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"A Comparitive Study To Assess Theknowledge And Practicesregarding Dengue Fever And Its Prevention Among People From Selected Urban And Rural Areas In Gautam Buddh Nagar"

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ABSTRACT

A study was conducted to assess the knowledge of people from Urban and Rural area regarding prevention of dengue fever. To assess the practice of people from Urban and Rural area regarding prevention of dengue fever. To find the association between knowledge and practice score regarding dengue fever with their selected demographic variables. METHOD :A comparative research design was selected for the study, setting for the study was two communities (Rural(Mujakheda) and Urban (Dhankour GZB. 60 Sample were selected from each community MAJOR FINDING OF THE STUDY Data represented depicted that 39(65%) that is majority of people had poor knowledge, 15(25%) of people had average knowledge and 6(10%) had good knowledge in Rural area. But in Urban area34 (57%) had average knowledge, 15 (25%) of people had good knowledge and 15(25%) had poor knowledge. This indicated that the people of Urban area had more knowledge as compare with Rural area population. Data represented show that the mean score of Rural (13.06) among people was lower than the Urban people score of mean (21.45) after assessment. This indicated that the people of Urban area had more knowledge as compare with Rural and urban area population. There was no significant association between level of knowledge score with the selected demographic variables. CONCLUSION. According to knowledge and practice rural area had low knowledge and practice according to urban.

KEYWORD: knowledge, Practise People, Assess, Dengue ,Urban & Rural

Introduction

Communicable diseases have affected human life even since earlier times and continue to be a major health problem. Of all the arthropod–borne viral diseases, dengue is the most common one, caused by Aedesaegypti. Compared to nine reporting countries in the 1950s, today the geographic distribution includes more than 100 countries worldwide. Many of these had not reported dengue for 20 or more years and several have no known history of the disease. The World Health Organization (WHO) estimates that more than 2.5 billion people are at risk of dengue infection. The disease manifestations range from an influenza-like disease known as dengue fever (DF) to a severe, sometimes fatal disease characterized by haemorrhage and shock, known as dengue hemorrhagic fever/dengue shock syndrome (DHF/DSS), which is on the increase. The average number of DF/DHF cases reported to WHO per year has risen from 908 between 1950 and 1959 to 514,139 between 1990 and 1999. Dengue is a mosquito-borne viral infection, found in tropical and sub-tropical climates worldwide, mostly in urban and semi-urban areas.The virus responsible for causing dengue, is called dengue virus (DENV). There are four DENV serotypes, meaning that it is possible to be infected four times. Severe dengue is a leading cause of serious illness and death in some Asian and Latin American countries. It requires management by medical professionals.While many DENV infections produce only mild illness, DENV can cause an acute flu-like illness

Methodology:- A comparative research design was selected for the study, setting for the study was two communities (Rural(Mujakheda) and Urban(Dhankour GZB. 60 Sample were selected from each community

SETTING OF THE STUDY:- study was two communities (Rural(Mujakheda) and Urban(Dhankour GZB. 60 Sample were selected from each community.

SAMPLINGPROCEDURE :- The community area will be selected on the basis of convenience and samples were selected by multistage random sampling. In the second stage of sampling, two community from each sub centre were selected as sample villages by simple random technique and the number of houses were listed

METHODSOFDATACOLLECTION Interview is one of the powerful techniques of data collection through primary sources. This method is appropriate for both literate and illiterates. Interview method was Methodology 24 considered as appropriate method of data collection for this study. A structured interview schedule was used to collect data from the people Observational Check - list was used for assessing the practices of people.

