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“A STUDY TO ASSESS THE IMPACT OF VIDEO ASSISTED MODULE ON PRACTICE REGARDING PREVENTION OF DENGUE FEVER AMONG ADULTS OF SELECTED URBAN SLUM AREA AT INDORE M.P.”

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Abstract: “Health has evolved over the century as a concept from individual concern to a worldwide social goal and encompasses the whole quality of life. Today health is recognized as a fundamental right of human being”. The mosquito borne diseases cause more deaths than any other communicable diseases in India. It has been highlighted that out of 500 samples, it was found that 256(51.2%) half of the samples found to have average level of knowledge. Further on, 188(37.6%) had good level of practice and lastly, 56(11.2%) had been poor category of practice score the comparison between pre interventional and post-interventional practice score. Pre interventional practice scores was assessed that among 500 samples, 342(68.4%) had average practice score, followed by 121(24.2%) had poor practice while 37(7.4%) had good level of practice. After video assisted module out of 500 samples, it was found that 256(51.2%) half of the samples found to have average level of knowledge & 188(37.6%) had good level of practice and lastly, 56(11.2%) had been poor category of practice score. The data shows that Video assisted module improved practice regarding prevention of dengue among adults. the analysis and interpretation of data collected to generate the possible solution of the research study. It mainly include the descriptive statistical analysis of demographic characteristics and the features of subjects, assessment of pre-test and post-test knowledge, effectiveness of video assisted module and associations of pre-test knowledge and practice with selected demographic variables were observed

INTRODUCTION

Dengue viruses are arboviruses capable of infecting humans, and causing disease. These infections may be asymptomatic or may lead to (a) "classical" dengue fever, or (b) dengue haemorrhagic fever without shock, or (c) dengue haemorrhagic fever with shock. The manifestations of the dengue syndrome. Dengue fever is a self-limiting disease and represents the majority of cases of dengue infection. A prevalence of *Aedes aegypti* and *Aedes albopictus* together with the circulation of dengue virus of more than one type in any particular area tends to be associated with outbreaks of DHF/DSS.⁶

The first dengue outbreak was reported in 1779 in Jakarta, Indonesia and Cairo, Egypt. However, a confirmed outbreak in North America, by DENV was the Philadelphia outbreak in 1780.¹¹ Dengue virus infects humans in more than 100 countries each year. During the last 50 years, the incidence of dengue has increased 30-fold. DENV epidemics occur annually in the Americas, Asia, Africa, and Australia, and also affect travelers from endemic regions, including India.

The first major epidemic of the DHF occurred in 1953-1954 in the Philippines followed by a quick global spread of epidemics of DF/DHF. DHF was occurring in the adjoining countries but it was absent in India for unknown reasons as all the risk factors were present. The DHF started simmering in various parts of India since 1988. The first major wide spread epidemics of DHF/DSS occurred in India in 1996 involving areas around Delhi and Lucknow and then it spread to all over the country.¹²

NEED FOR STUDY

Dengue fever is an arthropod-borne viral fever. It is a seasonal disease and it becomes a major public health problem with high mortality. Estimates suggest that 50 million cases of dengue infection and 500,000 cases of dengue hemorrhagic fever occur in Asian countries. Effective implementation of the global strategy requires adequate staff with access to appropriate equipment and facilities, and the knowledge, competencies and skills to effectively execute, monitor and evaluate the dengue control programme. Programme management should be strengthened for effective sustainable dengue prevention and control.¹¹ The number of dengue cases reported to WHO increased over 8 fold over the last two decades, from 505,430 cases in 2000, to over 2.4 million in 2010, and 5.2 million in 2019. Reported deaths between the year 2000 and 2015 increased from 960 to 4032. Now it has become one of the endemic diseases in more than 112 countries. Even though dengue fever has become one of the growing global health problems, where there is no proper preventive and control measure have been taken effectively. In the absence of specific treatment and vaccine for dengue fever, only a vector control is an important measure to control of dengue infection. And also there is a need to develop a vaccination on comparison with other communicable diseases, which has become a challenge for researchers, and there is a need to educate the community in regard of prevention and control with a view to reduce the burden on society and Health Care Delivery System (HCDS).

