Statement Of The Problem: A Study To Evaluate The Effectiveness Of Structured Teaching Programme Regarding Awareness Of Dengue Fever Among Mothers Of Under-Five Children At Selected Rural Areas Of Guntakal.

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I.   INTRODUCTION:

Empowerment of women through health education for healthy living
Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Health is wealth goes the saying Health is an essential factor for a happy contented life based on Alma-ata declaration much emphasis is being placed on health promotion and preventive health care. Encouraging the people to adopt healthy life styles and appropriate coping strategies in key aim in health promotion.

Dissemination of health information is one of the way of increasing knowledge on health and modification of behaviors which is directed towards promotion of health prevention of diseases by early detection and health care.
A world wide effort is being made to prevent communicable diseases. It is estimated that 54% of all deaths by the year of 2015 in the world will be due to non-communicable diseases.
Young children are precious in their own right and they are the future of the Nation. A
Wealth of research in recent years has revealed that children's experience from birth to age five   have a powerful effect on the rest of their lives. From the beginning, the brain starts **curing forlearning** and early experiences set the brain's patterns for thinking and feeling. How children are treated and how the adults around them behave strongly influences both children's ability to learn and the attitudes they develop about their own worth and the worth of others. Child health care is the most crucial factor to determine growth of the child especially in the **first fiveyears of life.** Certain specific biological and psychological needs must be met to ensure thesurvival and healthy development of the child to a **healthy future adult**.

NEED FOR THE STUDY:
        Dengue is the most important mosquito born viral disease endemic in more than 100 countries.Dengue constitutes a major cause of paediatric morbidity and mortality in South East Asian countries .Dengue has become a major public health problem in tropical and sub tropical regions in recent year in spite of a poor or no of dengue surveillance system in developing countries, the number of cases recording and reported has increased markedly. Dengue out breaks often is not recognized until hundreds of people are affected.
        Over the past 10–15 years, next to diarrhoeal disease and acute respiratory Infections, dengue has become a leading cause of hospitalization and deaths among children. In India, epidemics are becoming more frequent. If untreated, mortality from complication of dengue fever is as high as 20%, where as if recognized early and managed properly, mortality is less than 1%.3
        Usually in urban areas, having high population density, poor sanitation and large number of desert coolers, overhead tanks, discarded buckets, tyres, utensils etc.which promote mosquito breeding are at high risk.
        It can also occur in rural areas where the environment is friendly for mosquito breeding. Mosquito breeding can occur in containers used for spring water, for cattle feeding and drinking, discarded tins, tyres, bottles etc which are not emptied and cleaned periodically.

OBJECTIVES OF THE STUDY:

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* To evaluate the pretest knowledge regarding awareness of Dengue Fever among the mothers of under-five children.

* To evaluate the effectiveness of Structured Teaching Programme regarding awareness of Dengue fever among mothers of under-five children through the post test knowledge.

* To correlate the pretest knowledge and post test knowledge regarding awareness of Dengue fever among mothers of under-five children.

* To find the association between the mean pre test and post test scores with their selected Demographic variables.

RESEARCH HYPOTHESIS:
H1: There was a significant difference between pre-test and post-test of knowledge score on Dengue fever among mothers of Under-five children.
H2: There was a significant association between the mean pretest and post test Knowledge scores among mothers of under-five children with their
selected demographic variables.

II. REVIEW OF LITERATURE

A study was conducted on occurrence and correlates of symptom persistence following acute dengue fever by Halsey ES, Williams M
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Dengue virus (DEN-V) infection causes an acute febrile illness generally considered to result in either complete recovery or death. Some reviews describe persistent symptoms after the febrile phase, although empirical data supporting this phenomenon is scarce. We evaluated symptom persistence in acute febrile DENV-infected and DENV-negative (controls) individuals from Peru. Self-reported solicited symptoms were evaluated at an acute and a follow-up visit, occurring 10-60 days after symptom onset. Rate of persistence of at least one symptom was 7.7% and 10.5% for DEN-V infected and control subjects, respectively (P < 0.01). The DEN-V-infected individuals had lower rates of persistent respiratory symptoms, gastrointestinal symptoms, headache, and fatigue, but higher rates of persistent rash compared with controls. Older age and female gender were positively associated with symptom persistence. As dengue cases continue to increase annually, even a relatively low frequency of persistent symptoms may represent a considerable worldwide morbidity burden.

