

**DISSERTATION ON
“A STUDY TO ASSESS THE EFFECTIVENESS OF
STRUCTURED TEACHING PROGRAMME ON
KNOWLEDGE REGARDING PREVENTION OF DENGUE
FEVER IN CHILDREN AMONG MOTHERS IN
PAEDIATRIC MEDICAL WARDS AT INSTITUTE OF
CHILD HEALTH AND HOSPITAL FOR CHILDREN,
EGMORE , CHENNAI-08.”**

**M.SC (NURSING) DEGREE EXAMINATION
BRANCH- II CHILD HEALTH NURSING
COLLEGE OF NURSING
MADRAS MEDICAL COLLEGE, CHENNAI - 03.**



A dissertation submitted to
**THE TAMIL NADU DR.M.G.R. MEDICAL UNIVERSITY,
CHENNAI- 600 032**

In partial fulfillment of the requirement for the award of degree of
MASTER OF SCIENCE IN NURSING

OCTOBER – 2019

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CHENNAI-600 032.**

CERTIFICATE

This is to certify that this dissertation titled “**A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING PREVENTION OF DENGUE FEVER IN CHILDREN AMONG MOTHERS IN PAEDIATRIC MEDICAL WARDS AT INSTITUTE OF CHILD HEALTH AND HOSPITAL FOR CHILDREN, EGMORE , CHENNAI-08**” is a bonafide work done by Mrs.G.SHANMUGA KANI, M.Sc(N), II year student, College of Nursing, Madras Medical College, Chennai-03, submitted to The Tamilnadu Dr. M.G.R Medical University, Chennai, in partial fulfilment of the University rules and regulations towards the award of degree of MASTER OF SCIENCE IN NURSING, BRANCH-II,CHILD HEALTH NURSING, under our guidance and supervision during the academic period from 2017-2019.

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The horse is made ready for the day of battle,but the victory belongs to the LORD.

Proverbs;21;31.

ABSTRACT

INTRODUCTION

Over the past 10-15 years, next to diarrheal disease and acute respiratory infection, dengue fever has become a leading cause of hospitalization and deaths, among children in the South East Asian region. The Incidence of this fever is variable and it depends on the geographical region and the density of mosquito borne diseases in a region. Dengue Fever is a fatal disease; therefore, the global population should pay attention on changing behaviour for maintaining housing and community environment. In order to accomplish self-care, they should adjust their concept and practice of daily living.

TITLE

“A study to assess the effectiveness of structured teaching programme on knowledge regarding prevention of dengue fever in children among mothers in paediatric medical wards at Institute of Child Health and Hospital for Children, Egmore , Chennai-08”

OBJECTIVES

To assess the pre-test and post-test level of knowledge of mothers regarding prevention and control of Dengue Fever and to evaluate the effectiveness of Structured Teaching Programme and to find an association between the post -test knowledge with their selected socio demographic variables.

METHODS AND MATERIALS

A True experimental design was chosen. Probability Simple random sampling-technique was used to select the sample. 100 mothers were chosen for the sample. Modified structure knowledge questionnaire was used to assess the mothers' knowledge level.

RESULTS

In Experiment group, at the pre-test level mothers are having 46.47% of knowledge score and after the test they are having 83.33%. So they gained 37.06% after structured teaching programme. In control group, at the pre-test level mothers are having 47.33% of knowledge score and in post-test they are having 49.60%. So they have gained only 2.27% without structured teaching programme.

CONCLUSION

Statistical significance was calculated by using chi square test and student independent t-test. So structured teaching programme regarding prevention of dengue fever in children has significant impact in improving the knowledge score among mothers.

KEY WORDS

Mothers, Knowledge, structured teaching programme

LIST OF CONTENTS

CHAPTER	CONTENTS	PAGE NO
I	INTRODUCTION	1
	1.0 Need for the study	8
	1.1 Statement of the problem	12
	1.2 Objectives of the study	12
	1.3 Operational Definition	12
	1.4 Assumption	13
	1.5 Hypothesis	13
	1.6 Delimitation	13
	1.7 Conceptual Framework	14
II	REVIEW OF LITERATURE	17
	2.1 Review Related Studies	17
III	RESEARCH METHODOLOGY	
	3.1 Research Approach	28
	3.2 Research Design	28
	3.3 Research Variables	29
	3.4 Research Setting	29
	3.5 Study Population	29
	3.6 Sample	30
	3.7 Sample Size	30
	3.8 Sampling Technique	30
	3.9 Sampling Criteria	30
	3.10 Description of Tool	31

CHAPTER	CONTENTS	PAGE NO
	3.11 Description of Instrument	31
	3.12 Reliability of Tool	31
	3.13 Validity of the Tool	32
	3.14 Pilot Study	32
	3.15. Data Collection Procedure	33
	3.16 Intervention Protocol	33
	3.17. Data Analysis	35
	3.18. Protection of Human Rights	35
IV	DATA ANALYSIS AND INTERPRETATION	37
V	DISCUSSION	71
VI	SUMMARY, CONCLUSION, IMPLICATION, RECOMMENDATION, LIMITATION	78
	6.1 Summary of the Study	78
	6.2 Major Findings of the Study	79
	6.3 Implication	84
	6.4 Recommendation	87
	6.5 Limitation	87
	6.6 Conclusion	88
VII	REFERENCE	
	7.1 Book Reference	
	7.2 Journal Reference	
	7.3 Net Reference	
APPENDICES		

LIST OF TABLES

Table No.	Title	Page No
3.2.	Description of the true experimental randomized controlled trial study design	28
3.16.	Intervention Protocol	34
4.1	Demographic profile of Mothers	38
4.2	Each Domain wise pre- test percentage of knowledge score.	49
4.3	Pre- test level of knowledge	50
4.4	Each Domain wise Post - test percentage of knowledge score.	52
4.5	Post - test level of knowledge	53
4.6	Domain wise comparison of pre- test mean knowledge score	55
4.7	Domain wise comparison of post- test mean knowledge score	56
4.8	Comparison of pre- test and post- test mean knowledge score(experiment)	58
4.9	Comparison of pre- test and post- test mean knowledge score(control)	59
4.10	Comparison of pre- test and post- test level of knowledge score	60
4.11	Each domain wise percentage of knowledge gain score	61
4.12	Effectiveness and Generalization of Structured Teaching Programme	63
4.13	Association between post- test level of knowledge score and demographic variables(experiment)	64
4.14	Association between post- test level of knowledge score and demographic variables(control)	67

LIST OF FIGURES

Figure No	Title
1.1	Prevalence of Dengue Cases in China (2019)
1.2	Prevalence of Dengue Fever in Malaysia (2019)
1.3	Prevalence of Dengue Fever in Singapore (2019)
1.4	Prevalence of Dengue Fever in Australia (2019)
1.5	National health profile dengue out breaks(2018)
1.6	Institute of Child Health Statistics (2014- 2018)
1.7	Prevalence of Dengue Fever in India (2017)
1.8	Paediatric Nurse Model
1.9	Modified conceptual framework based on Kenny's Open System Model
3.1	Schematic representation and dissemination of the study results
4.1	Age wise distribution of mothers in experimental and control group
4.2	Age wise distribution of mother's child in experimental and control group
4.3	Place of living of mothers in experimental and control group
4.4	Educational status of mothers in experimental and control group
4.5	Educational status of fathers in experimental and control group
4.6	Occupational status of mothers in experimental and control group
4.7	Occupational status of fathers in experimental and control group
4.8	Monthly family income of mothers in experimental and control group

Figure No	Title
4.9	Type of family system in experimental and control group
4.10	Type of house in experimental and control group
4.11	Children with ailments in experimental and control group
4.12	Source of drinking water in experimental and control group
4.13	Pre- test level of knowledge score
4.14	post- test level of knowledge score
4.15	Simple bar diagram with 2 Standard error compares the mothers pre- test and post- test knowledge score
4.16	Pretest and posttest knowledge score
4.17	Association between post -test level of knowledge score and mothers age
4.18	Association between post- test level of knowledge score and place of residence
4.19	Association between post-test level of knowledge score and type of family

LIST OF APPENDICES

S.no	Title
1	Certificate approval by Institutional Ethics Committee
2	Certificate of Content Validity by Experts
3	Study tool Section A: Socio demographic information schedule. Section B:Modified structured knowledge questionnaire
4	Letter seeking permission for conducting the study
6	Certificate for English Editing
7	Certificate for Tamil Editing
8	Informed consent

LIST OF ABBREVIATIONS

S. No	Abbreviation	Expansion
1	ANOVA	Analysis of Variance
2	C	Control group
3	CI	Confidence Interval
4	DENV	Dengue Virus
5	DF	Dengue Fever
6	DHF	Dengue Haemorrhagic Fever
7	E	Experimental group
8	HHs	HouseHolds
9	ICH	Institute of Child Health
10	ICMR	Indian Council of Medical Research
11	IgG,IgM	Immunoglobulin G, Immunoglobulin M
12	IRB	Institutional Review Board
13	KAP	Knowledge, Attitude, Practice
14	NGO	Nongovernmental Organization
15	NS	Not Significant
16	S	Significant
17	SD	Standard Deviation
18	STP	Structured Teaching Programme
19	USA	United State of America
20	WHO	World Health Organization

CHAPTER-I INTRODUCTION

“Children are a gift from the Lord, they are a reward from Him”.

