

# A STUDY TO ASSESS THE EFFECTIVENESS OF IEC PACKAGE ON KNOWLEDGE, ATTITUDE AND PRACTICE ON DENGUE FEVER AMONG WOMEN AT SELECTED RURAL COMMUNITY IN CHENNAI.

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## ABSTRACT

Dengue fever is one of the most common problems among children's; almost among ten children one will be having this problem. The objectives of the study were, To assess the level of Knowledge, Attitude and Practice (KAP) on dengue fever among women in selected rural community. To determine the effectiveness of IEC package on Knowledge, Attitude and Practice on dengue fever among women in selected rural community by comparing pre and post (KAP) scores of selected rural community. To associate the levels of Knowledge on dengue fever among women in a rural community with selected demographic variables. A pre experimental research design was adapted. A total of 50 women were selected using simple random sampling technique based on selection criteria. The instrument used in the study was structured questionnaire which consisted of demographic variables and questions regarding Knowledge, Attitude and Practice on dengue fever among women at selected rural community in Chennai. The data analyzed using descriptive and inferential statistics that there was a significant ( $p > 0.05$ ) increases in knowledge on dengue fever in group with knowledge score of 8.02 and 14.84 and standard deviation of 2.293 and 2.213 in pre and posttest respectively. 't' value -17.05. In posttest 50(100%) had positive attitude, 0(0%) had moderately positive attitude, 25(50%) had moderately negative attitude and 25(50%) had negative in posttest 48(96%) had practiced about prevention of dengue fever, 2(4%) had not practiced about prevention of dengue fever. In posttest 48(96%) had practiced about prevention of dengue fever, 2(4%) had not practiced about prevention of dengue fever. The study findings showed that the knowledge level was increased after IEC package teaching programme and also education about dengue fever is very useful to motivate the women for preventing the complications of dengue fever and also in preventing the spreading of this infection.

## Keywords:

**EFFECTIVENESS, IEC PACKAGE, KNOWLEDGE, ATTITUDE, PRACTICE DENGUE FEVER, WOMEN, RURAL COMMUNITY**

## INTRODUCTION

THE TERM DENGUE IS A SPANISH WORD "KIDENGAPEPO", MEANING "CRAMP LIKE SEIZURE CAUSED BY AN EVIL SPIRIT (3)".

**DENGUE IS AN ACUTE VIRAL FEVER IT OCCURS IN TWO FORMS (4),****DENGUE FEVER****DENGUE HEMORRHAGIC FEVER**

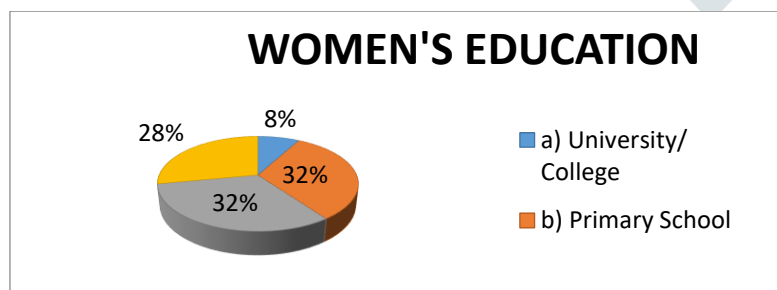
DHF is one among the leading causes of hospitalization and death. Today dengue is viewed more optimistically as a chronic disease that can be controlled with appropriate curative services. It is a threat to the health care sector in India. Dengue is one among the leading causes of death. Dengue is also called break bone fever or dandy fever because the aches in the bones of the patient can be very severe<sup>(6)</sup>. Forty people have died and 11,744 cases of dengue were reported in Tamil Nadu from January to till October 9, 2017. According to "HINDUSTAN TIMES" (oct9, 2017). A current scenario shows that there is a need to create awareness among the people to prevent dengue and avoid death.

**METHODOLOGY:**

The approach chosen for the study was quantitative approach Pre experimental design. The study was conducted in Baraniputhur a rural community. The population of the study between the age group of 25 to 55 women living in a rural community at Baraniputhur, Chennai. The sample size is 50 women who were residing at Baraniputhur, Chennai. A quantitative simple random sampling technique was adapted for the study. Research Instrument: It consists of four sections are PART-A (demographic data), PART-B (Knowledge), PART-C (Attitude), and PART-D (Practice). Data Analysis; Data obtained were analyzed by using both descriptive and inferential statistics on the basis of the objective & hypothesis of the study

