

ANALYSIS ON PREVENTION AND CONTROL OF MALARIA IN TRIBAL AREAS BY REGULAR PRACTICES

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Abstract

Mosque borne infections would real open wellbeing issue over India. There is less mindfulness and insufficient honours for respondents once Different parts of intestinal sickness and its control which might make a control on those essential elements answerable for those hold on in of intestinal sickness over tribal regions. With this Background this study was conducted to study the awareness, prevention and control the practices on Malaria in Tribal area.

To study the practices on Malaria prevention and control in the Tribal population of Akole Taluka of Maharashtra.

Questionnaire based interview, cross-sectional epidemiological quantitative study, Non probability convenient sampling was used to study the awareness, prevention and control the practices on Malaria in 300 participants. The survey is in progress till now 100 participants were surveyed and are being presented here. 75% people know that malaria is caused by mosquito while only 2 don't know how its caused. 31% knew that malaria mosquito breeds in dirty water, and 12 said that it breeds at garbage. 49% knew that malaria is a preventable disease and also 80% said that if untreated it can cause death. 40% people used some insecticidal sprays, 41% burned cow dung, 8% used mosquito coils to keep away mosquitoes and only 2 % used bed net. Final result and analysis of all 300 participants This learning settles that in tribal areas wherever poverty is rampant and lifestyle includes poor housing excellence, also concluded that 65% of the participant lived in joint family so the mosquito bed net were not affordable which led to financial burden on the family. And they have their traditional ways of prevention of mosquito bite. Only 11.66% of Participants used Bed Net as Preventive Practices. As from collected data the maximum tribal population appears to have fine knowledge and good practices regarding malaria control and prevention. Less participants use Mosquito bed nets because it is not affordable for all family members. Low education was detected as a major drawback the participants has less knowledge about the mosquitoes resting places. Appropriate health instruction and sensitization is needed to growth public information and consciousness about malaria prevention and control.

KEY WORDS: Prevention, Control Practices, Malaria, Tribal.

INTRODUCTION

Global and Regional Malaria Burden

Globally, 3.2 billion individuals would toward hazard by malaria, Furthermore 1.2 billion need aid during high hazard. As stated by planet intestinal sickness report card 2018, Previously, 2017, an evaluated 219 million cases about intestinal sickness struck them worldwide, compared for 239 million situations in 2010 and 217 million situations to 2016.

India. India positioned fourth in the number from claiming intestinal sickness cases in the planet as stated by those most recent lancet requisition report card discharged on the nighttime about september 8, 2019. Intestinal sickness might have been fundamentally An sickness of the rustic regions. Over 2017, 71 percentage from claiming intestinal sickness situations in the state of tamilnadu struck them in the moneycity¹.

Tribal Block

Mosquito born diseases are main public health delinquent in India. Maharashtra is endemic for malaria and other mosquito borne diseases specially in rural area. Anopheles, Aedes and Culex are commonly seen in Maharashtra. India's poor tribal people devour a wide margin more awful health indicators over those general populaces. The greater part tribal kin live in remote provincial hamlets over hilly, woods alternately desert territories the place illiteracy, attempting physical environments, malnutrition, insufficient get should potable water, Also absence of personal cleanliness What's more sanitation aggravate them more defenseless should ailment. This may be exacerbated by the absence of mindfulness. The vicinity for Different intestinal sickness parasites Also vector species,

climatic assorted qualities favoring development Also burgeoning of the parasite Furthermore vector and in addition An Exceedingly powerless mankind's number have brought about high intestinal sickness transmission over tribal regions. The usage by health administrations will be poor Around them and they need their customary wellbeing convictions. The proportions for tribal populace shift Impressively "around indian states/Union domains(UTs)². It has been observed that there are very few research studies which have been conducted on this topic in tribal population. So because of this the researcher has decided to select the tribal population for this study.

METHODOLOGY

Study Design

The study was cross-sectional epidemiological study. The study was conducted by quantitative research methods.