– Psalm 127:34

“Children are the world’s most valuable resource and its best hope for the future, the beauty that surrounds me is absolutely true. Do not educate your children to be rich, educate them to be healthy, so when they grow up ,they will know about the value of happy not the prices”

“An ounce of prevention is better than a pound of cure”

- Benjamin Franklin

Communicable diseases have affected human life ever since earlier times. Among all other communicable diseases the vector borne diseases are still dominating and constitute a major public health issue. These diseases arise because of environmental changes that are caused by human activities and geographical conditions. One of the example of these diseases is Dengue Fever.

Promotion of environmental sanitation, immunization and treatment of cases are the key strategies for the prevention and control of communicable diseases that are used effectively. In Tamil Nadu, the diseases are monitored on regular basis as part of Integrated Disease Surveillance Programme and State Level Epidemic control committee and the Inter Departmental Coordination Committee reviews this. Effective inter-sectoral coordination at the District and local body levels has been pivotal to all the progress that has been achieved in the field of prevention and control of communicable diseases.

In recent times mosquito borne diseases continue to pose challenges due to diversity of sources and the need for constant

behavioural change in eradication of such sources with community participation.

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 arbo-virus of the genus flavi-virus 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 first major epidemics of the severe and fatal form of disease, dengue hemorrhagic fever (DHF), occurred in Southeast Asia as a direct result of the changing ecology. There are currently no vaccines nor antiviral drugs available for dengue viruses; the only effective way to prevent epidemic DF/DHF is to control the mosquito vector, *Aedes aegypti*.

Dengue infection has the symptoms like fever, tiredness Petechiae and bleeding which is dengue hemorrhagic fever (DHF) which leads to hospitalization large number of people in a localized area.. There is an urgent need for an effective diagnostic strategy for early diagnosis to shorten the illness duration, hospitalization time and the associated complications.

According to World Health Organization 70 to 500 million persons are infected every year, including 2 million who develop hemorrhagic form and 20,000 who die. Children are at highest risk for death. Dengue is caused by an arbo-virus belonging to the Flavi-virus genus of the family Flavi-viridae. There is no specific treatment for dengue. Management of severe forms depends on symptomatic treatment of hemorrhagic complications and hypovolemic shock. Prevention requires control of vector mosquitoes that is difficult to implement and maintain. Development and production of a safe and reliable vaccine are only the first steps to ensuring protection of the populations at risk.

Demographic change rates and the risk of dengue has important implications for the planning and implementation of effective public health prevention and control measures of future vaccination campaigns.

Identifying the knowledge gap and to fulfil it by various teaching programs. Educational programs should be organized for improving knowledge about dengue fever and it should focus mainly on increasing the awareness of the people regarding the importance of abate sand, that dengue fever can occur in all season and dengue transmitting mosquito is a day biting mosquito. In Every District Offices, people should carryout these educational campaigns with the help of the Ministry of Health. Thus, the researcher was interested to conduct a study to know the effectiveness of learning package of dengue fever and its prevention among adults leads to less difficulty and higher success rate.

1.0. BACKGROUND OF THE STUDY

Dengue is a mosquito-borne viral infection. The infection causes flu-like illness, and occasionally develops into a potentially lethal complication called severe dengue. The global incidence of dengue has grown dramatically in recent decades. About half of the world's population is now at risk. Dengue is found in tropical and sub-tropical climates worldwide, mostly in urban and semi-urban areas. Severe dengue is a leading cause of serious illness and death among children in some Asian and Latin American countries. There is no specific treatment for dengue/ severe dengue, but early detection and access to proper medical care lowers fatality rates below 1%.. Dengue prevention and control depends on effective vector control measures.

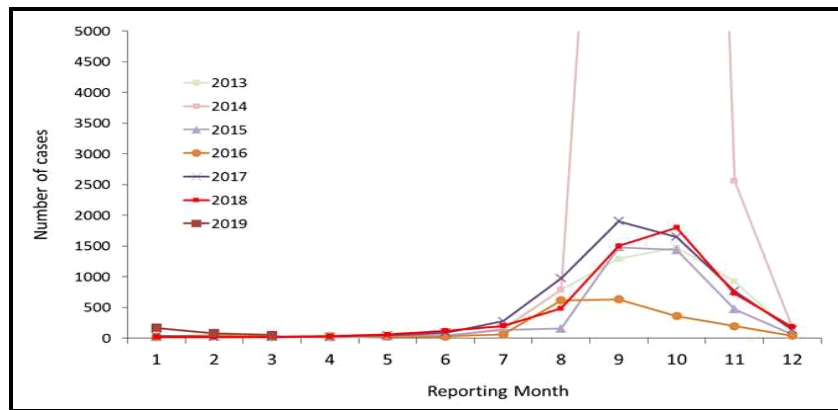
The WHO Global strategy for dengue prevention and control, 2012–2020 (1) highlights the urgent need to generate new estimates of the burden of dengue that are acceptable to all Member States. While few dengue infections result in death, the high number of non-fatal cases

imposes a heavy burden of morbidity and makes dengue an increasing priority in the more than 120 countries that it affects.

GLOBAL SCENARIO

China

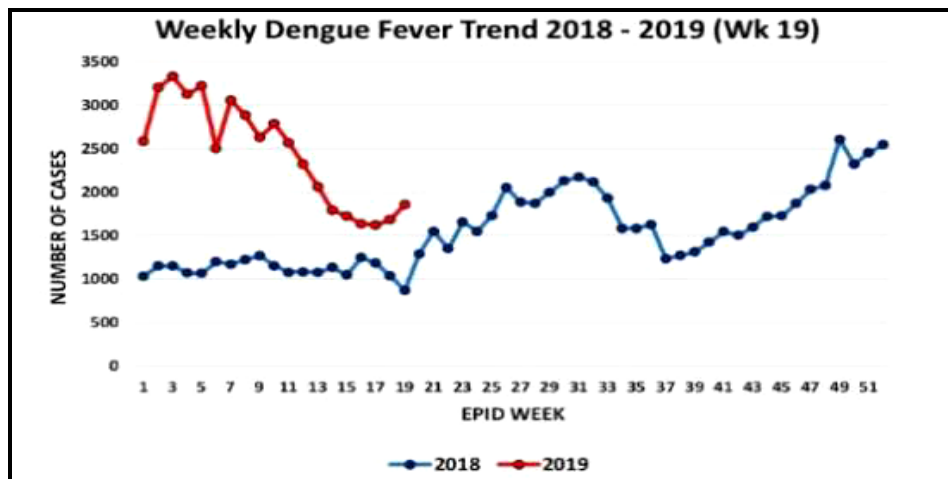
In March 2019, 52 dengue cases were reported in China. The number of cases reported is greater than that reported during the same period in previous years, however is in line with seasonal trends.



1.1 Prevalence of dengue fever in china

Malaysia

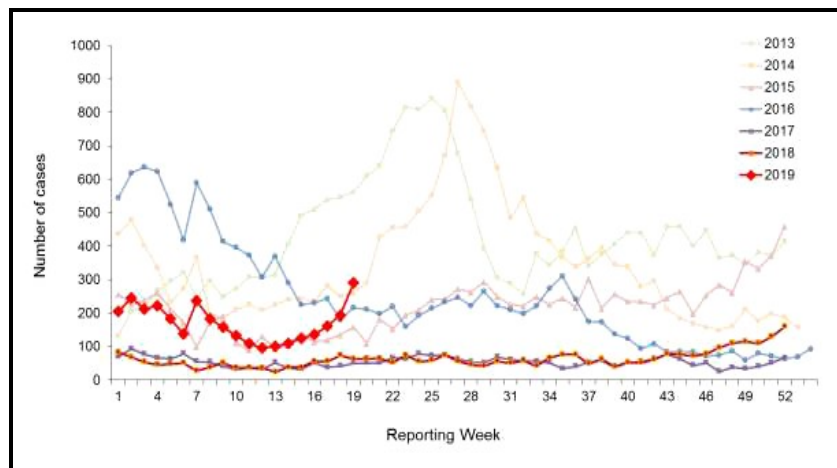
In 2019, During week 19, a total of 1,858 dengue cases including 3 deaths were reported in Malaysia, an increase of 10.3% compared to the previous week, bringing the cumulative number as of 11 May 2019 to 46,607 cases including 74 deaths.