A study was reported on Dengue in India by Gupta N, Srivastava S, Jain A, ChaturvediUC. Indian J Med Res.
2012 Sep;136(3):373-90.

Dengue virus belongs to family Flaviviridae, having four serotypes that spread by the bite of infected Aedes mosquitoes. It causes a wide spectrum of illness from mild asymptomatic illness to severe fatal denguehemorrhagic fever/dengue shock syndrome (DHF/DSS). Approximately 2.5 billion people live in dengue-risk regions with about 100 million new cases each year worldwide. The cumulative dengue diseases burden has attained an unprecedented proportion in recent times with sharp increase in the size of human population at risk. Dengue disease presents highly complex pathophysiological, economic and ecologic problems. In India, the first epidemic of clinical dengue-like illness was recorded in Madras (now Chennai) in 1780 and the first virologically proved epidemic of dengue fever (DF) occurred in Calcutta (now Kolkata) and Eastern Coast of India in 1963-1964. During the last 50 years a large number of physicians have treated and described dengue disease in India, but the scientific studies addressing various problems of dengue disease have been carried out at limited number of centers. Achievements of Indian scientists are considerable; however, a lot remain to be achieved for creating an impact. This paper briefly reviews the extent of work done by various groups of scientists in this country.

III. RESEARCH METHODOLOGY

RESEARCH APPROACH
In this study, an evaluative research approach chosen to the study to evaluate the effectiveness of Structured Teaching Programme regarding awareness of Dengue Fever among the mothers of under-five children at selected rural areas of Guntakal.
RESEARCH DESIGN
❖ Research design is Pre Experimental one group pre test - post test design
SETTING
❖ The study was conducted in selected rural areas of Guntakal

TARGET POPULATION
❖   TheMothers of Under five children
SAMPLE
❖   The Mothers of Under five children

SAMPLE SIZE
❖   50 samples were used
SAMPLE TECHNIQUE
❖   The investigator selected samples by non-probability purposive sampling technique.
SAMPLE SELECTION:

INCLUSION CRITERIA:
1. The mothers who are willing to participate in the study.
2. The mothers who knows Telugu/English.
3. The mothers who are available at the time of data collection.
EXCLUSION CRITERIA:
1. The mothers of under-five children who are not available atthe time of study
2. Mothers seriously ill children.

DESCRIPTION OF THE TOOL
A structured questionnaire schedule was developed to evaluate the knowledge
Regarding awareness of Dengue fever among mothers of under-five children.
The tool for data collection consisted of the following two parts:
Section-1: Demographic variables.
Section-2: Knowledge questionnaire regarding awareness of Dengue fever

SECTION - 1
DEMOGRAPHIC VARIABLES:
The Demographic variables included that age in years, religion, educational status,
Occupation, family income, type of family, type of house, type of drainage system, number ofchildren and
source of information.

SECTION – 2
KNOWLEDGE QUESTIONNAIRE REGARDING AWARENESS OF DENGUE
FEVER:
This section consists of 40 objective types of multiple choice questions. Each question
had only one correct answer. Each correct response was awarded one score according to the
predetermined key and a zero score was awarded to wrong response. Total score for all the 40items was 40.

Table No.1:Scoring key for the overall level of knowledge
S.NoLevel of knowledge Score
1. Inadequate0-50%
2. Moderately adequate 51-75%
3. Adequate 75%-100%

IV.   RESULTS:
Section-I : To evaluate pre-test level of knowledge
Section-II : To evaluate post-test level of knowledge
Section-III: Find out effectiveness of Structured Teaching Programme
Section-IV: Demographic variables
Section-V : Correlation between pre and post-test knowledge with their demographic
VariablesDescriptive statistics such as frequency, percentages were used to analyze the data. Frequencyand
percentage were used to summarize the sample characteristics and item wise analysis.