PROCEDURE OF PILOT STUDY:

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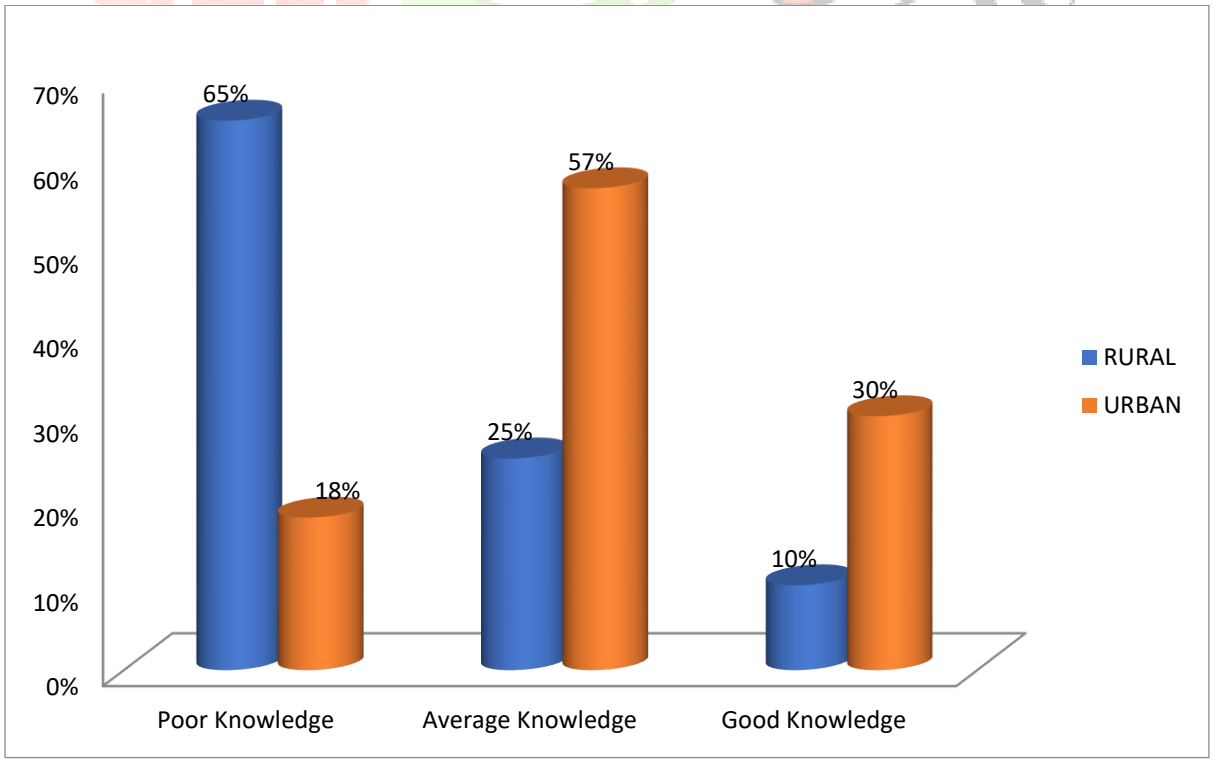
PLAN FOR DATA ANALYSIS ′ The data was entered into the master sheet. Keeping the objectives of the main study in view, the descriptive and inferential statistics was done. ′ Descriptive statistics: The mean, standard deviation, mean percentage was calculated. ′ Inferential statistics: Chi square to check the effectiveness and association