STATEMENT OF PROBLEM

A study to assess the impact of video-assisted module on practice regarding prevention of dengue fever among adults of selected urban slum areas at Indore M.P.

OBJECTIVES

1. To assess the pre-interventional practice regarding prevention of dengue fever among adults.
2. To assess the post-interventional practice regarding prevention of dengue fever among adults.
3. To assess the impact of video-assisted module on practice regarding prevention of dengue fever among adults.
4. To find out the correlation between post-test practice score regarding prevention of dengue fever among adults.
5. To find out the association between pre-interventional practice score regarding prevention of dengue fever among adults with the

selected demographic variables

HYPOTHESIS

H₁: There will be significant difference between pre-interventional and post- interventional practice score regarding prevention of dengue fever among adults at $p \leq 0.05$ level of significance.

H₂: There will be significant association of pre-interventional practice score regarding prevention of dengue fever among adults with selected demographic variables at $p \leq 0.05$ level of significance.

ASSUMPTION

- The Adults will have some knowledge regarding prevention of Dengue Fever prior to the administration of Video assisted module
- Video assisted module (VAM) about Dengue Fever may help adults to update their knowledge about dengue fever, its causes, symptoms, effects and its prevention.

DELIMITATION

- The study will be delimited to urban slums.
- The data collection was limited to time period.

RESEARCH APPROACH

in this an Experimental research approach was used.

RESEARCH DESIGN

In this study a pre- experimental one group pre-test post-test design was used to observe the effectiveness of video assisted module among adults, regarding dengue fever. The pre - experimental design adopted for the present study was depicted in (figure 3.2)

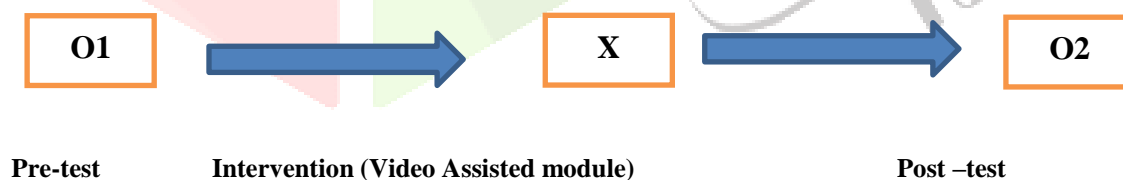


Figure 11: One Group Pretest, Posttest Design

THE SETTING

This study was conducted in Aathmil Panchayat Sidhibaroda urban slums of Indore.

POUPLATION

TARGET POPULATION

The target population of the present study includes all the adults.

ACCESSIBLE POPULATION

The accessible population of the present study includes the adults those who are living in Aathmil Sindhi Baroda, Indore.

SAMPLE

A Sample consists of a sub-set of a population selected to participate in a research study. The samples are adults who are living in selected urban slum areas of Indore (M.P.).

SAMPLE SIZE

Sample size comprised of 500, adults of selected urban slum areas of Indore, those who fulfill the inclusion and exclusion criteria.

SAMPLING TECHNIQUE

The investigator had utilized non-probability convenient sampling method to select the sample of the study.

SAMPLING CRITERIA**Inclusion Criteria**

- Adults residing in urban slum areas of Indore, M.P.
- Adults who are willing to participate in study
- Those who can read and write Hindi and English.

Exclusion Criteria

- Adult who are not willing to participate in the study.
- Adults who cannot read and write Hindi and English.

SECTION I: DISTRIBUTION OF ADULTS ACCORDING TO SOCIO-DEMOGRAPHIC VARIABLES.

