A Pre-experimental Study to Evaluate the Effectiveness of Planned Teaching about Knowledge Regarding Chikungunya among Urban Population in Selected Area in Village Harana, Rajgarh District (Madhya Pradesh)

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ABSTRACT
The major objective of this study is to assess the pre-test knowledge score regarding prevention of Chikungunya among the people and to evaluate the post-test knowledge score regarding prevention of Chikungunya among the people. A quasi experimental design, pre and post-test without control group was used for the present study to determine the effectiveness of structured teaching programme on knowledge regarding prevention of Chikungunya among the people of selected rural areas of village Harana, Rajgarh (M.P). The sample for the study consists of 60 adults (male and female in selected areas. The study shows that the result regarding level of knowledge of Chikungunya among the subjects in pre-test was less and after the implementation of the planned teaching post-test score was improved. There is no connection of knowledge scores in relation to their age in year, gender religion, education, occupation, availability of drainage system, and source of information regarding Chikungunya. The comparative study about knowledge pre and post-teaching is found to be suitable. The study shows the positive result the significance of structured teaching programme and noted that the noteworthy difference between knowledge regarding prevention of Chikungunya among the people of selected area in village Harana, Rajgarh district (M.P) in pre and post-test.

Keywords: Chikungunya, Urban Population, Prevention, Pre-test and Post-test.

INTRODUCTION
Health is a common theme in most culture or community in fact all the community has their concept of health. Health is a fundamental human right and a worldwide social goal that the health is essential to be satisfaction of basic human needs and to improve the quality of life. Health is a quality of life resulting from total functioning of the individual that empower him to achieve personal and social satisfaction [1].

Communicable diseases are the major health problem of India. The communicable diseases are transmitted through water, air, vector etc. [1]. Among these vectors Borne diseases are transmitted by insects. The vector may be mechanical or biological. The Biological vectors which usually harbor pathogens within their body and deliver pathogens to new host, is often responsible for serious blood borne diseases such as Chikungunya [2, 3].

Mosquitoes are the non-arthropod flies and the member of nematicerid flies. Over 3,500 spices of mosquitoes have identified
from various part of the world. [3]. The name Chikungunya derived from the root verb in the Makonde language means “that which bend up” or the stooped appearance of sufferer with arthalgia [4].

Chikungunya fever is primarily transmitted by *Aedes aegypti* and *Aedes albopictus* by a human-mosquito-human transmission cycle. Reservoir of Chikungunya virus is the human during epidemics period and monkeys, rodents, birds and other during the inter-epidemic period [5].

**OBJECTIVE OF THE STUDY**

1) To study the effectiveness of planned teaching about knowledge regarding Chikungunya

2) To evaluate the existing knowledge regarding Chikungunya among urban population in selected area in village Harana.

3) To evaluate the effectiveness of planned teaching about knowledge regarding Chikungunya among urban population in selected area in village Harana.

4) To associate the knowledge of urban population regarding Chikungunya with their selected demographic variables.

**NEED OF THE STUDY**

A developing country, like India carries the major burden of communicable diseases especially those who are caused by Sub-standard living and environmental condition. Vector born diseases like Malaria, Dengue, Filaria etc. and recently in India with multiple outbreaks since 2005 [4]. Chikungunya appeared in India has no cleaning house for information about the debilitating infection and convalescence [5]. Chikungunya has been identified in over 60 countries in Asia, Africa, Europe and the Americas. According to statistics, Chikungunya has been reported in 2.860 village and affected 2.86 lakhs people in Bijapur, Gulbarga, Bidar, Bellary D.K, Davangere, Chickmagalur Delhi, Madhya Pradesh, Orissa [6, 7].

Urban people of village Harana should have to maintain cleanliness in their surrounding area to prevent vector born diseases [8, 9].

**HYPOTHESIS**

**H0**: There is no significant difference between pre and post test knowledge scores regarding Chikungunya among urban population which is measured by structured knowledge questionnaire at p<0.05 level of significance.

**H1**: There is significant difference between pre and post test knowledge scores regarding chikungunya among urban population which is measured by structured knowledge questionnaire at p<0.05 level of significance.

**SAMPLING CRITERIA**

**Inclusive Criteria**

1) Urban area people who were present at time of data collection.

2) Urban people who were willing to participate in the study.

3) Urban people who could read and write Hindi.

**Exclusive Criteria**

1) Urban people who had under gone health education program regarding Chikungunya.

2) Person who were working in medical field and under gone health education program regarding Chikungunya.

**Subject Withdrawal Criteria**

1) Subjects were informed that they can withdraw from the study at anytime if they wish.
METHODOLOGY
Research design: Pre-experimental One group pre-test and post-test research design.
Sample: Urban Population
Sample size: 60 Subjects from urban area
The sampling technique: Non-Probability Convenient Sampling.
Method and material: Structured Knowledge Questionnaire.

ORGANIZATION OF FINDINGS
The analysis and interpretation of the observations are given in the following section:
1) Section A: Distribution of subjects in relation to their demographic variables.
2) Section B: Assessment of pretest and post test knowledge regarding Chikungunya among subjects in selected area of village Harana.
3) Section C: Analysis of effectiveness of Planned Teaching on knowledge regarding Chikungunya among subjects in selected area village Harana.
4) Section D: Association of post test knowledge score regarding Chikungunya among subjects in selected area with selected demographic variables.

MAJOR FINDINGS
The finding of the study result showed that among all subjects, in pre-test score, 75% of subjects had good level of knowledge score, 18.33% had very good level of knowledge score, 5% had average level of knowledge score and 1.67% had excellent level of knowledge score. Post –test score was 78.33% of subjects had very good level of knowledge score and 21.67% had excellent level of knowledge score.

Mean knowledge score of pre-test was 13.91 ± 2.17 and post-test was 18.61 ± 1.88. The study reported that the result regarding level of knowledge regarding chikungunya among the subjects in pre-test was less and after the implementation of the planned teaching post-test score was increased.

There is no association of knowledge scores in relation to their age in year, gender religion, education, occupation, availability of drainage system, and source of information regarding Chikungunya.

DISCUSSION
The investigator suggests that some manuals on Chikungunya should be displayed so that the people of village Harana know about prevention and control of Chikungunya and they will get the motivation to prevent it. Urban people of village Harana should have to maintain cleanliness in their surrounding area to prevent vector born diseases.

CONCLUSION
After the detailed analysis, this study in village Harana leads to the following conclusion Planned teaching on Chikungunya was found to be effective in improving the knowledge of subjects. It did not show any association in relation to their selected demographic variables. Hence, based on the above finding, it was concluded undoubtedly that the written prepared material by the investigator in the village Harana form of planned teaching helped the subject to improve their knowledge regarding Chikungunya.

REFERENCES
3) Symptoms, Diagnosis, and Treatment, Centre for disease control and prevention, CDC 24/7.