1.2 prevalence of dengue fever in Malaysia

Singapore

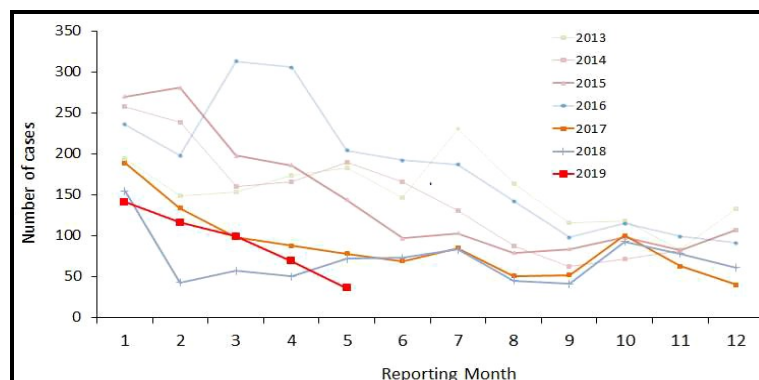
In week 19, 2019, there were 291 dengue cases reported in Singapore, which continues the increasing trend seen over the previous four weeks. A total of 3233 cases have been reported to date in 2019, which is higher reported compare to the same period in 2018 and 2017.



1.3 prevalence of dengue fever in singapore

Australia

As of 26 May 2019, a total of 461 dengue cases have been reported since the beginning of 2019 in Australia. In May, the total numbers of cases are the lowest reported during this same time period for the past 6 years.

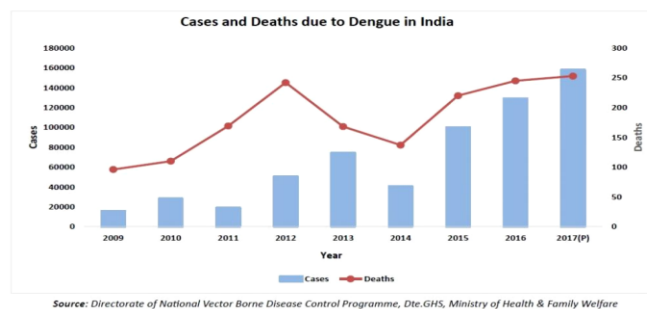


1.4 prevalence of dengue fever in Australia

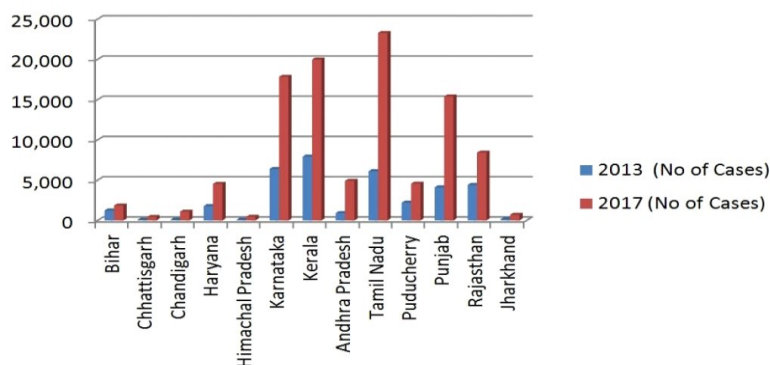
National Scenario

Dengue is one of the most common diseases in India. In 2017, the most affected area throughout the country was Tamilnadu followed

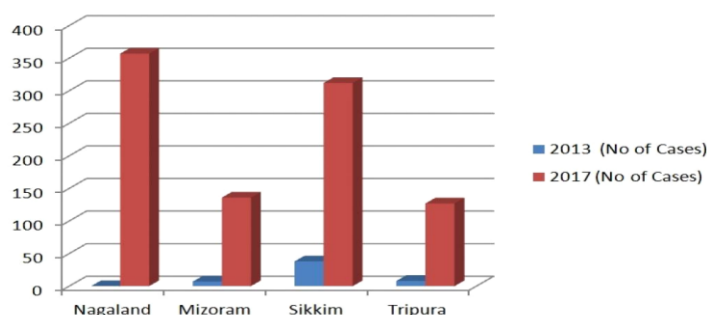
by Kerala, Karnataka, Punjab, West Bengal, Andhra Pradesh, Assam, Gujarat, Haryana, Maharashtra, Odisha, Rajasthan, Delhi, and other states. According to National Health Profile 2018, dengue outbreaks have continued since the 1950s but severity of disease has increased in the last two decades. Last year, the spike in cases of dengue was the highest in the last one decade, according to the data from **National Vector Borne Disease Control Programme (NVBDCP)** and National Health Profile 2018. From less than 60,000 cases in 2009, cases increased to 188,401 in 2017—more than a 300 per cent spike. When compared to 75,808 cases in 2013, it is more than a 250 per cent spike.



According to National Health Profile 2018, dengue outbreaks have continued since the 1950s but severity of disease has increased in the last two decades. Even this year, the situation has not been any less concerning. As of June 24, the country *has already recorded 9,143 cases, with three monsoon months still to come*. Dengue cases are on the rise in Kerala. Kasargod district, alone, has recorded 328 dengue cases till June 20.



While northeastern states such as Sikkim, Nagaland, Mizoram and Tripura have seen the highest leap in terms of percentage, the southern states shared the maximum burden of numbers. For example, just four states had collectively recorded 66, 057 cases, which is close to 40 per cent of the total cases recorded in the country. Northeastern states such as Mizoram, Sikkim and Tripura saw between 1500 percent and 1700 per cent rise in cases between 2013 and 2017.



1.5 National health profile 2018

In 2017, 5 worst affected area throughout the country was Tamil Nadu followed by Kerala, Karnataka, West Bengal, Delhi.

DENGUE CASES AND DEATHS: 5 WORST AFFECTED STATES IN 2017

	2014		2015		2016		2017	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Kerala	2575	11	4075	25	7439	13	18,727	35
Karnataka	3358	2	5077	9	6083	8	13,016	5
Tamil Nadu	2804	3	4535	12	2531	5	11,552	18*
West Bengal	3934	4	8516	14	22,865	45	5389	13
Delhi	995	3	15,867	60	4431	10	4545	1

*Data available with the National Vector Borne Disease Control Programme (NVBDCP) till 8 October, 2017. However, the Tamil Nadu state health department has confirmed that 80 have died since January.

Prevalence of dengue fever in India (2017)

TAMILNADU SCENARIO

In Tamil Nadu, for diagnosis of the disease, the Government of India has identified 30 Sentinel Surveillance Hospitals including Medical College Hospitals, Zonal Entomological Teams, Institute of Vector Control and Zoonoses, Hosur, and District Headquarters Hospitals Cuddalore and Ramanathapuram and 1 Apex laboratory (King Institute of Preventive Medicine and Research, Guindy) for diagnosis of Dengue and Chikungunya. The Public Health Department in coordination with the local bodies and other departments regularly

undertake anti larval measures by source reduction of vector breeding places like artificial containers such as broken utensils, discarded tyres, plastic waste cups and broken bottles for the control of Aedes mosquitoes which spread dengue fever.

The State which had reported 13204 cases in 2012 was able to reduce it to 6,122 cases in 2013. During the year 2014 (up to 15.05.2014) 590 Cases are reported with nil death. The Indian medicines such as Papaya juice extract, Nilavembu and Malaivembu kudineer along with conventional medicine are used for the control of Dengue. Daily surveillance is carried out and the disease is now under control.

1.1NEED FOR THE STUDY

Dengue fever is an arthropod borne viral fever. It is a seasonal disease and it becomes major public health problem with high mortality. Estimates suggest that 50 million cases of dengue infection and 500,000 cases of dengue hemorrhagic fever occurs in Asian countries.

Effective implementation of the global strategy requires adequate staff with access to appropriate equipment and facilities, and the knowledge, competencies and skills to effectively execute, monitor and evaluate the dengue control programme. Programme management should be strengthened for effective sustainable dengue prevention and control.