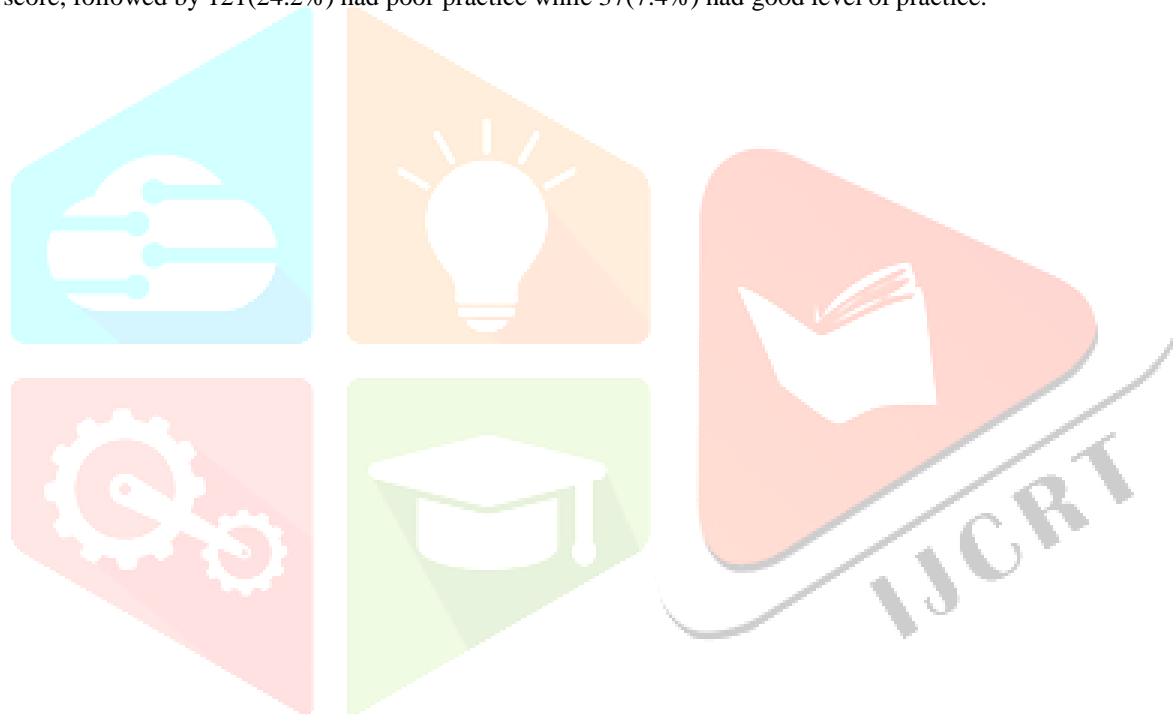
COMPARISON OF THE PRE INTERVENTIONAL AND POST- INTERVENTIONAL PRACTICE SCORE REGARDING PREVENTION OF DENGUE FEVER AMONG THE ADULTS.

