

# A study to assess the knowledge on prevention of dengue fever among the mothers of under five children's at Jeeva Nagar, Kottucherry

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## Abstract

Dengue fever is a common communicable disease characterized by occurrence of high fever, severe body aches and intense headache. It is very common disease that occurs in epidemic form from time to time. It is transmitted by the bite of *Aedes aegypti* mosquito that has been infected in any one of the four dengue viruses. To assess the knowledge on control and prevention of dengue fever among the mothers of under five children, to impart knowledge on prevention of dengue fever, if necessary. The research design adopted for this study was non experimental descriptive research design. Sample size is 50. Convenience sampling technique was used to select the mothers of under five children. The investigator used self developed questionnaire for assessing the level of knowledge on prevention of dengue fever. Results show that about 100% of mothers had inadequate knowledge, there were no mothers with moderate knowledge and adequate knowledge. Majority of the mothers exhibit inadequate knowledge regarding prevention of dengue fever.

**Keywords:** Assess, knowledge, prevention, dengue fever, mothers of under five children's.

## 1. Introduction

Dengue fever is a febrile viral disease characterized by sudden onset of fever for 3 to 5 days. Dengue viruses are flaviviruses and include four serotypes 1, 2, 3 and 4. These viruses are also responsible for dengue haemorrhagic fever (DHF). The viruses are transmitted to man by bite of infective mosquitoes,

mainly *Aedes aegypti*. The incubation is 4 to 7 (range is 3-4 days). Dengue fever viruses are considered the most important arboviruses in terms of morbidity, mortality and economic cost within estimated 100 million cases of dengue fever occurring throughout the world annually. These include fever, maculopapular rashes and headache. Primary infection with dengue usually results in a febrile, self limiting disease, secondary infection with dengue usually results in severe complications such as dengue shock syndrome (DSS) or dengue haemorrhagic fever (DHF).

Patients diagnosed with dengue in endemic areas such as in Asia generally have secondary infections. The first record of a probable dengue fever is in a Chinese medical encyclopaedia from the Jin dynasty (265-420 AD) which refers to a "water poison" associated with flying insects.

The viral etiology and the transmission by mosquitoes were only deciphered in the 20th century. The socio-economic impacts on the world war second resulted in increased spread globally. As per current estimates, over 50 million infections with about 400,000 cases of DHF are reported annually which is a leading cause of childhood mortality in several countries.

## 2. Statement of the problem

A study to assess the knowledge on prevention of dengue fever among the mothers of under five children at Jeeva Nagar, Kottucherry.

### 3. Objectives:

- To assess the knowledge on control and prevention of dengue fever among the mothers of under five childrens.
- To impart knowledge on prevention of dengue fever, if necessary.

### 4. Methodology:

**Research approach:** Research approach used for the study was quantitative approach.

**Research design:** the research design adopted for the study was non experimental descriptive research design.

**Population:** The study population for this study was all the mothers of under five childrens in jeeva nagar , kottucherry.

**Sampling technique:** convenience ,sampling technique was used to select 50 mothers of under five childrens.

**Sample size:** sample size is 50

**Sample criteria:** sample were selected with the following pre determinant set criteria period of study

#### Inclusive criteria:

The mothers of under five childrens who were

- Between the age of 22-40 years.
- Able to read and speak in tamil
- Willing to participate in the study.

#### Exclusive criteria:

The mothers of under five childrens who were

- Not willing to participate in this study
- Suffering from severe physical illness and mental illness.

#### Description of tool:

The tool used to collect the data from mothers of under five children was self structured interview schedule. The tool consist of two sections.

#### Section I:

It consist of 8 items related to demographic variables such as age , religion , parents occupation , education , family income , type of family and source of information.

#### Section II:

It consist of 24 questions related to knowledge on meaning , signs and symptoms , causes ,investigation , control and prevention of dengue fever.

### Scoring key:

The scoring one was awarded to each correct and zero was awarded for each wrong response .

### Interpretation of score:

- Below 50 % - Inadequate knowledge.
- 51 - 75 % -Moderately adequate knowledge.
- 76 – 100 % - Adequate knowledge.

### 5. Data Collection Procedure

After getting written permission from panchayatar in jeeva nagar,kottucherry.the informed oral consent was obtained from the study participants totally 50 mothers were related by using (convenience sampling technique).self structured interview schedule was administered to each mothers separately to collect information from the study participants .approximately 20-30minutes were spent to collect information from each participants. The data collect ion period was three days.

#### Plan For Data Analysis:

The collected data was organized ,tabulated and analysed based on the objective of the study the descriptive statistics percentage and mean were used to analyse the data.

#### Organisation of data :

Section A : Distribution of demographic variables of mothers of under five children.

Section B : data on level of knowledge on prevention of dengue fever among mothers of under five children.

Table No:1 percentage, distribution of level of knowledge on prevention of dengue fever

Level of knowledge	Frequency	Percentage
In adequate	50	100%
Moderate	-	-
Adequate	-	-

Table shows that all the mothers (100%) had inadequate knowledge, there was no mothers with moderate knowledge and adequate knowledge.

### 6. Discussion:

The aims of the study is to assess the knowledge on prevention of dengue fever among the mothers of under five children in jeeva nagar,kottucherry.the date was collected from 50 mothers of under five children by using self structure interview schedule . The first objectives of the study was to assess the

knowledge of dengue fever among the mothers of under five children .the present study showed that all the mothers (100%) had inadequate knowledge .this shows that all the mothers had lack of information on the signs and symptoms, causes and control of dengue. This may be due to lack of formal education and most of the mothers were of housemakers.moreover the people living in this area are in the no low socio economic group. The samples taken for the study are in a position to earn money of the family and there are doing various jobs and hence this sample have inadequate knowledge regarding dengue and its prevention.

### 7. Conclusion:

This study revealed that all the study participant,100%(50) had inadequate knowledge on prevention of dengue fever. this shows that there is a greater need to educate the mothers of under five children with different learning strategies in order to prevent the incidence of dengue among under five children.

### 8. Recommendations:

- • A similar study can be conducted in the large samples for better generalization
- • A study to assess the knowledge and practice on prevention of dengue can be done
  - Comparative study can be done in rural and urban areas

### References:

- [1] DR.Kulkarani.A.P(2002), text book of community medicine second edition vera medical publication p.413.
- [2] Basvamnthappa.B T(2003), text book of community health nursing fourth edition jaypee publication p 502-510
- [3] SESHU BABU V.V.R(2004),textbook of community medicine secondedition medical book publication p 308-309
- [4] Prabhakara .G.N.(2005),textbook of community health for nurses second edition peeve publication p.324-331
- [5] Hawker .I,Begg.N,Blair.I(2005),Textbook of communicable disease contol handbook second edition black well publication p.219-133.
- [6] Judith .M,Willkinson and Karen venleuven(2005),text book of fundamentals of nursing first edition jaypee publication.p.215-216.
- [7] Park .K(2005),Text book of prevention and social medicine eighteenthedition M/S bhanot publication p.160.
- [8] Kamalam .S(2005),Text book of community health nursing practice forst edition jaypee publication p.540-541.
- [9] Piyush gupta (2008),text book of paediatric nursing second edition CBSpublication. P.335-336.
- [10] WHO(2005), talking sexually transmitted infection in the periphery .indian journal for the practicing doctor vol.3,no2.