Dengue is an emerging public health concern not only in Asian subcontinent but also in remote areas of world secondary to increase in number of mosquitoes, congested living facilities & lack of personal hygiene. Annually, morbidity and mortality secondary to dengue has created significant public health concerns from a socio-economic standpoint which requires increased awareness to general public.

Dengue infection in the future with more and more new areas being struck by dengue epidemics. The most effective intervention strategy will combine vector control with vaccine delivery for rapid and sustained disease prevention.

Dengue viruses rapidly spreads worldwide, and genotypes associated with increased virulence. What is known, as well as gaps in knowledge, is emphasized in light of future prospects for control and prevention of this pandemic disease. The incidence of dengue has been growing dramatically around the world in recent decades. Approximately 2.5 billion people or 40% of population live in dengue risk regions with 100 million new cases each year worldwide.

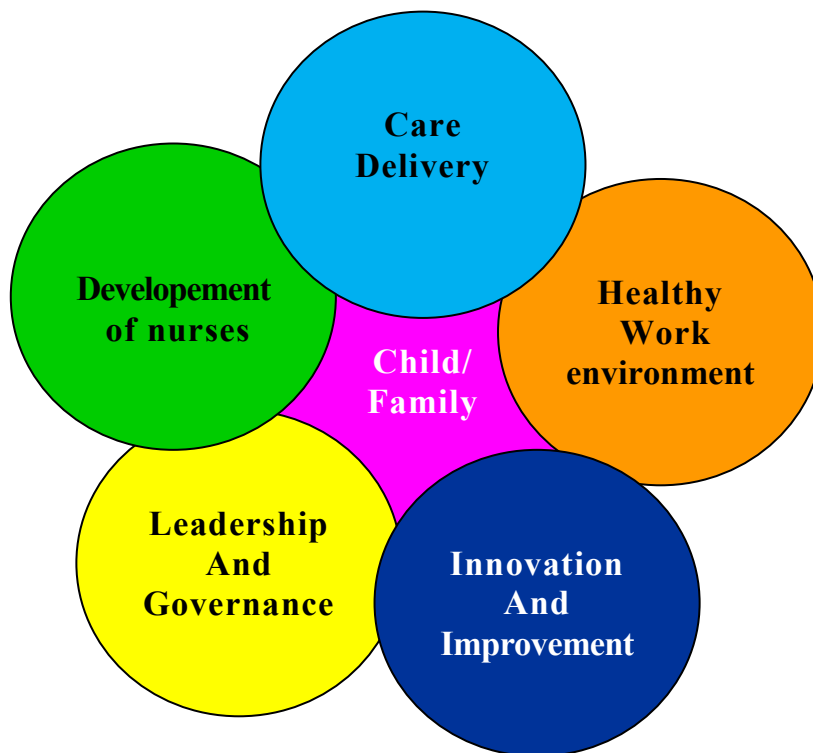
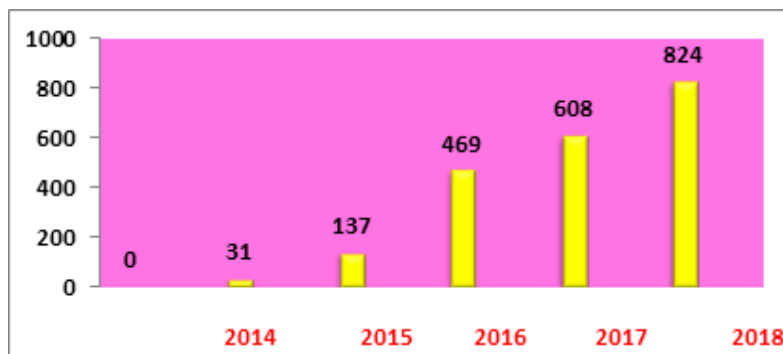
It is vital to recognize at the earliest signs and symptoms, alteration in biochemical parameters and multisystem involvement pattern in dengue to reduce the mortality.

Yodneshwar khobragade et al done a cross sectional study was to determine the level of knowledge and practice of dengue control amongst the residents of Malaysia in 2018 about half (50.5%) had inadequate knowledge regarding Aedes mosquito breeding and biting time. A future study with larger samples and more variables to assess the knowledge, attitudes and practices of dengue control is recommended.

Anita A Chariya et al comparative study was conducted to assess the knowledge and attitudes about dengue and its preventive measures followed by the residents of a rural area and an urban resettlement colony of East Delhi, in Jan2017 to Feb 2017. Among of 687 subjects nearly four among five (82.3%) of these were aware of Dengue. Knowledge about the disease was fair to good. More than two third respondents in urban and two fifth in rural areas had used some method of mosquito control or personal protection during the epidemic.

It infects 50 to 390 million people worldwide a year, leading half a million hospitalizations and approximately 25,000 deaths. In India the disease reflects in cyclic patterns, with over the years have increased in frequency and geographical extent. According to the state records nearly 5,376 cases of dengue was reported in Tamilnadu, registered country during the year of 2012. Tamilnadu has also recorded the highest number of deaths [60] in the year2012.

INSTITUTE OF CHILD HEALTH AND HOSPITAL FOR CHILDREN (ICH) DENGUE FEVER STATISTICS



1.6 PAEDIATRIC NURSES ROLE MODEL

In this child professional care model, Nurses are providing nursing care at community level and Registered Nurse has to develop family centred relationship, where all children are treated ethically with respect for diversity and nurses provided excellence in child care services. So current evidence based practices and models of care delivery are selected as appropriate to the environmental situation and need of the population ie., mothers and children. The nurse emphasises to improving health care, safety and prioritized in care delivery as a leadership and governance, innovation and improvements in care delivery. Therefore in this study, the researcher felt the need to impart the knowledge to the mothers of children regarding prevention of dengue fever.

In 2002, I worked as a staff nurse in Colombo Apollo hospitals, there I had bitter experience among dengue affected children. I received too many children in emergency paediatric department, 5 of them were severely affected by dengue fever because of their mother's ignorance, from there itself .I assured to help the people who doesn't have adequate knowledge regarding prevention aspect of vector borne diseases. So I interested to do research regarding prevention of dengue fever among mothers of children in my Master degree partial fulfilment of dissertation.

The overall aim of the present study is to evaluate the Effectiveness of Structured Teaching Programme about cause, spread, and prevention of Dengue Fever among mothers in selected paediatric medical wards. This health education will help transfer knowledge from mothers to whole society and it can help establish sound knowledge about Dengue Fever prevention and healthy life style practices for society as a whole.

1.2 STATEMENT OF THE PROBLEM

“A study to assess the effectiveness of structured teaching programme on knowledge regarding prevention of dengue fever in children among mothers in paediatric medical wards at Institute of Child Health and Hospital for Children, Egmore , Chennai-08”.

1.3 OBJECTIVES OF THE STUDY

- ❖ To assess the pre -test level of knowledge of mothers regarding prevention of Dengue Fever.
- ❖ To assess the post- test level of knowledge of mothers regarding prevention of Dengue Fever.
- ❖ To compare the pre-test and post- test level of knowledge of mothers regarding prevention of Dengue Fever.
- ❖ To find an association between the post-test knowledge with their selected socio demographic variables.

1.4 OPERATIONAL DEFINITIONS

- ❖ **Effectiveness:** It refers to an extent to which the Structure Teaching Programme on prevention of Dengue Fever has achieved the desired effect as evident from the gain in knowledge score as measured by knowledge questionnaire.
- ❖ **STP (Structured Teaching Programme):** It refers to the systematically developed instructional method and teaching aids designed to provide information regarding prevention and control of Dengue Fever to the children of mother.
- ❖ **Dengue Fever:** The Study refers to an acute infectious vector borne life threatening viral fever (namely arbo virus) and is transmitted through the bite of Aedes- aegypti mosquito, presenting with petachiaes, purpura, hematuria, haemoptysis, and sub conjunctival haemorrhage.

1.5 ASSUMPTIONS

- ❖ The mothers will have some knowledge regarding prevention of Dengue Fever prior to the administration of structured teaching programme.
- ❖ Structured Teaching Programme (STP) about Dengue Fever may help mothers to update their knowledge about dengue fever, its causes, symptoms, effects and its prevention.

1.6 HYPOTHESIS

- H₁:** The mean post - test knowledge score of mother regarding prevention of Dengue fever will be significantly higher than the mean pre- test knowledge score as measured by modified knowledge questionnaire.
- H₂:** There will be a significant association between post- test knowledge with their selected demographic variables.

