

Knowledge regarding prevention of dengue fever among adults in selected village at Nellore

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Abstract

Dengue fever is a viral disease transmitted by mosquito usually *Aedes aegypti*. Out breaks resembling dengue fever have been reported throughout history the first case reported throughout history. The first case report dates back from 1789 and is attributed to Benjamin rush who coined the term "break bone fever" because of symptoms of myalgia and etiology and the transmission by mosquitoes were only deciphered in the 20th century spread globally.

Objectives: The aim of the present study is to assess the knowledge level regarding dengue fever among adults.

Materials & Methods: Quantitative research approach design was adopted for the study which was conducted in kakatur village, 30 samples were selected in the study by non-probability convenience sampling technique. Through interview method was used to collect the data. Data was analyzed by using descriptive and inferential statistics. Percentages of categorical variables were computed.

Results: The findings obtained from the demographic variables by the analysis of the data with selected samples are having 66.6% are having moderate knowledge and 33.4% having adequate knowledge.

There is significant relationship between the religion and level of knowledge regarding prevention of dengue fever.

Conclusion: Structured teaching programme is necessary to improve the knowledge level among adults.

Keywords: Adults, dengue fever, knowledge level

Introduction

Dengue (DENG-gey) fever is a mosquito-borne disease that occurs in tropical and subtropical areas of the world. Mild dengue fever causes high fever, rash, and muscle and joint pain. A severe form of dengue fever, also called dengue hemorrhagic fever, can cause severe bleeding, a sudden drop in blood pressure (shock) and death. The first case report dates back from 1789 and is attributed to Benjamin rush who coined the term "break bone fever" because of symptoms of myalgia and etiology and the transmission by mosquitoes were only deciphered in the 20th century spread globally.

The first impact of the world was 2 resulted in increase spread globally. The first reported epidemics of dengue fever occurred in 1779-1780 in Asia, Africa and North America.

Millions of cases of dengue infection occur worldwide each year. Dengue fever is most common in Southeast Asia and the western Pacific islands, but the disease has been increasing rapidly in Latin America and the Caribbean.

Dengue fever is an acute febrile disease caused by all four serotypes ^[1, 2, 3, 4] of a virus form genus flavivirus called dengue virus from genus flavivirus called dengue virus. It's the most prevalent.

Dengue is transmitted by the bite of a mosquito infected with one of the four dengue virus serotypes. It is a febrile illness that affects infants, young children and adults with symptoms appearing 3-14 days after the infective bite.

Flavivirus infection of humans with a world distribution in the tropics and warm areas of the temperature zone corresponding to that of principal vector, *Aedes aegypti*.

An estimated 390 million dengue infections occur worldwide each year, with about 96 million resulting in illness. Most

cases occur in tropical areas of the world, with the greatest risk occurring in:

The Indian subcontinent, Southeast Asia

Southern China, Taiwan, the Pacific Islands

The Caribbean (except Cuba and the Cayman Islands), Mexico. The Serotype may present with thrombocytopenia (<100,000/mm³) and hemo concentration the first usually preceding the second. Hemorrhagic manifestations may not occur: the spleen is not palpable, but hepatic enlargement and tenderness is a bad prognosis. Other manifestations include pleural effusion and hypoalbuminemia, encephalopathy with normal cerebrospinal fluid. Dengue fever is the most prevalent arboviral infection worldwide with up to 40% of the population living in endemic regions. Among traveler to tropical countries. Dengue infection is increasingly reported and it is now a leading cause of postal travel fever. It is affecting at least 50 million people every year and endemic in more than 100 countries. Dengue hemorrhagic fever and dengue shock syndrome are major cause of hospitals, admission up to 5% of people with dengue hemorrhagic fever die of the infection. There is no specific treatment for dengue fever. The main stay of treatment is available.

