

Original article

## “A study to assess level of knowledge of dengue fever in selected rural area”

1. Mrs Sangeeta Patil, Clinical instructor, Krishna Institute of Nursing Sciences, Karad.  
[Email.-sangeetapatil675@gmail.com.](mailto:sangeetapatil675@gmail.com)
2. DR. Vaishali .R.Mohite Dean Krishna Institute of Nursing Sciences, Karad.
3. Mrs.Namrata Mohite. Assistant Professor, Krishna Institute of Nursing Sciences, Karad.

**Corresponding Author:**

1. Mrs. NamrataMohite.Assistant Professor, Krishna Institute of Nursing Sciences, Karad.

Phone No-7972174020

Email [jd-namratamohite5@gmail.com](mailto:jd-namratamohite5@gmail.com).

### ABSTRACT:

#### Background of the study:

Dengue is a vector born disease and it can be fatal it is not treated properly. The spread of the disease should know by the rural people and its preventive practices.

**Objectives:** -Study investigated to assess the level of knowledge on dengue fever in selected rural area.

**Material and Methods:** Descriptive study done in Koyanavasahat to assess the level of knowledge on dengue fever.100 samples chosen from affected area rural area. There are 51 male and 49 female. Most of the samples are above the age of 30 yrs. Samples collected with simple random with convenient techniques .Self-prepared questionnaire prepared for data collection .Ethical permission taken prior to data collection process. Data collection done as per objectives. (Level of knowledge (poor knowledge 1-6,fair knowledge 7-13,Goo knowledge 14-20)

#### Results:

In study findings majority of the 42% samples were above the 30yrs of age.51% samples are male,64% of samples taken secondary education.77% of samples belongs to lower class.90%of samples taken mixed diet,enviornment was not good 23%, most of them 58%

Living in joint family, 46% of people had sources of education like TV, Radio, newspaper. As per knowledge level 33% of people had poor knowledge, 56% of people had fair knowledge, 11% of had good knowledge.

**Conclusion:**

Rural area people should educate properly related dengue fever its causative factors and preventive policies. They should improve basic hygienic practices. Behaviour pattern should change to improve hygienic practices. When infected with dengue, people should be conscious of their active participation in preventing disease burden through the proper management strategies.

**Key Words:** Dengue fever, Knowledge Level.

**INTRODUCTION –**

Dengue fever had high impact on society so it was necessary to create awareness and preventive about dengue fever is much important and people should improve behavioral practices to prevent future epidemics. They can acquire knowledge by use of different mass media. Through mass media people know about different sign and symptoms, treatment policy and if not treated properly then complication for health.<sup>1</sup>

Health education for community people was much important because some people don't understand the urgent treatment policy for dengue and which are the different sign and symptoms. Importance of specific diet and how to prevent complications if we are able to change the attitude of the people then it will be easy control on dengue epidemic.<sup>2</sup>

Information booklet if we provide to community people then people will be aware about which are the preventive practices people has to follow to prevent dengue infection. Female are more sensitive about health issues so if she will have adequate knowledge then she can take care of her own house. House to house if women are educated then whole community knows about preventive policies.<sup>3</sup>

In India mortality and morbidity was so high because of dengue fever. Dengue hemorrhagic fever and dengue and dengue shock syndrome these are two causes are more fatal in this epidemic and death rate are more. This fatal cause because people are not aware about treatment and preventive policies. Sometimes they may not get easy access of hospital, negative attitude toward

disease condition to overcome from this burden we need create an awareness about dengue fever especially in rural area.<sup>4</sup>

In rural area implementing dengue policies are much important as the need of the community people .Early identification of the case, proper laboratory facilities, management Of infected patient properly and insecticide spray to control on breeding of dengue these all strategies are helpful to control on dengue fever.<sup>5</sup>

In India most of time climatic conditions are responsible for to spread infection of dengue especially in Kerala and Punjab because of heavy monsoon spread of infection rate was so high.<sup>6</sup>

### Methods-

Descriptive study done to assess the knowledge level about dengue fever in selected rural area.100 samples selected from that 51 are male and 49 are female. Most of them above 30 yrs. of age. Self-prepared questionnaire was prepared for data collection which was validated by expert. Ethical permission taken prior to start study. Samples selected with convenient sample technique. Purposes of the study were explained by the researcher to the samples .samples interviewed by the researcher with self-prepared questionnaire and data collection.