Type of Study

The study was a quantitative type of research study. The study was mainly based on primary type of information. The required data was collected from Questionnaire based interview.

Study Period

The study was conducted for 12 months, between the months of April 2019 to May 2020

Study Population

The sample population for the present study was the people living in Akole Block of Ahmednagar district of Maharashtra, which is a notified "Tribal Block" (the percentage of Scheduled Tribes living in the area exceeds over 50% of the population), by government³. Aggregate populace for Akole tehsil may be 2,91,950. As stated by 2011 populace enumeration count aggregate populace may be settled done 189 towns. Out from claiming this 47.86 percent (1,39,730) number from claiming Akole tehsil is tribal which will be dispersed to western and only tehsil. Western range about tehsil will be described by meager populace due to thick forests, mountainous region Furthermore low gainfulness of farming worker. They speak a different dialect close to Marathi language.

Sampling Method

Non probability convenient sampling was used. As the population of area is around 1.4 lakh, it was conveniently decided to study 300 participant responses.

Sample Size was 300 Participant

Inclusion Criteria

- 1) Above 18 years of age from Tribal area.
- 2) People those who are willing to participate.
- 3) Must be a resident of area under study for at least last six months.
- 4) Not currently suffering from major illness.

Exclusion Criteria

- 1) Non Tribal population.
- 2) People who do not give consent to the study.

Data Collection Tools and Techniques: Tools

A structured, Questionnaire based interview, Pretested Semi-structured questionnaire was used as tool. The questionnaire included demographics, socioeconomic status, and awareness prevention and control practices was used for collecting the data through a quantitative survey. The data was collected from the general population of Head of the Household or any other Adult Member of the House⁴.

Techniques

Participants were given a brief introduction to the research and the purpose of research. A detailed questionnaire was approved by the Ethics Committee. After taking oral consent of each participant. Each respondent's face to face interview was conducted, in the local language (Marathi).

Ethical Consideration:

Ethical clearance was obtained from Institutional Ethical Committee vide letter No. PMIS/CSM/RC/2019/01, dated 21/03/2019 of Centre for Social Medical, Pravara Institute of Medical Sciences- Deemed to be University, Loni. Consent from study subjects was obtained and the objectives of the study was explained to them. Desire of the participants was highly appreciated, they were not forced. Participation was completely voluntarily in this study. Confidentiality of the information shared by the individuals and families were kept confidential⁵.

Analysis

Data collected and analysis by help of software like Ms. Excel, SPSS, epi Info, open EPI etc.

RESULT

Gender	Frequency	Percentage
Female	107	35.66 %
Male	193	64.33 %

Gender distribution of study population.

Three hundred in above 18 years of age from the study was conducted in Akole tribal block of Maharashtra were interviewed. The study respondent were male 64.33% and female respondent 35.66 %.

Type of family	Frequency	Percentage
Nuclear	105	35 %
Joint	195	65 %

Type of Family

As per the study table shows that participants in this study has majority in joined family were 65% and nuclear family were 35%.

Monthly income (In Rupees)	Frequency	Percent
10357-15535(Class II)	32	10.66%
6214-10356(Class III)	69	23%
2092-6213(ClassIV)	199	66.33%
Total	300	100

Socio-Economic Status

Table expresses the socio-economic status modified BG Prasad scale the participants were categorized from Class I to Class VI. During the study, participants belonging to only Class II to Class IV were encountered and they were categorized accordingly. Maximum number of participants i.e. 66.33% belong to social class IV i.e. monthly income is between Rs 2092-6213. 23% participants have monthly income between Rs 6214-10356. While 10.66 % of the participants, belonged social class II⁶.