1.7 DELIMITATIONS

- ❖ The study will be delimited to ICH paediatric medical ward
- ❖ The data collection was limited to 4 weeks.
- ❖ The samples were only female gender

1.8 CONCEPTUAL FRAME WORK

The conceptual frame work used for this study is based on the modified version of J.W. Kenny's Open systems model (1999). It offers a perspective for looking at man and nature. They interact as a whole with integrated sets of properties and relationship. All living systems are open to the exchange of matter & information.

It does this providing a frame work to develop goals for desired outcomes. Acceptance by the nursing community for research by applying this model is in the beginning stages and positive. This system model is a person approach to nursing that provides a multi-dimensional view of the person as an individual. The person is viewed as an open, dynamic system in constant interaction with the environment.

INPUT

A system imports product in a process known as input. The input is assessing knowledge regarding dengue fever among mothers of children by using modified structured questionnaires on various aspects as defining the dengue fever, clinical manifestations, diagnosis, treatment and prevention and control measures.

THROUGHPUT

A system transforms, creates & organizes the process known as throughput which results in teaching programme regarding dengue fever & its prevention and control. This model assists the persons, families, and groups to attain and maintain a maximum level of wellness.

OUTPUT

A system exports products in a process is known as output. The output is awareness among the mothers of children regarding preventive

and control measures of dengue fever & their acceptance in relation to the readiness to carry out the preventive measures of dengue fever in implementation of primary, secondary and tertiary interventions to improve the health status.

FEED BACK

Feedback emphasized to strengthen the input & throughput. In this study

Feedback is needed for inadequate knowledge aspects regarding prevention and control of dengue fever.

CONCEPTUAL FRAMEWORK

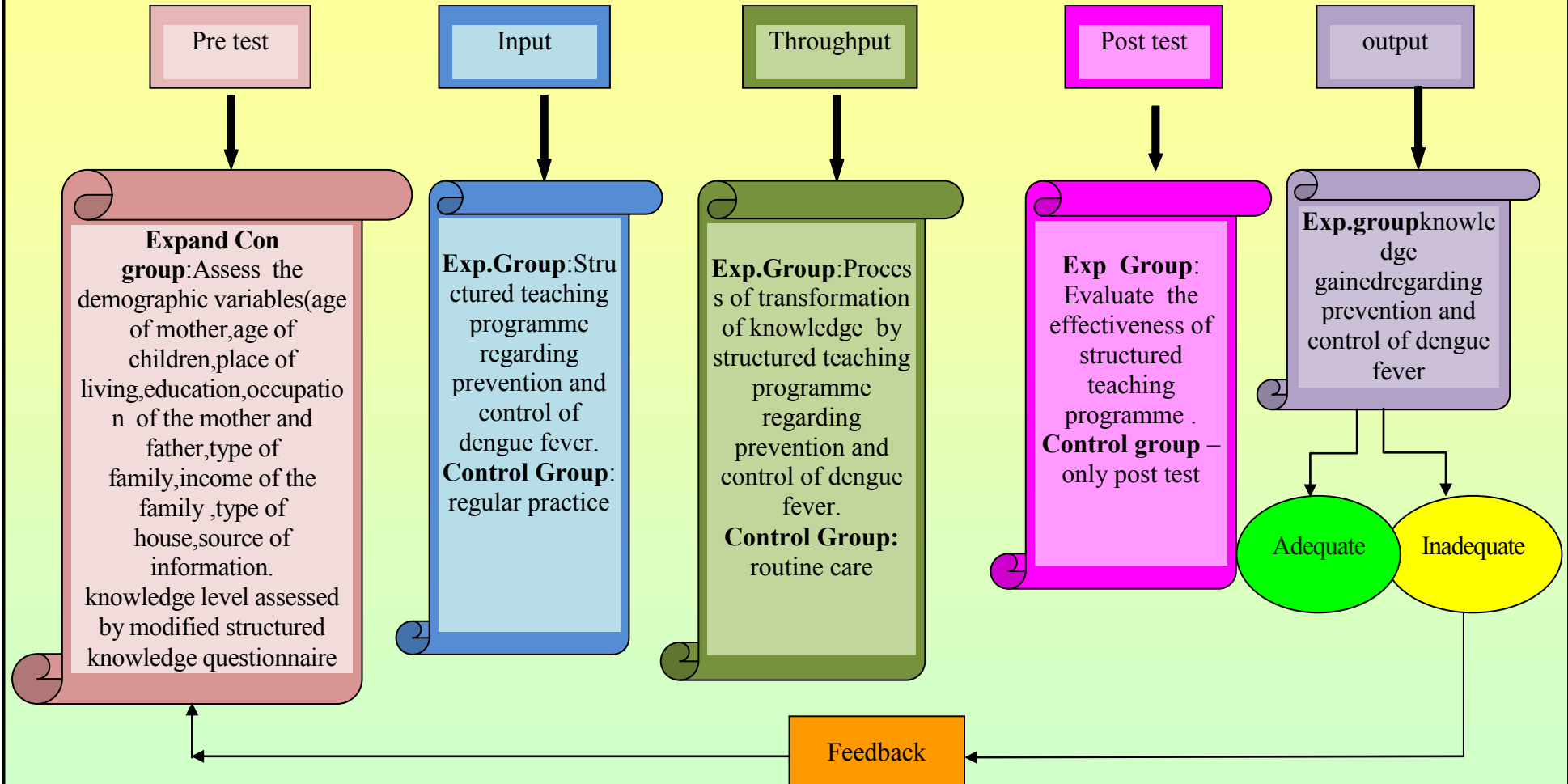


FIGURE 2.2.1: CONCEPTUAL FRAMEWORK BASED ON MODIFIED VERSION ON J.W KENNY'S OPEN SYSTEM MODEL (1999).

CHAPTER-II REVIEW OF LITERATURE

A review of literature on the research topic makes the researcher familiar with the existing studies and previous information that helps to focus on a particular problem and lay a foundation for new knowledge. It also helps to guide the investigator to design the proposed study in a specific manner so as to achieve the desired results. This chapter consists of two parts

2.1: LITERATURE REVIEW RELATED STUDIES

The related literature review for the study is divided into three parts.

2.1.1: Review of literature related to incidence and prevalence of dengue fever in children

2.1.2: Review of literature related to knowledge regarding prevention of dengue fever in children

2.1.3: Review of literature related to effectiveness of structure teaching programme regarding prevention of dengue fever in children

2.1.1: LITERATURE RELATED TO DENGUE FEVER AND ITS INCIDENCE &PREVALENCE

Ganeshkumar P et al (2018) showed that prevalence of dengue fever in India. Results Of the 2285 identified articles on dengue, we included 233 in the analysis wherein 180 reported prevalence of laboratory confirmed dengue infection, seven reported zero prevalence as evidenced by IgG or neutralizing antibodies against dengue and 77 reported case fatality.

Bharathi N et al (2015) study showed the intensity of vector breeding and risk factors in schools at dindugul district, Tamilnadu.

They reported were more cases between the months of September and December, hence top priority should be given by schools while planning activities to curtail dengue prevalence and risk factors among the student community.

Ramzan M et al (2015) did a correlational study on knowledge and preventive practices on dengue fever. Three hundred and sixty three participants were selected through Stratified Random Sampling. Level of knowledge was highly associated with levels of practice and the study concluded that knowledge and preventive practices are associated to their gender, marital status, age and occupation. Preventive practices get better, where knowledge levels, emphasizing the need of community education programme.

Zhang F (2014) conducted a study to compare treatment of dengue with or without use of corticosteroids or placebo in relation to preventing shock related death and disease progression in children and adults, 948 participants were collected by Randomized controlled trials methods and the study concluded that, the evidence from trials using corticosteroids in dengue is inconclusive and the quality of evidence is low to very low. This applies to both the use of corticosteroids in dengue-related shock and for dengue at an early stage.

Wong LP et al (2014) performed a cross-sectional telephone survey total of 1,400 responses and households were surveyed about their socio-demographics, knowledge, practices, and serological test were performed. The study findings are the community's IgG zero positivity was significantly positive associated with high household monthly income, high-rise residential building type, high surrounding vegetation density, rural locality, high perceived severity and susceptibility, perceived barriers to prevention, knowing that a

neighbour has dengue, frequent fogging and a higher level of knowledge about dengue.

Meghnath et al (2014) has done a community based cross sectional survey on knowledge and practice on dengue fever in Nepal. 589 individuals were interviewed. 83% of the people had good attitude and 37% reported good practice. They found a significant positive correlation among knowledge, attitude and practice. Despite the rapid expansion of DENV in Nepal, the knowledge of people about dengue fever was very low. Therefore, massive awareness programmes are urgently required to protect the health of people from dengue fever and to limit its further spread in Nepal.