### Results –

**Table No-1.Sciodemographic Performa of the samples**

n=100

Sr.No	Scio-Demographic Variable	Frequency	Percentage
	<b>Age</b>		
	15-20 years	08	08%
	20-25 years	26	26%
	25-30 years	24	24%
	Above 30 yrs.	42	42%
<b>2</b>	<b>Sex</b>		
	Male	51	51%
	Female	49	49%
<b>3</b>	<b>Residential area</b>		
	Urban	63	63%
	Rural	27	27%
<b>4</b>	<b>Education</b>		
	Primary	18	18%

	Secondary	64	64%
	Graduate	13	13%
	Non educated	05	05%
<b>5</b>	<b>Economical condition</b>		
	Upper Class	09	09%
	Middle Class	14	14%
	Lower Class	77	77%
<b>6</b>	<b>Diet</b>		
	Vegetarian	10	10%
	Non-Vegetarian	0	0%
	Mixed	90	90%
<b>7</b>	<b>Environment</b>		
	Good	71	71%
	Bad	03	03%
	Fair	23	23%
<b>8</b>	<b>Types of Family</b>		
	Nuclear Family	32	32%
	Join Family	58	58%
	Extended Family	10	10%
<b>9</b>	<b>Sources of health education</b>		
10	Health Workers	23	23%
	Family Member's	11	11%
	TV, Radio, News, Paper	46	46%
	Magazines	20	20%

In Above Table No-1 Study findings noted that majority of the 42% samples were above the 30yrs of age. 51% samples are male, 64% of samples taken secondary education. 77% of samples belongs to lower class. 90% of samples taken mixed diet, environment was not good 23%, most of them 58%. Living in joint family, 46% of people had sources of education like TV, Radio, and newspaper.

Table No-2 Sample distribution according to level of knowledge

n=100

Sr.No	Level of knowledge			
1	Poor knowledge	33	33%	
2	Fair knowledge	56	56%	
3	Good knowledge	11	11%	

.In above Table No-2 As per knowledge level 33% of people had poor knowledge, 56% of people had fair knowledge, 11% of had good knowledge.

### **Discussion:-**

In above study findings sample distribution as per demographic variables majority of the 42% samples were above the 30yrs of age.51% samples are male,64% of samples taken secondary education.77% of samples belongs to lower class.90%of samples taken mixed diet,enviornment was not good 23%, most of them 58%. Living in joint family, 46%of people had sources of education like TV, Radio, and newspaper. As per knowledge level 33%of people had poor knowledge, 56% of people had fair knowledge, 11% of had good knowledge.

Cross sectional descriptive study was done byHairi F, Ong CH, Suhaimi A(2003)to assess the level of knowledge and practices among the rural people and findings noted that out of 200 respondent 82% of people had good level of knowledge and they are different sources to use it.But people should show good attitude towards preventive practices about dengue fever. Significant association found between knowledge level ( $p=0.0047$ ) and attitude <sup>7</sup>

Descriptive exploratory study done in (2022 )by Madhu S, Kumar GV to assess the knowledge level about dengue fever in Rural area study findings noted that 38.7%of people shown moderate level of knowledge and 61.3% of adult shown inadequate knowledge <sup>8</sup>

KAP study done in 2021 by Jayawickreme KP, Jayaweera DK, Weerasinghe et al.Findings revealed that 65% patient shown modrate score ,only 7.6% of people shown high level of KAP score.,dekque management known by 51% and 5.3% of people shown high score of awarness.<sup>9</sup>