RESULTS

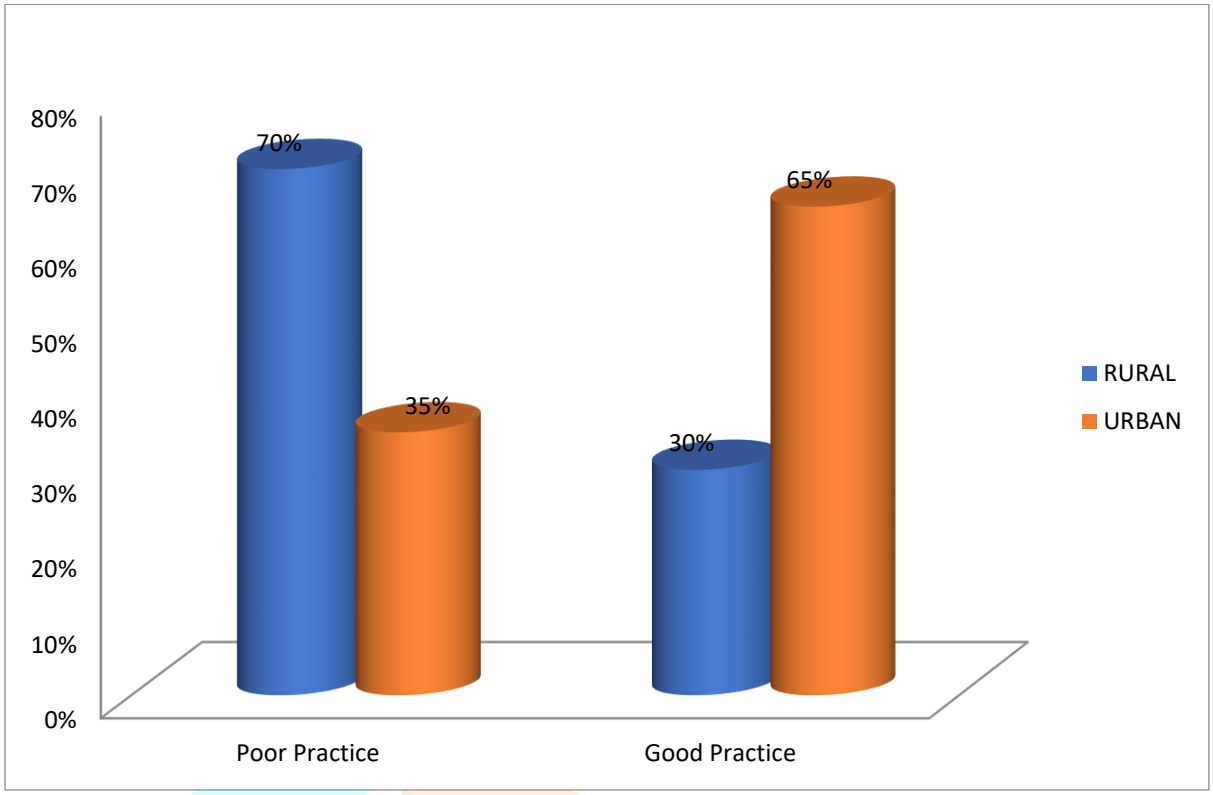
Data represented depicted that 39(65%) that is majority of people had poor knowledge, 15(25%) of people had average knowledge and 6(10%) had good knowledge in Rural area. But in Urban area34 (57%) had average knowledge, 15 (25%) of people had good knowledge and 15(25%) had poor knowledge. This indicated that the people of Urban area had more knowledge as compare with Rural area population. Data represented show that the mean score of Rural (13.06) among people was lower than the Urban people score of mean (21.45) after assessment. This indicated that the people of Urban area had more knowledge as compare with Rural and urban area population. There was no significant association between level of knowledge score with the selected demographic variables

RESULTS

Level of knowledge score among rural and urban people.



Percentage distribution for practice score regrading dengue among rural and urban people



Chi square value showing association between knowledge score with selected demographic variables among Urban area people There was no significant association between level of knowledge score with the selected demographic variables but associated with gender, monthly income and total number of family member. This indicated that their demographic variable of people from Urban area and their knowledge did not have the significance association and were independent of each other.

CONCLUSION

The present study was undertaken to assess the knowledge and practices of people regarding Dengue fever and its prevention among people from in selected urban and rural areas in GZB, Data represented in table 4 depicted that 39(65%) that is majority of people had poor knowledge, 15(25%) of people had average knowledge and 6(10%) had good knowledge in Rural area. But in Urban area34 (57%) had average knowledge, 15 (25%) of people had good knowledge and 15(25%) had poor knowledge. This indicated that the people of Urban area had more knowledge as compare with Rural area population, the mean score of Rural (13.06) among people was lower than the Urban people score of mean (21.45) after assessment. This indicated that the people of Urban area had more knowledge as compare with Rural area population. There was no significant association between level of knowledge score with the selected demographic variables but associated with gender, monthly income and total number of family member. This indicated that their demographic variable of people from Urban area and their knowledge did not have the significance association and were independent of each other.

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