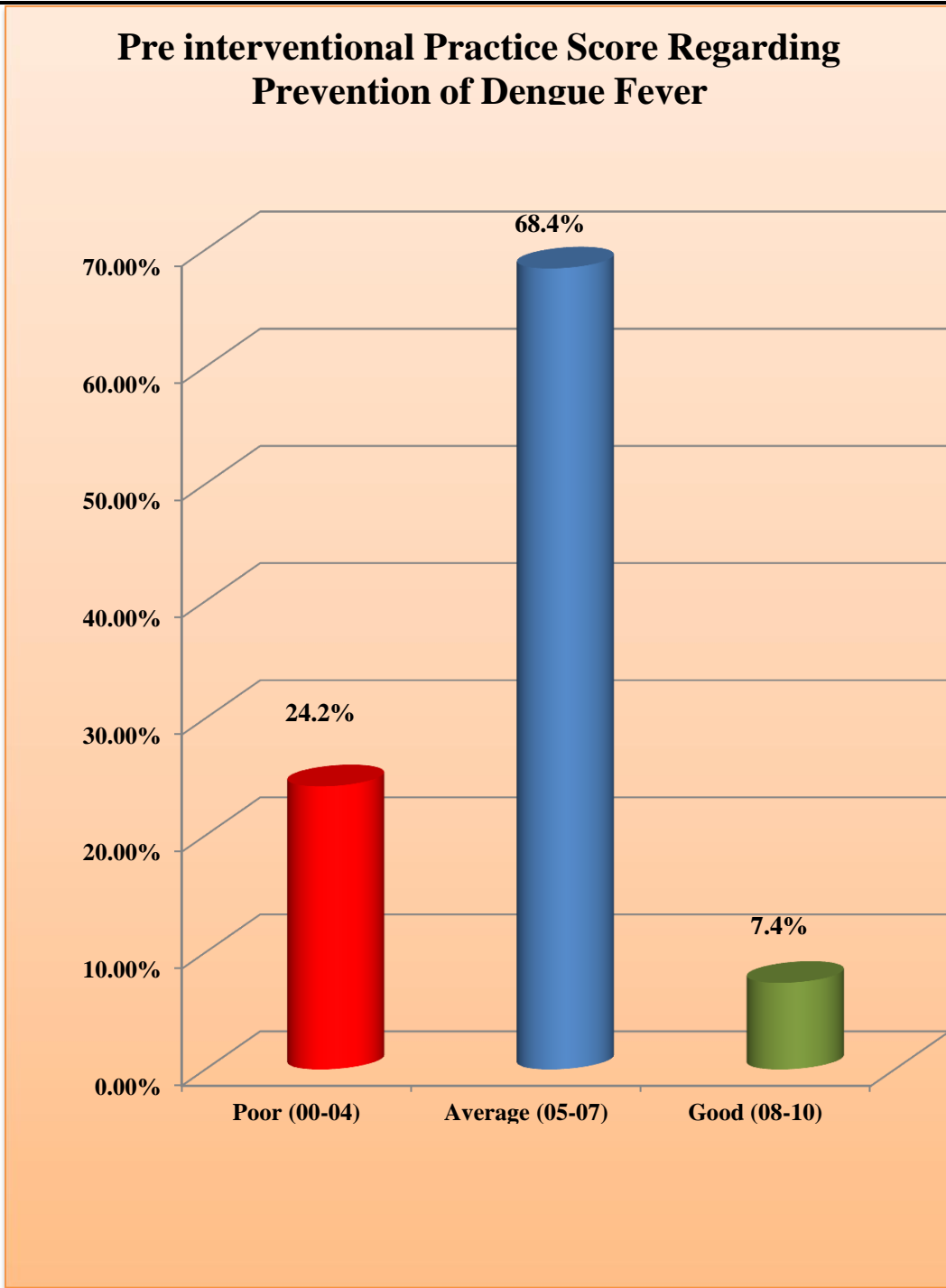
Pre interventional Practice Score Regarding Prevention of Dengue Fever Among the Adults.

Level Of Practice	Pre- interventional Practice Score	
	Frequency	Percentage
Poor (0-4)	121	24.2%

Average (5-7)	342	68.4%
Good (8-10)	37	7.4%
TOTAL	500	100%

The table no. 4.3.1 shows the pre interventional practice score. It was assessed that among 500 samples, 342(68.4%) had average practice score, followed by 121(24.2%) had poor practice while 37(7.4%) had good level of practice.