Type of house		
	Frequency	Percentage
Kaccha	206	68.66667 %
Kaccha-pakka	94	31.33333 %

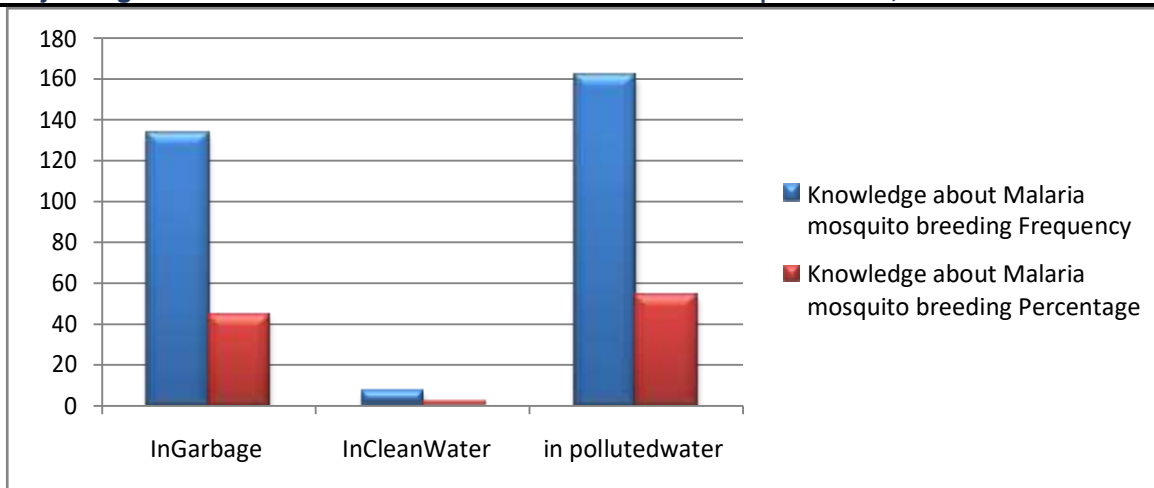
Type of house

As per study 68.6% participants have Kaccha type of house were 31.3% participants have kaccha-pakka house which is showed in the table type of house also plays important role in malaria transportation.

Awareness about Malaria treated		
	Frequency	Percentage
Yes	258	86 %
No	42	14 %

Transmission of Malaria

207(69%) of the total Participants said Malaria was transmitted by Mosquito Bite, 57(21%) of the Participants said that it was caused by touching Malaria patient, and 36(19%) of Participants said it was caused by Coughing.



Knowledge about Malaria mosquito breeding

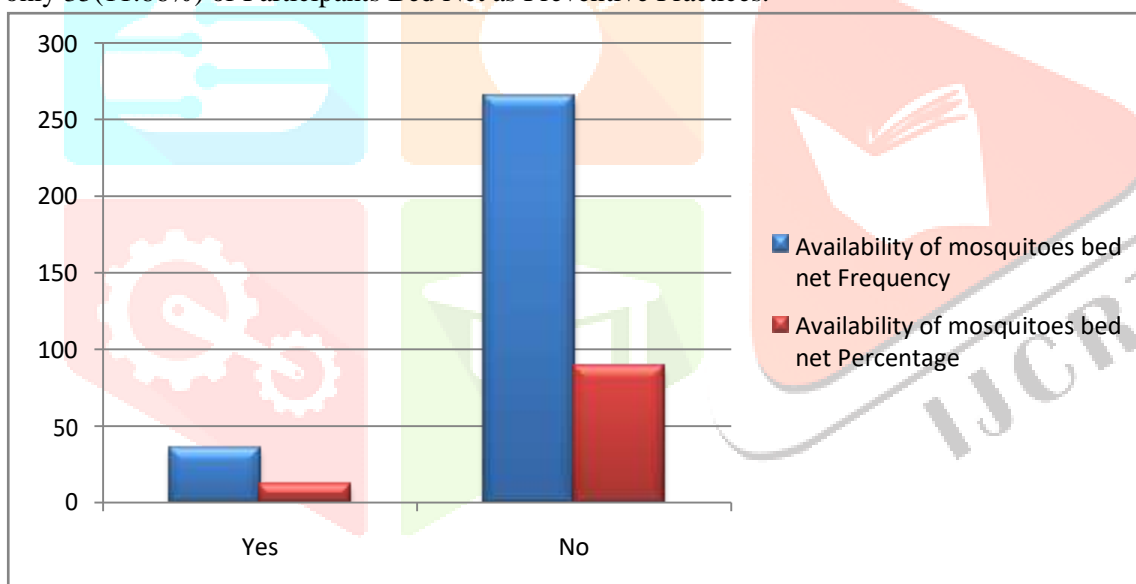
161(53.66%) of the Participants mentioned that Malaria mosquitoes breed in the polluted water, 133(44.33%) of the Participants mentioned that Malaria mosquitoes breed in clean water, and only 11(2%) mentioned that Malaria Mosquitoes breed in Clean Water.