Recently attenuated candidate vaccine virus has been developed. Efficacy trials in human volunteers have yet to be initiated. Research is also being conducted to develop second generation recombinant viruses therefore an effective dengue vaccine is for public use with not be available for 5- 10 years.

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Objectives

1. To assess the level of knowledge regarding prevention of dengue fever among adults.

2. To find out the associate the level of knowledge regarding dengue fever with selected demographic variables.

Assumption

The adults may have adequate knowledge regarding prevention control of dengue fever.

Materials & Methods

The present study was conducted among 30 Adults in selected area at Nellore. Samples were selected by non probability convenience sampling technique. Samples who are willing to participate in study.

Description of the Tool

A semi structured questionnaire which consists of 20 questions related to dengue fever to assess the knowledge level. One mark carries for correct answer. The scores were 93.3% having moderate knowledge and 6.7% are having adequate knowledge among 30 adults.

Data Collection Procedure

The data collection was carried out for 2 weeks. The permission was obtained to conduct the study from Institutional ethical committee, community medicine. Adults were informed about nature and purpose of study and informed consent was obtained. Data was collected by using semi structured questionnaire through interview method it took 15-20 minutes to collect the data from each sample. Samples who fulfilled the inclusion criteria were recruited for the study.

Data Analysis

The data was analyzed by using Descriptive Statistics that includes mean, standard deviation and inferential statistics namely Z test and Chi square.

Results

Table 1: Frequency and percentage distribution of knowledge regarding dengue fever among adults.

Inadequate		Moderate		Adequate	
No.	%	No	%	No	%
0	0	20	66.6%	5	33.4%

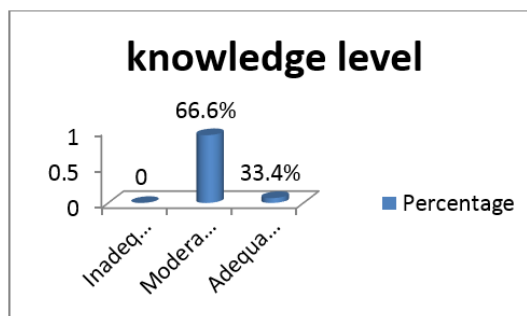


Fig 1: Shows that 66.6% having moderate knowledge and 33.4% are having adequate knowledge among 30 adults.

Table 2: Frequency and percentage Distribution of central values with knowledge regarding prevention of dengue fever.

Mean	Median	Sd
15.4	15	3.6

Table 3: Association between the levels of knowledge on prevention of dengue fever among adults.

Demographic Variables	No.	Moderate	Adequate	Chi-square
Age:				X ² =14.6 NS
20-22	4	4	0	
23-25	15	13	2	
26-28	9	0	8	
29-30	2	0	0	
Religion:	29	20	9	X ² = 6.2 S
Hindu	1	0	1	
Christian				
Educational status	30	28	2	C(X ²)=0S
Degree education				
Health information:	5	0	5	C(X ²)=30.8 NS
Health professionals	20	18	2	
Educational institutions	3	0	3	
Neighbor	2	2	0	
Mass media				

Level of significance, C: calculated value, NS: No Significant, S*: Significant

Discussion

Findings related to level of knowledge regarding prevention of dengue fever

The findings obtained from the demographic variables by the analysis of the data with selected samples are having 66.6% are having moderate knowledge and 33.4% having adequate knowledge.

Findings related to the association between knowledge level with demographic variables. The finding shows that there is significant correlation between demographic variables like

religion and educational status knowledge regarding prevention of dengue fever.

Recommendations for Future Research

- The study can be conducted in different areas like PHC's, CHC's, and in large populations.
- The study is conducted among women.
- The study is conducted among large group of population.

Conclusion

From this study it is found that samples are having 66.6% are having moderate knowledge and 33.4% having adequate knowledge.

Limitations

The study is limited to

1. A sample size of 30 adults.
2. Who are residing at kakatur village at Nellore?

Acknowledgement

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