Quantitate non experimental study was doneby Suchithra BS(2020) on 150 samples with purposive sampling technique in 53% of people aware about denque fever,75% of samples knows about dengue through different mass media,43% of people had poor knowledge ,56% of people had average knowledgeOnly 1% of people had good knowledge about dengue fever.<sup>10</sup>

### **Conclusion:-**

In the rural peoples are neglecting their own health. They are not able to maintain their proper hygienic conditions,not able maintain basic sanitation. Health care facilities not available especially in slum area. Some people stick up with their own cultural beliefs related with health so peoples are affecting more in rural area.

**Acknowledgment:**

The authors would like to thank all the participants for their cooperation and participation to complete the study successfully.

**Financial support and sponsorship:**

Self-funded study.

**Conflicts of interest:**

There are no conflicts of interest.

**References:-**

1. Phuyal P, Kramer IM, Kuch U, Magdeburg A, Groneberg DA, Lamichhane Dhimal M, Montag D, Harapan H, Wouters E, Jha AK, Dhimal M. The knowledge, attitude and practice of community people on dengue fever in Central Nepal: a cross-sectional study. *BMC infectious diseases*. 2022 Dec;22(1):1-8.
2. Kalpana MB. Effectiveness of structured teaching programme on level of knowledge regarding dengue fever among women at selected rural areas, Nellore.NNJ. 2017; 6(1): 18-22doi: Jan-Mar-2017
3. Jindal AK, Rani R, Shilpa V. A Descriptive study to assess the Knowledge Regarding Dengue among selected Medical Students of RPIIMS Bastara, Karnal (Haryana) with a view to develops an Information Booklet. *International Journal of Advances in Nursing Management*. 2017;5(3):255-8.
4. Ukey P, Bondade S, Paunipagar P, Powar R, Akulwar S. Study of seroprevalence of dengue Fever in central India. *Indian J Community Med*. 2010 Oct;35(4):517-9. doi: 10.4103/0970-0218.74366. PMID: 21278875; PMCID: PMC3026133.
5. Ganeshkumar P, Murhekar MV, Poornima V, Saravanakumar V, Sukumaran K, Anandaselvasankar A, John D, Mehendale SM. Dengue infection in India: A systematic review and meta-analysis. *PLoS neglected tropical diseases*. 2018 Jul 16;12(7):e0006618.
6. Mutheneni SR, Morse AP, Caminade C, Upadhyayula SM. Dengue burden in India: recent trends and importance of climatic parameters. *Emerging microbes & infections*. 2017 Jan 1;6(1):1-0.
7. Hairi F, Ong CH, Suhaimi A, Tsung TW, bin Anis Ahmad MA, Sundaraj C, Soe MM. A knowledge, attitude and practices (KAP) study on dengue among selected rural communities in the Kuala Kangsar district. *Asia Pac J Public Health*. 2003;15(1):37-43. doi: 10.1177/101053950301500107. PMID: 14620496.
8. Madhu S, Kumar GV. A Study to Assess knowledge about Dengue fever among the Adults at Rural area of Chamarajanagar District. *International Journal of Nursing Education and Research*. 2020;8(4):505-8.

9. Jayawickreme KP, Jayaweera DK, Weerasinghe S, Warapitiya D, Subasinghe S. A study on knowledge, attitudes and practices regarding dengue fever, its prevention and management among dengue patients presenting to a tertiary care hospital in Sri Lanka. *BMC Infect Dis.* 2021 Sep 20;21(1):981. doi: 10.1186/s12879-021-06685-5. PMID: 34544378; PMCID: PMC8454131.
10. Suchithra BS. Study to Assess the Knowledge of People About Dengue Fever in Selected Rural Area of Mangalore. *Executive Editor.* 2020 Jun;11(6):993.