**RESULTS:**

Regarding the distribution of the **age** 22 (44%) samples were in the age group of 25-35 years, 16 (32%) samples were in the age group of 36-45 years, 12(24%) samples were in the age group 46-55 years. With regards to **marital status** majority of samples 37 (74%) were married, 7(14%) samples were widow. With regards to women **education** 16(32%) samples were in primary school, 16(32%) samples were in secondary school, 14(28%) samples were in a no formal school. With regards to women **occupation** majority of samples 35(70%) were house wife, 7(14%) were working full time, 5(10%) were working part time, 3(6%) were unemployed. With regards to **previous sources of information on dengue fever** among women, majority of samples 42(84%) were getting information from Television (TV), 4(8%) were getting information from public announcement. With regards to **type of family** majority of sample 37(74%) belongs to nuclear family and 13(26%) samples belongs to joint family. With regards to **type of house**, 24(48%) samples belongs to tiled, 19(38%) samples belongs to concrete. With regards to **sources of water**, majority of samples 43(86%) were using municipal water, 6(12%) were using ground water from well. With regards to **drainage facilities**, majority of samples 49(98%) were using closed type drainage system, only 1(2%) were using open type drainage system. With regards to **water storage system**, in majority of samples 22(44%) were using vessels, 20 (40%) were using sintex tank.

**Fig 1: Distribution of women's education****TABLE-02**

COMPARISION OF LEVEL KNOWLEDGE IN PRE AND POST TEST

N=50

ASPECTS	PRE-TEST		POST-TEST	
	n	%	n	%
Inadequate knowledge	8	16%	0	0%
Moderate Knowledge	42	84%	30	60%
Adequate Knowledge	0	0%	20	40%

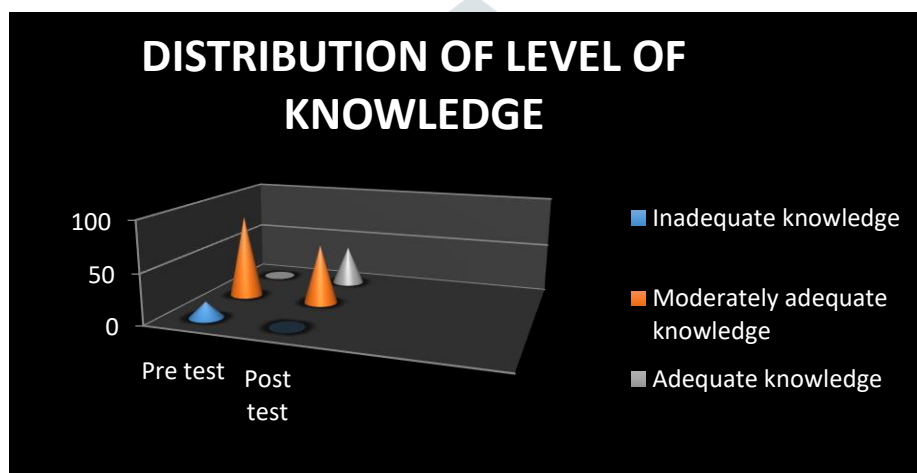


Fig 2: Distribution of level of knowledge

TABLE-3

MEAN AND STANDARD DEVIATION

N=50

TEST/GROUP	PRE TEST	POST TEST	“T” VALUE
MEAN	8.02	14.84	-17.05
STANDARD DEVIATION	2.293	2.213	

**TABLE-4**

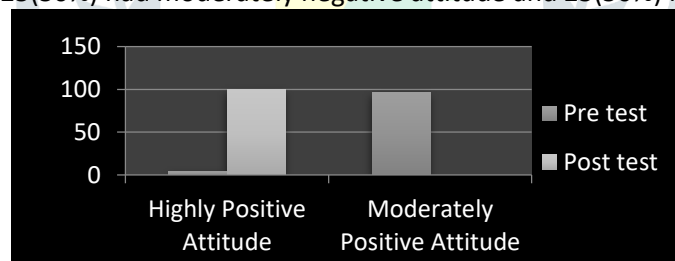
ATTITUDE REGARDING DENGUE FEVER AMONG WOMENS IN

PRE AND POST TEST.

n=50

ATTITUDE	PRE-TEST		POST-TEST	
	n	%	N	%
Positive attitude	02	4%	50	100%
Moderately positive attitude	48	96%	0	0%
Negative attitude	9	18%	25	50%
Moderately negative attitude	41	82%	25	50%

In **pretest** among 2(4%) had positive attitude, 48(96%) had moderately positive attitude, 9(18%) had moderately negative attitude and 41(82%) had negative attitude. In **posttest** 50(100%) had positive attitude, 0(0%) had moderately positive attitude, 25(50%) had moderately negative attitude and 25(50%) had negative attitude.