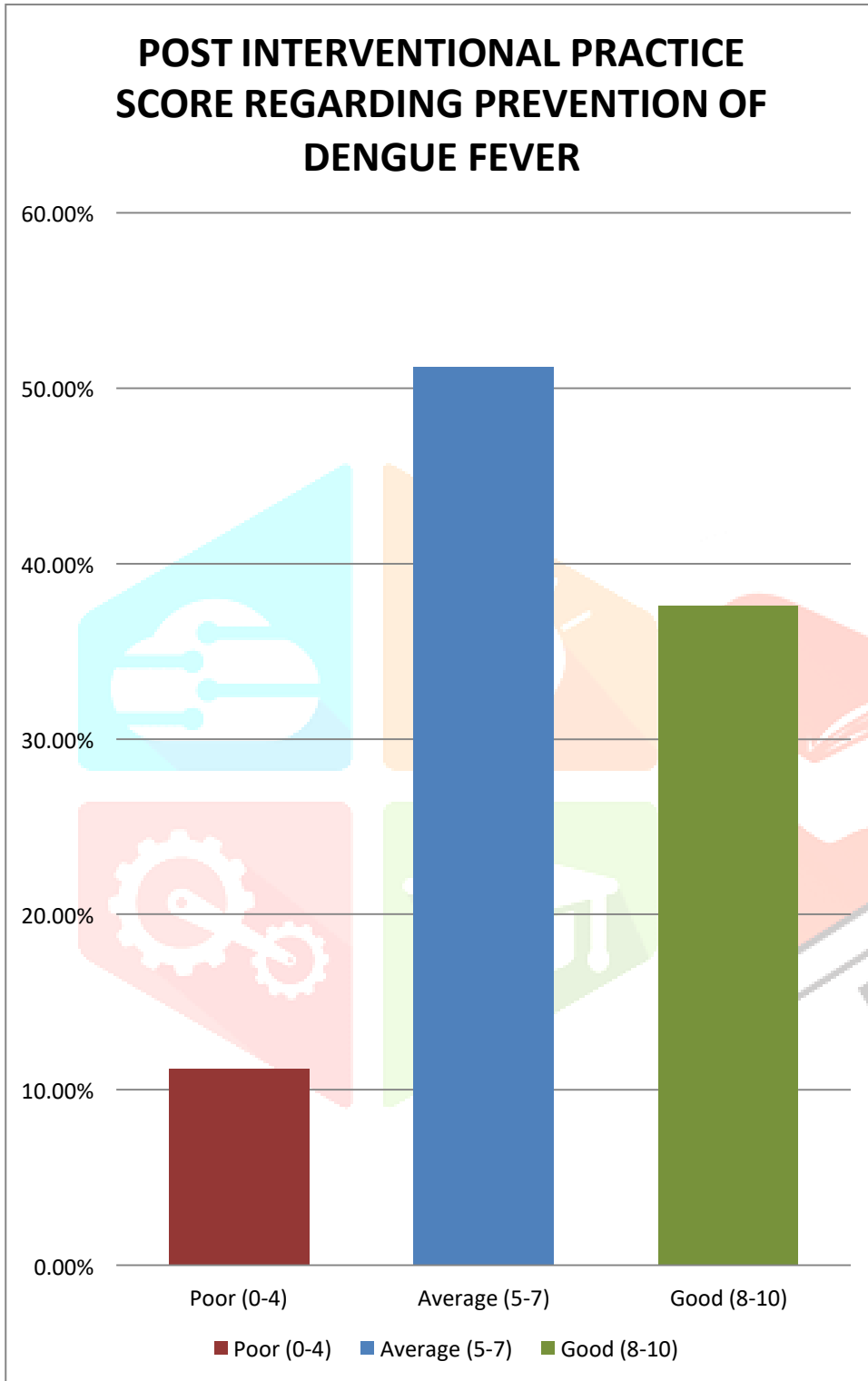


tion of adults according to their pre-interventional practice score.

Post- interventional Practice Score Regarding Prevention of Dengue Fever Among Adults.

Level Of Practice	Post interventional Practice Score	
	Frequency	Percentage
Poor (0-4)	56	11.2%
Average (5-7)	256	51.2%
Good (8-10)	188	37.6%
TOTAL	500	100%

Table no.4.3.2 shows post interventional practice score. It has been highlighted that out of 500 samples, it was found that 256(51.2%) half of the samples found to have average level of knowledge. Further on, 188(37.6%) had good level of practice and lastly, 56(11.2%) had been poor category of practice score.