Vijayalakshmi (2013) conducted a adult to adult teaching programme to assess knowledge and practice on dengue fever. An evaluative approach pre experimental one group pre- test and post- test design was used, 30 samples were selected by non probability convenience sampling method. The study revealed there was highest mean score in knowledge and practice, significant association between pre- test practice with age and educational status.

Begonia C Y et al (2013) did a study to evaluate the knowledge and practices regarding dengue infections among rural residents in Samar Province, Philippines. Convenience samples of six hundred and forty six (646) participants were taken and the study concluded there was no correlation between knowledge and preventive practices.

Suwanbamrung C et al (2013) tested a study to determine student's basic knowledge of dengue and to examine the larval indices in primary schools and in the students' households. This study employed across-sectional quantitative and qualitative approach involving meetings with total of 306 students. The larval indices surveyed showed a high risk of dengue, with high indices and the study concluded that

risk factors of dengue were related to the student's basic knowledge about dengue and the larval indices in both the schools and the students' households.

Borges M et al (2013) did a study to evaluate the effect of Tab. chloroquine in patients with dengue. A randomized, double-blind study was performed by administering chloroquine or placebo for three days to 129 patients with dengue-related symptoms. Of these patients, 37 were confirmed a shaving dengue and completed the study. In that 19 dengue patients received chloroquine and 18 received placebo. Therefore, this study shows that patients with dengue treated with chloroquine had an improvement in their quality of life and were able to resume their daily activities. However, as chloroquine did not alter the duration of the disease or the intensity and days of fever, further studies are necessary to confirm the clinical effects and to assess the side effects of chloroquine on dengue patients.

Michael et al (2013) conducted a study at Centre for Research in Medical Entomology (ICMR), Madurai to assess the incidence of dengue fever among children in three villages of Kanyakumari district in Tamilnadu, India. Serological, virulogical and entomological investigations were carried out. 76 plasma samples were collected from suspected cases of dengue fever. The findings revealed that 20% of the samples were found positive for dengue virus specific IgM antibodies.

Chandy et al (2013) stated that Incidence of dengue is reported to be influenced by climatic factors. During the study period, 6892 dengue cases were reported from the state, by public health authorities. Dengue activity increased from 81 cases in 2000 to 1610 cases in 2003. More than half the total dengue cases (52%) seen from 2000 to 2008 were reported during 2001, 2003 and 2005. During the study years, 45% of the dengue burden was reported from Chennai and 10.6% from Trichi. The

number of dengue cases was few during the pre- monsoon period and increase in cases coincided with the monsoon and post -monsoon months.

2.1.2: LITERATURE REVIEWS RELATED TO KNOWLEDGE & PRACTICE REGARDING DENGUE FEVER:

Sandeep K et al (2014) did a cross sectional study on dengue and its prevention among rural high school children in Karnataka. 60 high school children were selected by probability simple random sampling. The post-test knowledge score was higher (70.83%). than the pre-test knowledge score 28.25% and also had significant association between age and post- test knowledge was found.

Shivani Ket al (2014) conducted a study to compare the knowledge between Private and Government schools children on dengue fever, totally 500 children were selected from 9th and 10th class of private and government schools using total enumerative sampling technique. Finding of study revealed that Private schools had highest mean knowledge scores as compared to students of Government schools.

Sazaly AbuBakar et al (2013), who conducted qualitative study, Young adults and elderly participants had a low perception of susceptibility to DF. In general, the low perceived susceptibility emerged as two themes, namely a perceived natural ability to withstand infection and a low risk of being in contact with the dengue virus vector, Aedes mosquitoes, Traditional medical practices and home remedies were widely perceived and experienced as efficacious in treating DF. He concluded that, knowledge about dengue fever and its vector is generally inadequate with only 35.5% of the sample, and remaining samples had adequate knowledge about dengue fever and its vector. The knowledge scores had significant association with education ($p=0.004$) and socio economic status ($p=0.002$) of the individuals.

Amar Taksande et al (2012) reported that 43.91 % respondents belonged to the age group of 30 – 44 years, 84.15 % respondents were married and 31.21 % respondents were high school certificate (31.21 %). 76.58 % respondent knew that the vector for dengue is a mosquito. Whereas 47.8 % respondents knew that human to human spread occurs in dengue and mainly transmitted by mosquito bites. Around 60.48 % of them were aware of fever as the presenting symptom. With regards to the knowledge of the preventive measures, respondents were generally aware of mosquito coils/liquid (57.08 %) and spraying (35.12 %). 74.14 % respondents knew about breeding places of mosquitoes. 94.64 % respondents strongly agreed and agreed that dengue is a serious illness. Only 17.06 % respondents strongly agreed and agreed that they are at risk of getting dengue whereas 62.92 % was not sure about the risk. Common preventive practices that were prevalent in the respondents were use of mosquito coils/liquid (45.12 %); cleaning the house (28.30 %) and mosquito spray (23.42 %). Important sources of information about DF were from television (59.75 %) followed by Friends/relatives (47.80 %).

Manpreet kavur (2011) conducted a study to assess the knowledge of nursing students regarding dengue fever in a selected school and college of Nursing. The findings revealed a significant difference between pre and post knowledge scores of the students. They concluded that the STP was effective in improving the student's knowledge. This knowledge can help them to identify the dengue cases and also create awareness in the community area.

Nalongsack S et al (2011) reported that they had a fair knowledge about the vector 163 (70.9%). For 101 (43.9%) respondents, their main source of information about dengue was their friends or relatives. It is encouraging that 217 (94.3%) respondents had a positive attitude that DF can be treated, and that 222 (96.5%) knew they should visit a doctor

when they suffer from it. About 196(85.2%) people stored water at home but infrequently changed it. The study indicated that the community was quite familiar with Dengue, but that there was some confusion about vaccination and water storage for domestic use. Dengue awareness activity should be included at the school and college level. Radio and television should play an important role in conveying health information to the public, and regular visits of health personnel to the villagers should be ensured.

Nahla Ibrahim et al (2011) was conducted to assess knowledge, attitudes and practice (KAP) of high school female students, teachers and supervisors towards Dengue fever (DF), and to determine scoring predictors of high school students' knowledge and practice scores. A multistage, stratified, random sample method was applied. A total of 2693 students, 356 teachers and 115 supervisors completed confidential self administered questionnaires. Students obtained the lowest mean knowledge score compared to the other two groups ($F = 51.5$, $P < 0.001$).

Naing C et al (2011) was conducted to assess the knowledge and practice of dengue control among the semi-urban towns in Kolalumpur, Malaysia. A structured questionnaire containing questions related to dengue fever and its prevention is the tool used. The result illustrate that almost all of the respondents (95%) had heard about dengue and about half (50.5%) had misconceptions that Aedes mosquitoes can breed in dirty water. On household survey only 44.5% of people had covered their water containers properly. Significant associations was found between knowledge scores of dengue fever and age ($P = 0.001$), education level ($P = 0.001$), marital status ($P = 0.012$) and occupation ($P = 0.007$). The results suggest that knowledge regarding dengue fever is inadequate among participants.

2.1.3: LITERATURE REVIEW RELATED TO EFFECTIVENESS OF STRUCTURE TEACHING PROGRAMME REGARDING PREVENTION OF DENGUE FEVER IN CHILDREN

Zaki R et al (2019) study aimed to explore the perception and attitude of the Malaysian public towards a dengue early warning system. The sample consisted of 847 individuals who were 18 years and questionnaire consisting of personal information and three sub-measures was distributed to participants. We found that most of the respondents know about dengue fever (97.1%) and its association with climate factors (90.6%). Most of them wanted to help reduce the number of dengue cases in their area (91.5%). A small percentage of the respondents admitted that they were not willing to be involved in public activities, and 64% of them admitted that they did not check dengue situations or hotspots around their area regularly. Despite the high awareness on the relationship between climate and dengue, about 45% of respondents do not know or are not sure how this can be used to predict dengue. The study recommends mobilizing local communities and activating local leadership with active participation of Government and non-government organizations for initiation of preventive strategies.

Bos S et al (2018) showed new prophylactic strategies are urgently needed to prevent severe forms of dengue disease. The lack of specific antiviral therapies available turns vaccine development into a socio-economic challenge .In this review, they propose an update on the dengue global trends and different vaccine strategies in development .A particular attention will be paid to up-to-date information on dengue transmission and the protective efficacy of newly commercialized tetravalent dengue vaccine dengvaxia®, as well as the most advanced candidate vaccines in clinical development.