**Fig 3: Distribution of level of positive attitude**

**TABLE-5**

PRACTICE REGARDING DENGUE FEVER AMONG WOMENT IN

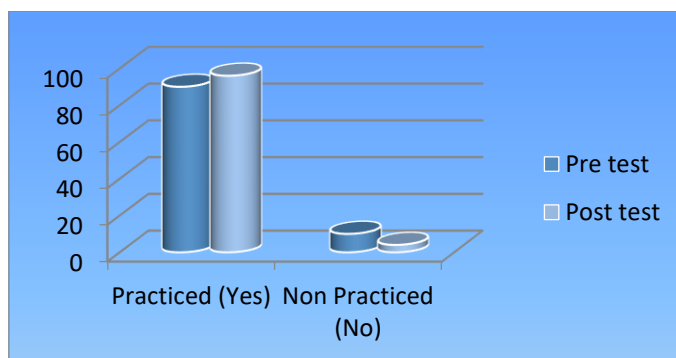
PRE AND POST TEST

n=50

PRACTICE	PRE-TEST		POST-TEST	
	n	%	n	%

Practiced	45	90%	48	96%
Non-practiced	05	10%	02	04%

In **pretest** 45(90%) had practiced about prevention of dengue fever, 05(10%) had not practiced about prevention of dengue fever. In **posttest** 48(96%) had practiced about prevention of dengue fever, 02(04%) had not practiced about prevention of dengue fever.



**Fig 4: Distribution of level of practice**

TABLE:6

ASSOCIATION OF LEVEL OF KNOWLEDGE WITH DEMOGRAPHIC VARIABLE

	Demographic variables	Level of knowledge						value	P value
		Inadequate knowledge		Moderate knowledge		Adequate knowledge			
		n	%	n	%	n	%		
<b>01</b>	<b>AGE</b>								
	a 25-35 years	0	-	13	44.83	9	42.86	<b>2.0837</b>	<b>P&lt;0.05(s)</b>
	b 36-45 years	0	-	11	37.93	5	23.81		
	c. 46-55 years	0	-	5	17.24	7	33.33		

02	MARITAL SATUS								
	a. Married	0	-	24	82.76	13	61.90		
	b. Unmarried	0	-	3	10.34	2	9.52	4.6356	P<0.05(S)
	c. Divorce	0	-	0	-	1	4.76		
	d. widow	0	-	2	6.89	5	23.81		
03	EDUCATION								
	a. university	0	-	3	10.34	1	4.76		
	b. primary school	0	-	11	37.93	5	23.81	4.2434	P<04
	c. secondary school	0	-	10	34.48	6	28.57		
	d. no formal school	0	-	5	17.24	9	42.86		
04	Occupation								
	a. fulltime	0	-	4	13.79	3	14.29		
	b. part time	0	-	3	10.34	2	9.52		
	c. house wife	0	-	20	68.97	15	71.43	0.113	P<0.05
	d. unemployed	0	-	2	6.89	1	4.76		
05	Previous source of information about dengue fever								
	a. television	0	-	25	86.21	17	80.95		
	b. newspaper	0	-	1	3.45	2	9.52	1.6184	p<0.05
	c. radio	0	-	1	3.45	0	-		
	d. public announcement	0	-	2	6.89	2	9.52		
06.	Type of family								
	a. joint family	0	-	5	17.24	8	38.09	2.7529	P<o.05
	b. nuclear family	0	-	24	82.76	13	61.90		

07.	Type of house								
	a. detached	0	-	2	6.89	3	14.29	5.2741	P<0.05
	b. tiled	0	-	17	58.62	7	33.33		
	c. concrete	0	-	10	34.48	9	42.86		
	d. hut	0	-	0	-	2	9.52		
08	Source of water								
	a. municipal water	0	-	25	86.21	18	85.71	0.8817	P<0.05
	b. ground water	0	-	3	10.34	3	14.29		
	c. pond	0	-	1	3.45	0	-		
09.	Drainage facilities								
	a. close type drainage system	0	-	29	100	20	95.24	1.409	P,0.05
	b. open type drainage system	0	-	0	-	1	4.76		
10.	WATER STORAGE SYSTEM								
	a. sintex tank	0	-	17	58.62	3	14.29	13.435	P<0.05
	b. vessels	0	-	11	37.93	11	52.38		
	c. cement tank	0	-	0	-	1	4.76		
	d. drum	0	-	1	3.45	6	28.57		
		0	-	1	3.45	6	28.57		

## Discussion

The first objective of the study was to assess the level of knowledge, attitude & practice(KAP) towards dengue among women in a selected rural community pre & post teaching pro In pretest among 2(4%) had positive attitude, 48(96%) had moderately positive attitude, 9(18%) had moderately negative attitude and 41(82%) had negative attitude. In pretest 45(90%) had practiced about prevention of dengue fever, 05(10%) had not practiced about prevention of dengue fever.