Mosquitoes resting places

113(37.66%) of the Participants stated that Mosquito rest in sewage, waste water, 98(32.66%) of the Participants states that the Mosquitoes in Rest tall grass, Piles of Leaves, woods, and 89(29.66%) of the Participants stated that Mosquito rest in cattle sheds⁷.

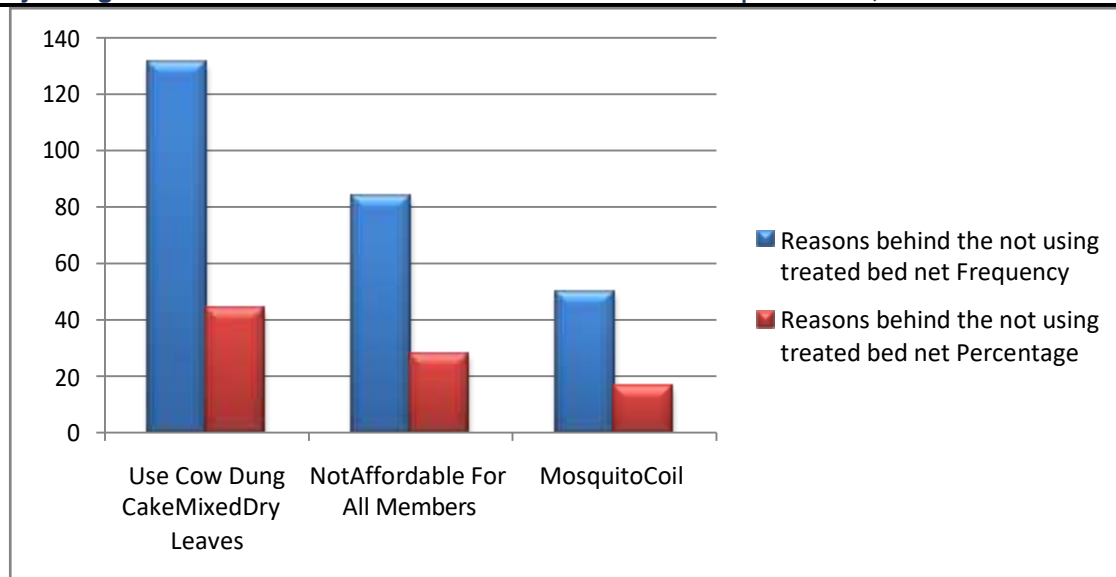
Protective practices against mosquito bite

192(64%) of Participants used Cow Dung Cake Burning with leaves, 73(24.33%) of Participants used Mosquito Coil, and only 35(11.66%) of Participants Bed Net as Preventive Practices.



Availability of mosquitoes bed net

265(88.33%) of Participants do not use Mosquito bed-nets and 35(11.66%) Participants use Mosquito bed-nets.



Reasons behind the not using treated bed net 131(43.66%) of Participants use Cow Dung Cake Mixed Dry Leaves, 50(16.66%) use Mosquito Coil and 84(28%) were not affordable for all family using Mosquito Bed Net.