SECTION-1
Evaluate the pre-test level of knowledge regarding Dengue fever:

Table No.4: Pre-test percentage of knowledge regarding Dengue fever

Knowledge regarding awareness of Dengue fever	No. of questions	Min -Max score	Knowledge score	
			Mean ± S.D.	Percentages
Knowledge	40	0-40	17.84±4.97	44.60

In group, 44.60% of mothers are having knowledge regarding awareness of Dengue Fever.

DISTRIBUTION OF MOTHERS ACCORDING TO THEIR
**PRE-TEST LEVEL OF KNOWLEDGE**
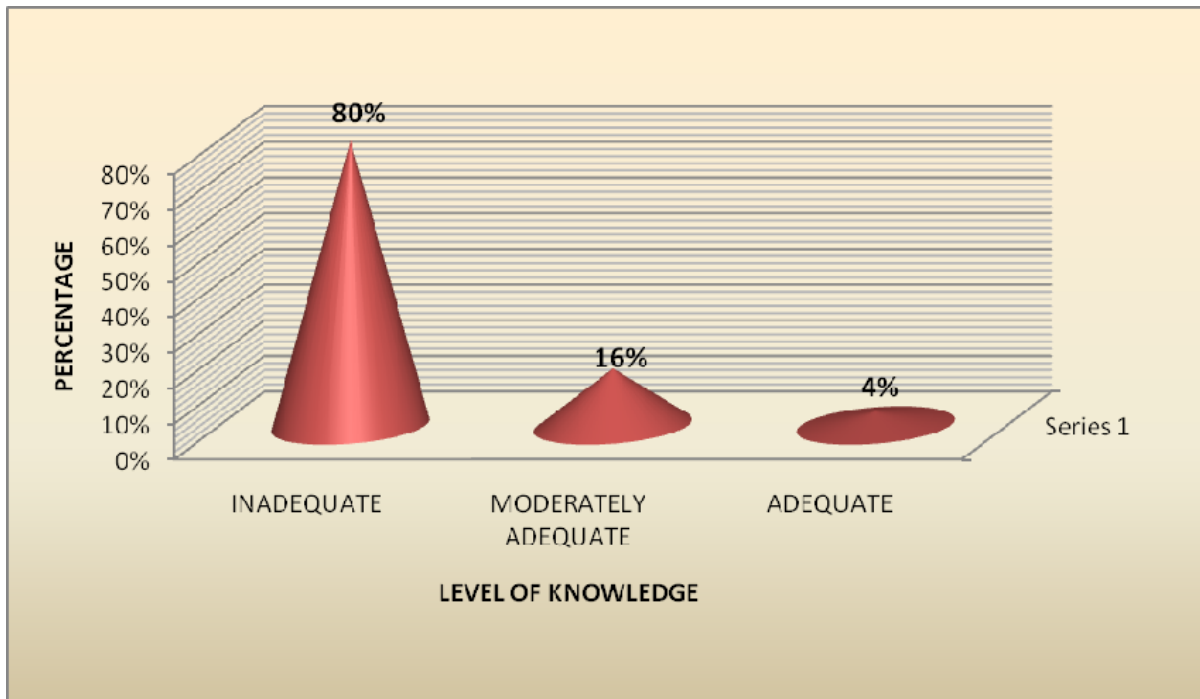
SECTION-II
Evaluate post-test level of knowledge regarding awareness of Dengue fever:

Post-test percentage of knowledge

Knowledge regarding awareness of Dengue fever	No. of questions	Min -Max score	Knowledge score	
			Mean ± S.D.	Percentages
Knowledge	40	0-40	33.5±3.67	83.95%

In post-test 83.95% of mothers are having knowledge regarding awareness of Dengue fever.