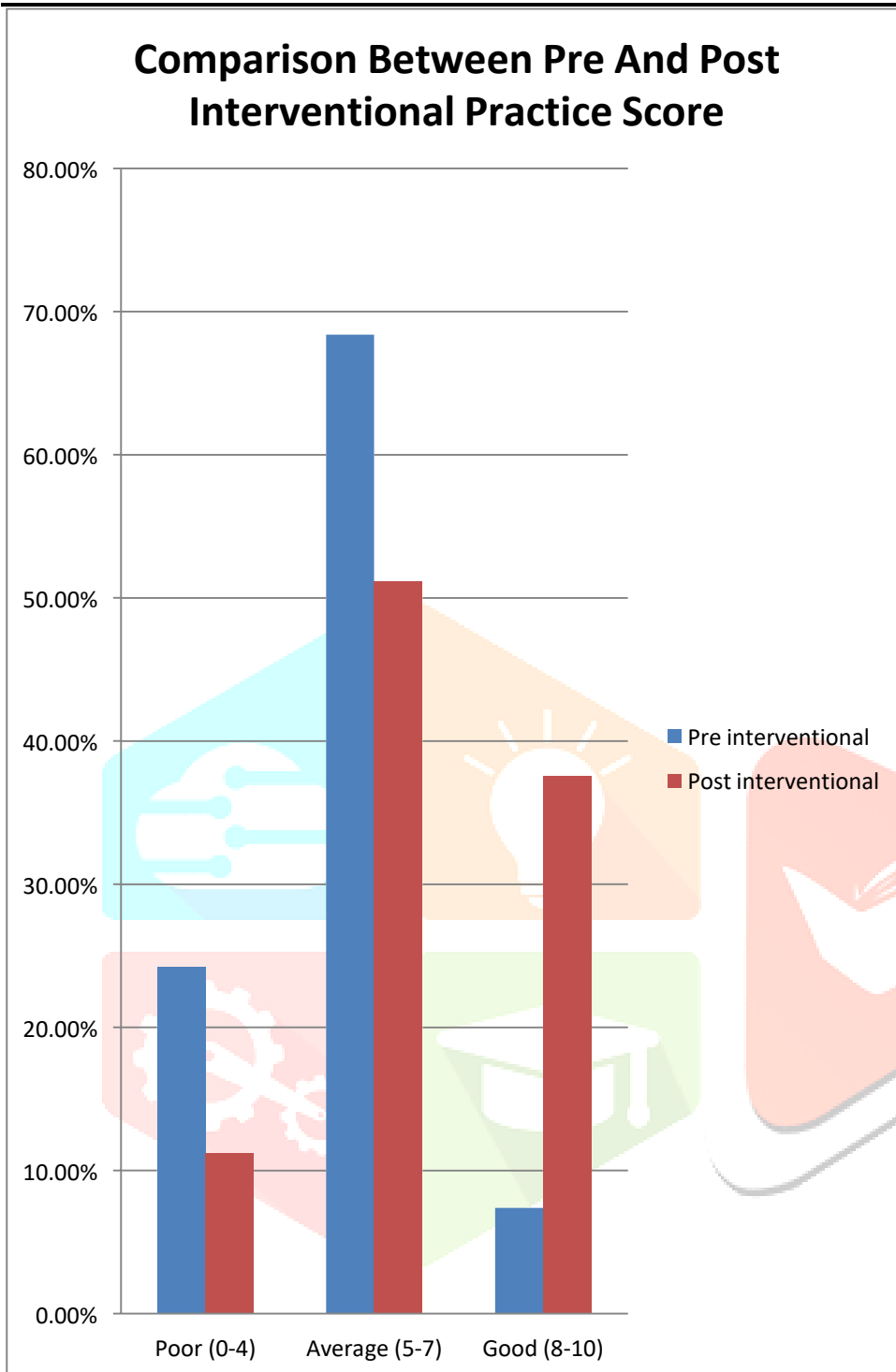


on of adults according to their post-interventional practice score.

Comparison between Pre- interventional And Post- interventional Practice Score Regarding Prevention of Dengue Fever among the Adults.