DISCUSSION

The focus of the present study was on the prevention and control practices and awareness of Malaria in the Tribal population of Akole Taluka of Ahmednagar district of Maharashtra and various factors related to it. In present study out of 300 Participant in above 18 years of age from the study was respondent were male 64.33% and female respondent 35.66 % in Akole tribal block of Maharashtra were interviewed⁸.

A few investigations need accounted for those importance of head's period in the likelihood of the vicinity for intestinal sickness tolerant in the family unit. Those display examine Additionally indicated that much then afterward controlling for different socio-demographic What's more socio- budgetary What's more conduct danger factors, those agdistis of leader required huge negative affiliation for intestinal sickness. Such outcomes need aid expected, as head's agdistis will be An development and commonality with awareness, preventive and control routines of intestinal sickness. [13] with the goal this investigation exhibit that 195 (65%) members were living On joint family, a standout amongst the Exceptionally huge socio- demographic variables in the consider might have been crew span. Groups for 4-5 parts Also six alternately a greater amount parts needed respectable higher possibilities about Hosting An intestinal sickness the event Likewise compared with gang for ≤ 3 parts. Agricola labourers need aid referred to should be at An higher danger through expanded hazard about contact for intestinal sickness vector at field^[13] In this study 243 (81%) participants main occupation was farming and expresses the socio-economic status of the Maximum number of participants i.e. 66.33 % belong to social class IV i.e. monthly income is between Rs2092-6213/-. According to modified BG Prasad scale the participants were categorized from Class I to Class VI⁹.

In the community 206 (68.66%) housing type was kaccha and only 94(31.33%) was kaccha- pakka. House nature will be known will influence the passage from claiming mosquitoes over staying puts. An sri lankan study [22] indicated that lodging sort might have been a greater amount imperative determinant of variability for intestinal sickness hazard over the socioeconomic contrasts that went with it.

This study found out that there was low literacy rate in the study area, hence the participants had less knowledge about the mosquitoes resting places. According to 37.66% participants the mosquito rest in sewage wastewater. 32.66% participants said that the mosquitoes rest on the tall grass, leaves and woods. Whereas 29.66% participants said the mosquitoes rest in cattle sheds. A total of 164 (82%) participants commented that mosquitoes breed in dirty stagnant water whereas 36 (18%) had no idea where the mosquito breed. In a study conducted by Singh et al.^[15] But in the present study 53.66 % of the participant stated that mosquitoes breed in polluted water, 44.33 % participant stated that mosquitoes breed in garbage and only 2% participant stated that mosquitoes breed in clean water¹⁰.

Mosquito coil, mosquito net and traditional cow dung cake burning and leaf burning were the various methods of personal protective measures amongst the study participants. The study also find out that 64% of the participants most

CONCLUSION

The study revealed that awareness about causes of malaria, malaria prevention, malaria transmission, mosquito breeding places and awareness about malaria treatment was satisfactory in the participants. There was awareness of Malaria in the study area. All preventive measures and control practices were carried out in the study area. This learning authorizes

that in tribal parts are deficiency was extensive and lifestyle includes poor housing excellence, also concluded that 65% of the participant lived in joint family so the mosquito bed net were not affordable which led to financial burden on the family, the study participants of the tribal area have their traditional ways of prevention from mosquito bite by using homemade mosquito bed nets with the help of the Nine yards sari. Only 11.66% of Participants used Bed Net as Preventive Practices and 24.33% of participants using mosquito coil. Less participants use Mosquito bed nets because it was not affordable for all family members.

Low education was detected as a major drawback of the participants. Majority of the study participants had less knowledge about the mosquitoes resting places. Proper health education and sensitization was needed to increase community knowledge and awareness about malaria prevention and control.

Upgrades for standard about living, useful get will social insurance facilities, wellbeing awareness, Also vast scale group keeping built intercessions that Possibly keeps spoiling or diminish those rate alternately power about purposes of presentation will have a critical sway in future for these zones.

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