DISTRIBUTION OF MOTHERS ACCORDING TO THEIR POST-TEST LEVEL OF KNOWLEDGE
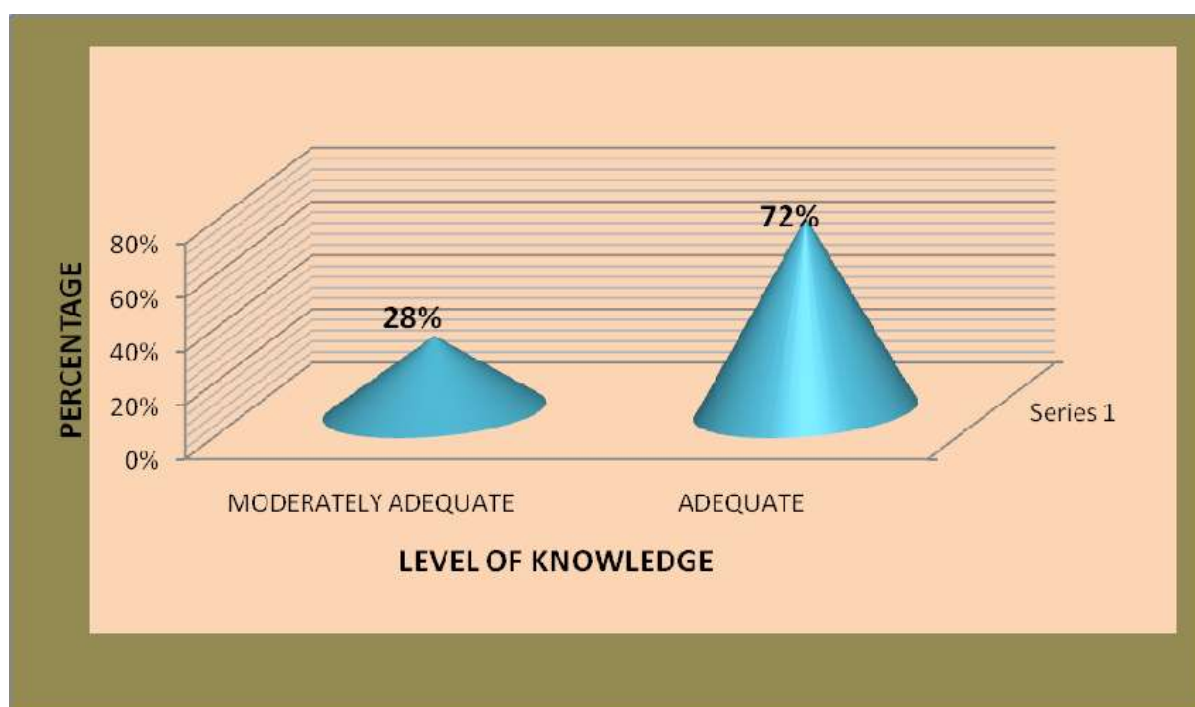
The result of the study shows that in pre-test the knowledge of mothers regarding awareness of Dengue fever was 44.60% with mean score 17.84, mean percent 34.69, SD 4.97. In post-test knowledge of mothers regarding awareness of Dengue fever was 83.95% with mean score 33.58, mean percent 65.31, SD 3.67. The 't' value was 20.36 (p=0.00) shows there was a significant differences between the pre and post-test scores. The comparison of the pre and post-test knowledge in the group had the difference of 39.35 %. The association between demographic variables shows there was a significant association between the pre-test knowledge scores and the knowledge of mothers with education $\chi2$ =35.44 (P=0.00), occupation $\chi2$ =28.85 (P=0.00) and family income per month $\chi2$ =15.71 (P=0.015). The correlation between post-test knowledge and attitude was 'r' = 0.719 shows the positive correlation.

INTERPRETATION AND CONCLUSION
The findings of the study recommended the further interventional approaches regarding awareness of Dengue fever. The present study was proved that structured teaching programme was effective among the mothers to increase the knowledge regarding awareness of Dengue fever.

KEYWORDS
Effectiveness; Structured teaching programme; awareness of Dengue fever.

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