady brought about by contamination of dengue infection communicated by the female Aedes mosquito and it is called break bone fever or dandy fever (Hojat *et al.*, 2016). Dengue is one of the most widely recognized mosquito-borne malady in India. It causes a high fever and rashes. In contrast to most mosquitoes, dengue causing mosquitoes nibbles during the day. These mosquitoes breed in warm, sticky climate and in stale water. This is the quantity of instances of dengue go up high during storm season (Chipwaza *et al.*, 2014). Dengue has a hatching time of between 3-14 days. Most cases present inside 4-7 days. Patients may report flulike indications: unexpected fever, arthralgia, migraine, eye torment, and myalgia. Other regular side effects incorporate "sickness, retching, and macules, papules rashes, which seems 3-5 days after the beginning of a fever." About 1% of those tainted build up the hemorrhagic form (Van Boeckel *et al.*, 2014). Dengue fever is an intense, irresistible tropical ailment brought about by an arbovirus communicated by the nibble of tainted mosquito (Harapan *et al.*, 2018).

Dengue fever can be brought about by any of four sorts: DEN-1, DEN-2, DEN-3, and DEN-4. Disease with one infection doesn't secure an individual against contamination with another (Dhimal *et al.*, 2014). An individual can be contaminated by at any rate two, if not every one of the four kinds of the dengue infection at various times during a life expectancy, yet just a single time by the equivalent type (Wesolowski *et al.*, 2015).

The purpose of study is,

1. To assess the pre-test knowledge score regarding dengue fever and its prevention among under-five mothers.

2. To administer information booklet regarding dengue fever and its prevention among under-five mothers.

3. To assess the post-test knowledge score regarding dengue fever and its prevention among under-five mothers.

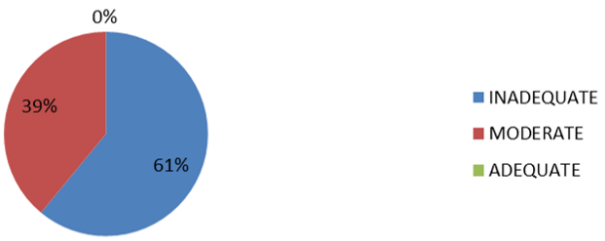

Figure 1: Frequency and percentage distribution of knowledge regarding prevention of dengue fever among under-five mothers in pretest score

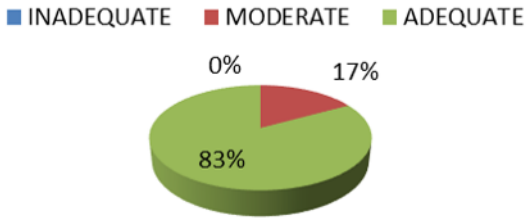

Figure 2: Frequency and percentage distribution of knowledge regarding prevention of dengue fever among under-five mothers in post-test score

Table 1: Comparison of the mean score and standard deviation score of pretest and post-test knowledge based on inadequate, moderate and adequate N=100

Level of Knowledge	Pre-Test		Post-Test	
	Frequency	Percentage	Frequency	Percentage
Inadequate	61	61%	0	0%
Moderate	39	39%	17	17%
Adequate	0	0%	83	83%

Table 2: Comparison of the mean score, standard deviation, mean difference and paired t value of pretest and post-test level of knowledge regarding prevention of dengue fever among under-five mothers N=100

Variable	Mean	Standard Deviation	Mean Difference	Paired 't' Test	
				't' Value	P Value
Pre-Test	11.81	1.580	8.98	t=65.5216	P=<.00001
Post-Test	20.79	1.689		df=99	(S)

Table 3: Association of selected demographic variables among under five mothers regarding prevention of dengue fever in pretest N=100

S.NO	Demographic Variable	Inadequate		Moderate		Adequate		Chi Square
		No	%	No	%	No	%	
1.	Family income							X2=45.516
	a)< ₹5,000	0	0	0	0	8	8%	
	b)₹5,000-10,000	0	0	4	4%	30	30%	Df=4
	c) >₹10,000	0	0	13	13%	45	45%	P=0.000 Significant

MATERIALS AND METHODS

An evaluative approach with pre-experimental [pre test and post test] research design was used to conduct the study. The study was conducted in Ammaiyarkuppam Village, Thirutani. One hundred samples were selected by using a convenient sampling technique. The inclusion criteria for the sampling are who are all mothers of under-five children, those who are available at the time of data collection and able to read and write in Tamil. The data collection period was done with prior permission from the head of Village Panchayat. The purpose of the study was explained to the samples and written informed consent was obtained from them. Of the study was explained to the samples and written informed consent was obtained from them. The demographic data were collected using a structured knowledge questionnaire and mothers of under-five children regarding prevention of dengue fever. After the pre-test, the investigator gave the instruction followed by information initially for about 30 minutes using the information booklet. After the post-test was conducted each group from using the same questionnaires were also assessed. The same procedure was followed for all selected samples. The data were analyzes using descriptive and inferential statistics. The sample characteristics were described using frequency and percentage. Pearson's correlation coefficient was used to assess the effectiveness of attitude and post-test knowledge. Paired t-test also used to assess the pre-test and post-test score and p-value are <.05. The result was extremely significant(S). Chi-square test was used to test the association between categorical variables. P =0.000 was taken as statistically significant.

RESULTS AND DISCUSSION

Section A

(Figure 1) Shows that out of 100 samples, among 31 samples (31%) were in the age group of 18 -25 years among this sample, among 50 samples (50%) were in the group of 26-30 years, among 19 samples (19%) were in the age above 31 years, 42 samples (42%) are pre degree, 41 samples(41%) are

high school educated,17 samples(17%) are elementary school educated,56 samples(56%) are nuclear family, 33 samples(33%) are joint family, 11 samples(11%) extended family, 95 samples(95%) are Hindu, five samples(5%), and none in Christian, 89 samples(89%) are one child in a family, 11 samples(11%) are two children in a family, among under five children 89 samples(89%) are one child in a family, among under five children 11 samples(11%) are two children in the family are lived in Ammaiyarkuppam.

Section B

(Figure 2) Shows that among 100 samples out of 61 samples(61%) have inadequate knowledge, 39 samples(39%) have moderate knowledge and none of them had adequate knowledge in the pre-test. Among 100 samples out of 17 samples(17%) have moderate knowledge, 83 samples(83%) have adequate knowledge and none of them had inadequate knowledge in post-test.

Section C

(Table 1) shows that among 100 sample shows the mean score of knowledge for inadequate (10.83), moderate (0.52) and adequate non and standard deviation score for inadequate (1.213), moderate (13.333) and for inadequate non in the pre-test. Among 100 sample shows the mean score of knowledge for moderate (17.882) and adequate (21.385) and standard deviation score for moderate (0.332) and for adequate (1.145) in the post-test.

Section D

(Table 2) Shows that the pre-test score of mean is 11.81 and standard deviation score is 1.580 The post-test score of mean is 20.79 and standard deviation score is 1.689. The pre-test means the score is 11.81 was lower than the post-test mean score is 20.79. The mean difference was 8.98 and the paired' value was 65.5216, the p-value is <.05. The result was extremely significant (S).

Section E

(Table 3) Shows that is an association between the demographic variables of mothers of under-five children regarding prevention of dengue fever. There was statistically significantly found in significant family income p = 0.000.

CONCLUSIONS

The studies concluded that there is an association between the demographic variables of mothers of under-five children regarding prevention of dengue fever. There was a statistically significant found in significant family income.

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Conflict of Interest

The authors declare that they have no conflict of interest for this study.

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