Level Of Practice	Pre- interventional Practice Score		Post- interventional Practice Score	
	Frequency	Percentage	Frequency	Percentage
Poor (0-4)	121	24.2%	56	11.2%
Average (5-7)	342	68.4%	256	51.2%
Good (8-10)	37	7.4%	188	37.6%
TOTAL	500	100%	500	100%

Table no. 4.3.3 shows the comparison between pre interventional and post- interventional practice score. Pre interventional practice scores was assessed that among 500 samples, 342(68.4%) had average practice score, followed by 121(24.2%) had poor practice while 37(7.4%) had good level of practice. After video assisted module out of 500 samples, it was found that 256(51.2%) half of the samples found to have average level of knowledge & 188(37.6%) had good level of practice and lastly, 56(11.2%) had been poor category of practice score. The data shows that Video assisted module improved practice regarding prevention of dengue among adults.



Cone Diagram describing distribution of adults according to their comparison between pre and post- interventional practice score.

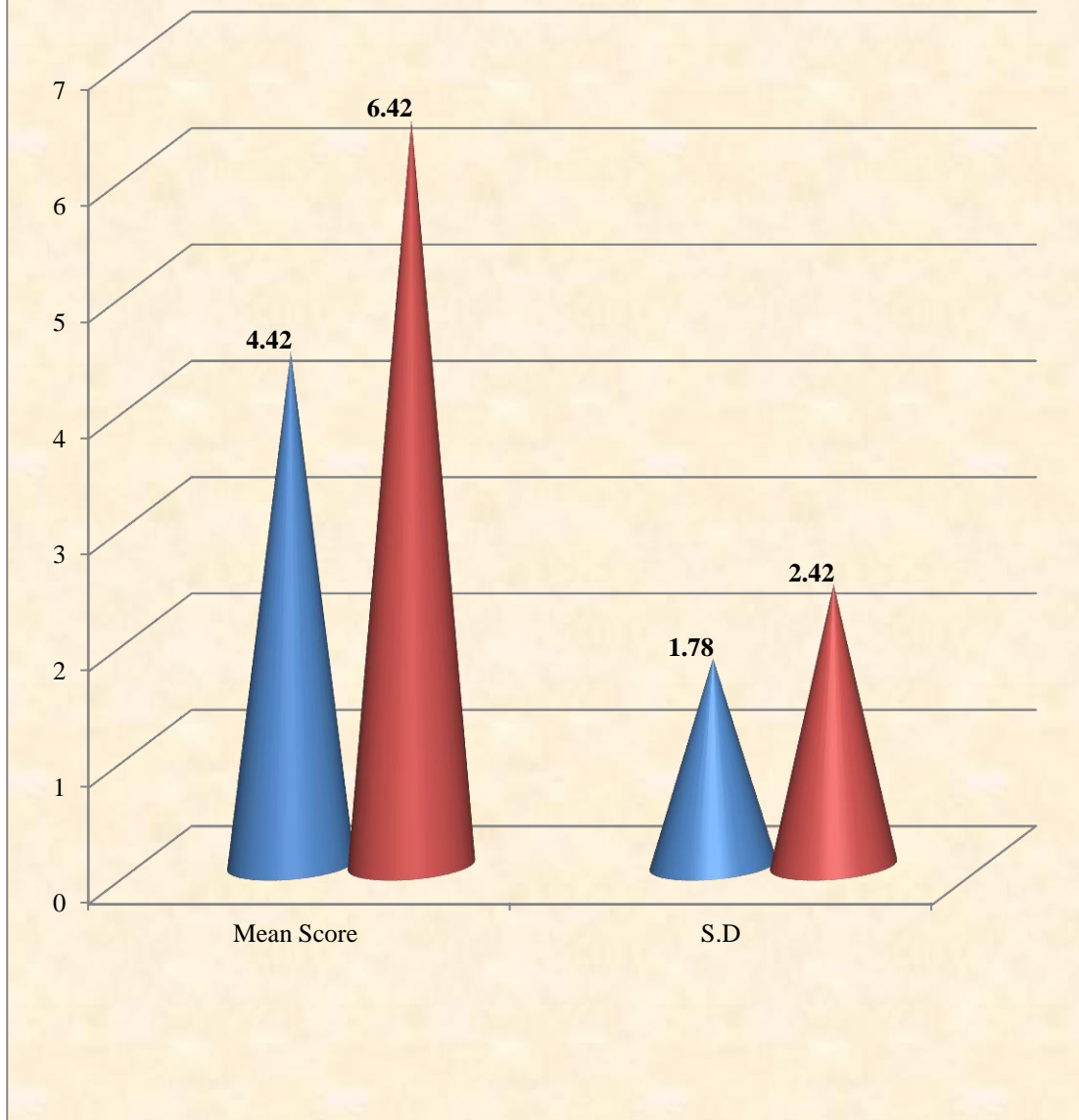
EVALUATE THE IMPACT OF VIDEO ASSISTED MODULE ON PRACTICE OF ADULTS REGARDING PREVENTION OF DENGUE FEVER.