Irfanet al (2017) conducted a study to assess the Dengue is currently the highest and rapidly spreading vector-borne viral disease,

which can lead to mortality in its severe form. The globally endemic dengue poses as a public health and economic challenge that has been attempted to suppress through application of various prevention and control techniques. The development of vaccines and immune therapies have introduced a new dimension for effective dengue control and prevention. Thus, the present study focuses on the preventive and control strategies that are currently employed to counter dengue.

Muhammad Faiz et al (2017) was conducted a cross-sectional study among 132 respondents living in a dengue hot spot area. A set of questionnaire form consisted of four parts; socio-demographic information, environmental characteristics around the house, and attitudes and practices toward dengue prevention were distributed to respondents. More than half of the respondents possessed good level of attitude, and more than half scored moderately for practice (57.6% and 56.1% respectively). Data on the environmental characteristics showed that majority of the respondents' houses have no potential breeding sites for *Aedes* mosquito. Findings also indicate that there was no significant association between dengue prevention practices and socio-demographic factors such as age, gender, educational level and occupational status.

Zahir et al (2016) conducted a study was to determine the role of community participation in prevention of dengue fever in the swat district located in the northern area of Pakistan, which experienced a dengue fever outbreak in august, 2013. a total number of 8,963 dengue cases with 0.4% case fatality ratio were registered during the outbreak. Results regarding perception of practices for dengue control with community participation showed that: practices for control had significant association with organization of people to eradicate dengue mosquitoes ($p=0.00$), community leaders ($p=0.04$), community efforts ($p\leq 0.01$), use of insecticides by community people ($p=0.00$) and involvement of community people in awareness campaign ($p=0.00$).

Similarly, significant associations were found between practices for control and community shared information during dengue outbreak ($p=0.00$), community link with health department, NGO, Other agencies ($p=0.02$).

Dr.Kumar A (2013) carried out a Educational intervention programme regarding dengue and its Prevention among Urban High School Children. Pre-test and two post- test was taken, the level of knowledge was significantly high in second post- test which after the intervention.

Hasanain F et al (2013) performed a cross sectional study to assess knowledge, attitude and practice regarding dengue fever and its effectiveness of health education programme among 204 school students. Most of the respondents had good knowledge (63.2%) and good practice (79.9%) regarding dengue fever. Score was significantly increased after health education programme and there is no significant association between knowledge and selected demographic variables.

Wan Rozita et al (2013) tested on a knowledge, attitude and practices (KAP) study in an urbanized residential area of Kuala Lumpur, concluded that there is a need to strengthen health promotion activities to increase the knowledge that forms the basis for preventive practices as part of the strategy to control dengue outbreaks and good knowledge does not necessarily lead to good practice. This is most likely due to certain practices like water storage for domestic use, which is deeply ingrained in the community. The Dengue vector control requires effective participation of the local community.

Wangkheirakam R (2012) conducted a quasi- experimental one group pre-test and post-test design adopted to know the effectiveness of Structured Teaching programme on Knowledge of High School children

regarding prevention of dengue Fever in selected schools at Bengaluru. Totally 60 samples were collected.

Ashok Kuma (2012) A survey was carried out to assess the community's knowledge, attitude and practice on dengue fever (DF), following the major dengue outbreak in Chennai, Tamil Nadu in 2012. A pre-tested, structured questionnaire was used for data collection. Multistage cluster sampling method was employed and 640 households (HHs) were surveyed. The result depicted that 34.5% of households were aware of dengue fever and only 3.3% of households knew that dengue virus is the causative agent for dengue fever. Majority of the households (86.5%) practiced water storage and only 3% of them stored water more than 5 days. No control measures were followed to avoid mosquito breeding in the water holding containers by majority of households (65%). The survey results concludes that the community's knowledge was very poor regarding dengue fever and its transmission, vector breeding sources, biting time, behavior of Aedes mosquitoes and its preventive measures.

Chinnakali P (2012) conducted to assess the differences in knowledge and practices regarding dengue fever among persons visiting a tertiary care hospital, systematic sampling procedure was adopted and a pretested questionnaire was used of 215 individuals. The result indicates that majority of the respondents (96.3%) had adequate knowledge regarding dengue fever. The study concludes that awareness regarding dengue fever and mosquito control measures was satisfactory.

CHAPTER – III RESEARCH METHODOLOGY

The methodology of research indicates the general pattern of organizing them procedure for assembling valid and reliable data for investigation. This chapter provides a brief explanation of the method adopted by the investigator in this study. It includes the research approach, research design, and variables, setting of the study, population, sample and sample size, sampling technique, description of the tool, pilot study, data collection procedure and plan for data analysis. The present study is aimed to assess the effectiveness of structured teaching programme regarding prevention of dengue fever in children among mothers at institute of child health and hospital for children, Egmore, Chennai.

3.1. RESEARCH APPROACH

The research approach is quantitative/evaluative approach.

3.2. RESEARCH DESIGN

The investigator used randomized control trial study design for this study. There was a manipulation for the subjects with a control group and randomization.

3.2.1 Description of the True experimental randomized control trial study design

Table-3.1:

Groups	Pre-test	Intervention	Post-test
Experimental group(E)	E1	X	E2
Control group(C)	C1	-----	C2

NOTES

E- Experimental group

E1- Level of knowledge before structured teaching programme

X-Administration of structured teaching programme

E2- Level of knowledge after structured teaching programme

C-Control group

C1- Pre- test Level of knowledge

C2-Post- test level of knowledge

3.3 RESEARCH VARIABLES

Independent variable: structured teaching programme

Dependent variable: Knowledge regarding prevention and control of dengue fever in children among mothers

3.4 SETTING OF THE STUDY

The study was conducted in Institute of child health and hospital for women and children, Egmore, Chennai-8

3.5 POPULATION

3.4.1 Target population

Target population of the study was mothers who are caring inpatient children at Institute of child health and hospital for children, Egmore, Chennai.

3.4.2 Accessible population

The accessible populations are mothers whose children admitted in medical wards.

3.6 SAMPLE

Mothers who are caring their child admitted in medical wards at ICH, Egmore, and Chennai, who fulfilled the inclusive sampling criteria.

3.7 SAMPLE SIZE

100 samples of mothers selected for this study

50-Experimental group

50-Control group

3.8 SAMPLING TECHNIQUE

Sampling Technique used in the study was Probability (simple random) sampling technique.

3.9 SAMPLING CRITERIA

The study sample was selected by the following inclusion and exclusion Criteria.

3.9.1 INCLUSION CRITERIA

- ❖ The mothers who are willing to participate,
- ❖ The mothers who are available at the time of data collection.
- ❖ The mothers who are able to read and speak Tamil and English.
- ❖ The mothers knowledge score within low score category.

3.9.2 EXCLUSION CRITERIA

- ❖ The mothers, who are attending the critically ill children.
- ❖ The mothers, who are underwent for their child's any investigation procedure
- ❖ The mothers, who has physically disabled.
- ❖ Non Biological parent as grandparents etc.

3.10 DESCRIPTION OF THE TOOL AND TECHNIQUE

The tool used for the study was Appropriate modified knowledge questionnaire were developed by the researcher after extensive discussion with experts in the field of nursing.

The Tool consists of two sections

3.10.1 Section – I (Socio Demographic Variable)

This section includes baseline variable items such as age of the mother, age of the child, Place of living, educational status of the mother, educational status of the father, occupation of the mother, occupation of the father, income of the family, type of family, types of house, children with ailments, sources of drinking water.

3.10.2 Section – II

Modified structured knowledge questionnaire which consists of 30 Questions.

3.11 DESCRIPTION OF THE INSTRUMENT

Section-I: There is no score allotted for baseline variables.

Section-II: Modified structured knowledge questionnaire which consists of 30 Questions

The investigator collected the data by modified structured questionnaire method. The items were assessed by the tool scores, which was given based on the nature of questions

3.12 RELIABILITY OF THE TOOL

Reliability of the tool was assessed by using Test retest method. Knowledge score reliability correlation coefficient value is 0.78. This correlation coefficient is very high and it is good tool for assessing effectiveness of structured teaching programme regarding prevention of

dengue fever in children among mothers at institute of child health and hospital for children, Egmore, Chennai-08.