This finding is supported by an experimental study conducted by an experimental study conducted by Hairi, F et al (2003), y to assess the impact of treatment of severe dengue hemorrhagic fever among women's of under five

children. Result of the study showed that after delivery of nutrition and education regarding prevention and management of dengue fever, a significant improvement in their nutritional and knowledge was observed. Knowledge on dengue fever was improved significantly at ( $p \leq 0.001$ ), hemorrhagic ( $p \leq 0.001$ ), nutritional deficiency ( $p \leq 0.001$ ) and shock ( $p \leq 0.001$ ) at post-awareness stage. It is concluded that a community based comprehensive prevention and management structured teaching programme has significant effect on cognitive and attitudinal variables in increasing the level of knowledge and to follow up appropriate dietary behaviors.

The research Hypothesis H1 and H2 is accepted since there is a significant difference in the pre-test and post-test knowledge regarding dengue fever among women.

The second objective of the study was to determine the effect of IEC package on Knowledge, attitude and practice (KAP) on dengue fever among women in selected rural community by comparing pre and post scores of selected rural community. It was evident from table-3,4,5 that in pre-test and post-test that there was significant knowledge and also related that in pre-test and post-test knowledge, attitude & practice after IEC teaching programme. It was evident from table-3 that mean  $\pm$  SD of the knowledge in pre-test was  $8.02 \pm 2.293$  respectively. It was also evident from that mean  $\pm$  SD of knowledge regarding dengue fever in post-test was  $14.84 \pm 2.213$  respectively which related that there is significant increase in knowledge at ( $p < 0.05$ ) after IEC teaching programme. In **post-test** 50(100%) had positive attitude, 0(0%) had moderately positive attitude, 25(50%) had moderately negative attitude and 25(50%) had negative attitude. In **post-test** 48(96%) had practiced about prevention of dengue fever, 02(04%) had not practiced about prevention of dengue fever.

This findings is supported by study conducted by Nahla khamis et al (2009), to assess effectiveness of structured teaching program on knowledge of women on dengue fever in India. The study revealed that during post-test 40% of them had inadequate knowledge and after the structure teaching programme 46.7% had adequate knowledge. The overall findings of the study showed that this structured teaching program was very effective. This study reports were also gives similar outcome as supportive literature.

The third objective of the study was to associate the level of knowledge towards toward dengue among women in a rural community with selected demographic variables. It is evident from table-5 that associate of level of knowledge, attitude, practice regarding dengue fever with demographic variables among all variables like women occupation, women education, type of family, type of house, sources of water, drainage facilities had influence on knowledge, attitude and practice about women.

This findings supported by cross-sectional survey conducted by Meganath dhimal et al (2014) about socio-demographic factors, type of family, socio-economic status, women's education and women's occupation. Reverse association was seen between socio economic status and the prevalence of dengue fever. Lower the socio-economic status, higher the prevalence of dengue fever.

## CONCLUSION:

Most of the women's had no idea regarding dengue fever. After teaching programme their knowledge level was improved on dengue fever. The education about dengue fever is very useful to motivate the women's, and aware in preventing and spreading of this infection.

## BIBLIOGRAPHY

### BOOK REFERENCE

K.Park(2011), "Preventive and social medicine", M/S Banarsidas bhara publishers, 21<sup>st</sup> edition, pg.no:225-231.

Burnner and suddarth's "Medical surgical Nursing II" published by wotters klaver (India), 12<sup>th</sup> edition, Pg. No- 440-445.

Denise F. Polit Chery tatano back "Nursing research Lippincott Williams and Wilkins publisher, 7<sup>th</sup> edition Pg. No 123-135.

### JOURNALS



Hairi, F et al (2003), Department of social & preventive medicine, Asia Pac J public health 2003; 15(1) Page. No: 37-43.

Meganath dhimal et al (2004) , Dengue guideline for diagnosis, treatment prevention and control published by July 2014 in Nepal medical college journal,

Nahla khamis et at (2009), a journal of intection& public health j infect public health 2009:2(3) Pg. No: 155.