Impact of video assisted module on Knowledge Score and Practice Score.

Knowledge Score	Mean (\bar{X})	D. (s)	Mean Diff.	D. F.	t-value	Significance
PRACTICE SCORE						
Pre interventional	4.42	1.78	2.64	499	28.78 (t _{tab} =1.96)	Significant
Post interventional	6.42	2.42				



Impact of Video Assisted Module on Practice score Regarding Prevention of Dengue Fever



Pyramidal Diagram describing impact of video assisted module on practice score regarding prevention of dengue fever among adults

CORRELATION BETWEEN POST INTERVENTIONAL PRACTICE SCORES REGARDING PREVENTION OF DENGUE FEVER AMONG ADULT

Table no. 4.5.1 Correlation between post interventional knowledge and practice scores.

S. No.	POST INTERVENTIONAL	MEAN	S.D	r
1.	Knowledge	21.33	4.55	+ 0.715
2.	Practice	6.42	2.42	

ASSOCIATION BETWEEN PRE-INTERVENTIONAL PRACTICE SCORES WITH THEIR SELECTED DEMOGRAPHIC VARIABLE.

Particular	Pre-interventional practice score				P	χ ² value
	Poor	Average	Good	Total		
Age						
21-25 years	19	83	8	110	6	0.0001
26-30 years	16	65	4	85		
31-35 years	50	71	24	145		
>35 years	36	123	1	160		
Total	121	342	37	500		48.19 Significant
Gender						
Male	106	338	31	475	2	0.0001
Female	15	4	6	25		
Total	121	342	37	500		34.302 Significant

Educational Status							
Primary	40	71	9	120			39.0
Secondary	28	159	13	200	6	0.000 01	08 Significant
Graduate & post graduate	46	97	7	150			
Illiterate	7	15	8	30			
Total	121	342	37	500			
Occupation							
Private & government job	13	36	6	55	6	0.000 01	53.1 5 Significant
Self employed	63	171	16	250			
Laborer	26	133	11	170			
Unemployed	19	2	4	25			
Total	121	342	37	500			
Monthly Income							
≤10000	1	4	0	5	6	0.290 3	76.9 9 Significant
10000-15000	18	30	12	60			
15001-20000	37	20	8	65			
≥20001	65	288	17	370			
Total	121	342	37	500			
Type of family							
Joint Family	72	179	14	265		0.000	18.5 1

Nuclear Family	47	155	18	220	6	981	Significant
Extended Family	2	8	5	015			
Total	121	342	37	500			
Previous Knowledge							
Mass media & social media	64	177	17	258	6	0.473	5.564 Insignificant
Health professionals	8	11	2	21			
Family, friends & relatives	6	12	3	21			
Don't Know	43	142	15	200			
Total	121	342	37	500			

SUMMARY

The chapter deals with the analysis and interpretation of data collected to generate the possible solution of the research study. It mainly include the descriptive statistical analysis of demographic characteristics and the features of subjects, assessment of pre-test and post-test knowledge, effectiveness of video assisted module and associations of pre-test knowledge and practice with selected demographic variables were observed

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