ABSTRACT

A study was conducted to assess the effectiveness of planned teaching on knowledge about dengue fever among adults near Saint Gadge Baba School, Koregaon Park, Pune. The quasi experimental study was conducted near Saint Gadge Baba School, Koregaon Park, Pune. The sample consisted of 30 adults in age group of 20-45 years. The data collected was analyzed by using descriptive and inferential statistics. Based on the analysis, interpretation was made. Major findings related to sample characteristics. Most of the sample were taken in the age group of 20-30 years (53.3%) and 31-40 years (23.3%). Majority of the adults were having secondary education (63.3%) and primary education (33.3%) with high education (3.3). Most of the families is with income between Rs 3001-5000 were and Rs 5001-7000 were (20%)’ mean knowledge score about dengue fever obtained from adults in pre-test was 11.1 and post-test was 17.3. Finding related to analysis of data to determine effectiveness of planned teaching. After the administration of planned teaching, it was found that post-test mean percentage score in all content area were higher than the pre-test mean percentage score. Finding the relation between knowledge regarding dengue fever with various sample characteristics. Data shows that there is no significant association between knowledge and age, socioeconomic status.

INTRODUCTION

The terms “dengue” is a Spanish attempt at the Swahilli phrase “Ki dengapepo” meaning “cramp-like seizure caused by an evil spirit”. Dengue is an acute, febrile viral illness caused by an arbovirus of the genus flavivirus with four serotypes dengue virus 1 DEN-1, dengue virus 2 DEN-2, dengue virus 3 DEN-3 and dengue virus 4 DEN-4. The earliest reports of a dengue –like disease are from Chin Dynasty China 265-420 AD. Japanese scientist first identified the virus in 1943. By 1956 the four serotype of the virus were identified and every outbreak of the disease since has been due to virus belonging to one of the four serotypes. Dengue viruses affect both sexes and all ages. In the South East Asia, where dengue is hyperendemic, dengue haemorrhagic fever usually affects children younger than 15 years. Dengue Haemorrhagic fever, a potentially lethal complication, was recognized during the 1950s and is today a leading cause of childhood mortality in several Asian countries. Dengue viruses are transmitted to humans through the bites of infective female Aedes mosquitoes. The virus circulate in the blood of infected humans for 2-7 days. Dengue is caused by any one of four related viruses transmitted by mosquitoes. There are not yet any vaccines to prevent infection with dengue virus (DENV) and the most effective protective measures are those that avoid mosquito bites. When
infected, early recognition and prompt supportive treatment can substantially lower the risk of developing severe disease.

**STATEMENT**

“A study to assess the effectiveness planned health teaching on knowledge regarding the dengue fever among adults in selected slum area of Pune city.”

**OBJECTIVES**

1. To assess pretest and posttest knowledge regarding dengue fever.
2. To conduct structured teaching programme.
3. To evaluate the effectiveness of structured teaching programme on knowledge score of adult regarding dengue fever.
4. To find association between knowledge score with selected demographic variables

**HYPOTHESIS**

H1: There will be significant difference between pre-test and post-test of knowledge score on Dengue fever among adults in selected slum area of Pune city.
H0: There will be no significant difference between pre-test and post-test of knowledge score on Dengue fever among adults in selected slum area of Pune city.

**ASSUMPTION**

1. The slum area is more risk to get dengue fever due to lack of environmental sanitation.
2. The slum area people may not have adequate knowledge regarding the dengue fever.
3. Health education will be effective for the self-learning to the group.
4. People may not have adequate knowledge regarding dengue fever.
5. Teaching strategy regarding dengue fever may improve the knowledge among adults.

**DELIMITATION**

1. Study is only limited to the slum area.
2. Study is for particular period of time.

**METHODOLOGY**

Research design: The research method adopted for the study is one group pretest post design
Setting: The research conducted in community area near sent. Gadge Maharaj School, Koregaon Park.
Population: In this study population is adult people in the areas of community.
Sample: In this study the sample consist of adult people in slum area, near Gadge Maharaj School Koregaon Park Pune.
Sampling technique: The sampling techniques used in this study are non-probability convenient purposive sampling.
Sampling size: 30 adults in the community area.
Sampling selection criteria
Inclusion criteria: 30 adults in slum area of Pune city.
Exclusive criteria: Adult more than 60 yrs.

**DESCRIPTION OF TOOL**

Section A: This section included items seeking information on demographic profile of sample such as adults age, type of family, adult age in family, education, occupation, income and source of health care.
Section B: it comprises questionnaire of dengue fever

**RESULT**

Findings related to demographic variables or samples characteristics.
Most of the samples 53.3% were in the age group 20-30 years, some samples 23.3% were in the age group 31-40 years and few samples 16.6% were in the age group of 41-50 years. Majority of the mothers 63.3% had secondary education, group of adult 33.3% of which one had primary education and...
another group was illiterate and few 3.3% were high. Families with socio economic status 46.67% were between Rs. 3001-Rs 5000, some family with 33.33%were less than Rs 3000 and few families 20%were between Rs 5001-Rs 7000 and number family had socio economic status more than 7001.

Findings related to knowledge scores of adult and effect of planned teaching regarding dengue fever.

Maximum knowledge scores obtained by adults before planned teaching was regarding awareness of dengue fever was 73.33% and after planned teaching it was 86.66%. Maximum knowledge scores obtained by adults before planned teaching was regarding definition, it was 23.33% and after planned teaching it was 86.66%. Maximum knowledge scores obtained by adults before planned teaching was regarding causes of dengue fever and was 68% and after planned teaching 88%. Maximum knowledge scores obtain by adults by before planned teaching was regarding incidences of dengue fever that is 60% and after planned teaching it was 85%. Maximum knowledge scores obtained before planned teaching was regarding transmission of dengue fever that is 80% and after planned teaching was 83.33%.

<table>
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<th>Sr. No.</th>
<th>Area of experience</th>
<th>Area of knowledge</th>
<th>Total score pretest</th>
<th>Total score posttest</th>
<th>frequency pretest</th>
<th>frequency posttest</th>
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<th>Percentage posttest</th>
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<td>107</td>
<td>48.33</td>
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1. Relationship between knowledge with age of mother:
The adult in the age group of 20-30 have mean pretest score of 11.6 & in posttest it is 17.12. In age group of 31-40 mean pretest score is 11.6 & posttest is 17.33. In age group of 41-50 mean pretest score is 9.2 & posttest is 87. In age group of 51-60 mean pretest score is 9.6 & posttest is 50. This result support that the knowledge regarding dengue fever is more in the age group of 31-40 year than the adult in other age group.

2. Relationship between knowledge and education

The adults who have primary education have 9.3 mean pretest score and 167 mean post score, secondary education have pretest score 11.8 and mean post test score 17.36 . Higher education pretest score is 14 and posttest score is 18. This result conclude that primary education (posttest) have more mean post test score than secondary and higher education.

3. Relationship between knowledge and socio economic status

The mean pretest knowledge was for income group between 3001-5000/- that is 46% and maximum knowledge was gained by income group between 5001-7000/- which was 76%.