3.13 VALIDITY OF THE TOOL

Validity of the tool was assessed using content validity. Content validity was determined by 4 Experts from Nursing and Medical. They suggested certain modifications in tool. After the modifications they agreed this tool for assessing effectiveness of structured teaching programme regarding prevention of dengue fever in children among mothers at institute of child health and hospital for children, Egmore, Chennai-08.

3.14 PILOT STUDY

Pilot study is a trial run for the main study to test the reliability, practicability and feasibility of the study.

The main objective of the pilot study is to help the researcher to become familiar with the use of tool and to find out the difficulties in the main study. The pilot study was conducted after getting ethical clearance and the permission from authority of the school it was conducted for a period of one week in ICH. Sample of 10 mothers (who were not included in the main Study) were selected by probability simple random sampling technique. Informed consent was obtained from them before collection of the data. Data were collected from the mothers by structured questionnaire before the implementation of structured teaching programme. After completion of structured teaching programme, the mothers were assessed their knowledge level by using same scale. The findings of the pilot study revealed that the study was feasible and practicable.

3.15 DATA COLLECTION PROCEDURE

Data collection is the process of acquiring and collecting information needed for the study from the subjects. The data collection period started from 02.02.2019 to 02.03.2019. Prior to data collection a formal permission letter was obtained from the Director and Incharge of the medical officers of the concern medical wards. Thereafter, rapport was established successfully with the mothers with less inconvenience. The researcher had contacted 100 mothers from paediatric medical wards information obtained will be solely used for the study purpose.

The main purpose of the study and details were explained individually to each and every participant. Informed consent was obtained from the subjects. Structured questionnaire was distributed along with personal data sheet administered to every participant. In order to obtain adequate responses, the participants were assured of anonymity and confidentiality of the information provided by them and assurance was given that the information obtained will be solely used for the study purpose. Thus, after taking their responses the data were collected carefully.

Approximately 15 samples were selected per day. The pre- test was conducted from 02.02.2019 to 08.02.2019. (7days) after obtaining consent from the mothers. After that structured teaching programme regarding prevention of dengue fever was practised 40 mts per day continuously. Followed by 28.02.2019 to 02.03.2019 the post test was conducted among mothers.

3.16 INTERVENTION PROTOCOL

- ❖ After a brief self – introduction and explanation about the study, I proceed with the main study.

- ❖ Pre-test data and post test data was collected by using self structured questionnaires to collect demographic variables, and knowledge level assessed by using modified structured knowledge questionnaire.
- ❖ Questionnaire by written test will be assessed directly by the investigators for about 10 minutes. The samples were demonstrated with explanation of prevention of dengue fever about 40 minutes.
- ❖ The samples were encouraged to practice the same. They will be comfortable with the structured teaching programme and time will adequate.

TABLE3.16.1 INTERVENTION PROTOCOL

Details	Experimental group (n-50)	Control group (n-50)
Place	Paediatric medical ward	Paediatric medical ward
Therapy	Structured teaching programme regarding prevention of dengue fever	Routine advice
Duration	40 minutes	-
Time	Morning	-
Frequency	15 days	-
Who	Investigator	Routine advice
Whom	Paediatric medical ward children's of mothers	Paediatric medical ward children's of mothers
Where	ICH, Medical wards	ICH, Medical wards
How	Poster, Hand out, Flash card Booklet ppt	-

3.17. DATA ANALYSIS

The collected data was analyzed by means of descriptive statistics, and inferential statistics.

DESCRIPTIVE STATISTICS

- ❖ **Analysis of the baseline data** was done by using frequency and percentage.
- ❖ Knowledge score among mothers was analyzed by computing frequency, percentage, mean and Standard deviation.

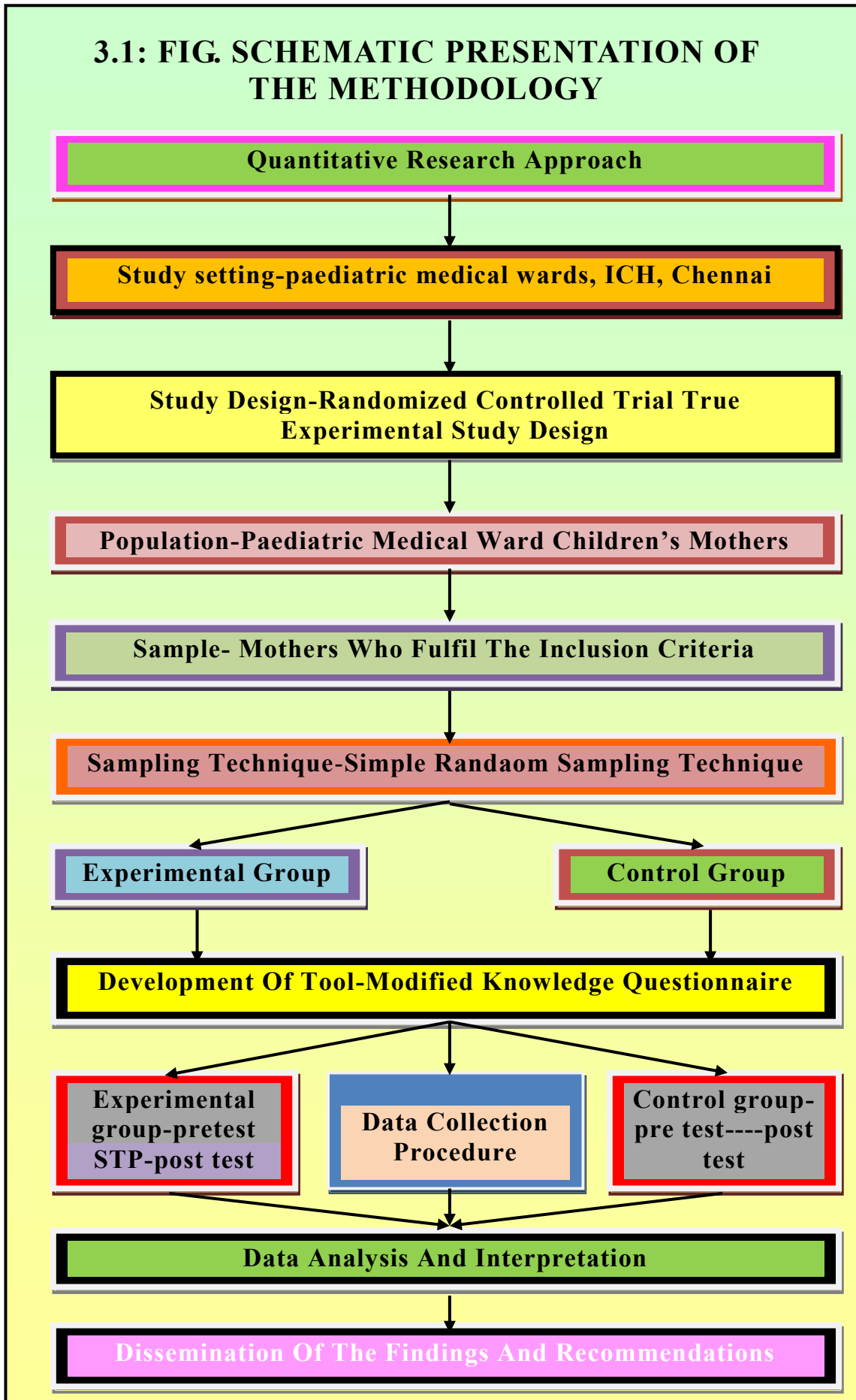
INFERENCEAL STATISTICS

- ❖ **Paired “t” test** was used to find out the effectiveness of structured teaching programme regarding prevention of dengue fever among mothers.
- ❖ **Chi-square analysis** was used to determine the association between the level of knowledge and selected socio demographic variables among mothers

3.18. PROTECTION OF HUMAN RIGHTS

The investigator obtained approval from Ethical committee of College of Nursing, The Ethical IRB committee of Rajiv Gandhi Government General Hospital and from the Director and concern Incharge medical officers of the ICH, Chennai, Verbal and written consent was obtained from all the participants. Confidentiality and Anonymity was maintained throughout the study.

3.1: FIG. SCHEMATIC PRESENTATION OF THE METHODOLOGY



CHAPTER-IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with analysis and interpretation of the collected data from 100 mothers of children admitted in medical wards at ICH, Chennai. The purpose of the analysis is to convert the collected data to an interpreted meaningful form, so that the results can be found and association can be identified. Statistical analysis helps the researcher to make sense of quantitative information. Statistical procedure enables the researcher to summarize, organize, evaluate, interpret & communicate numeric information. The collected data were tabulated and presented according to the objectives under the following headings

SECTION-I

Deals with the socio demographic variables

SECTION-II

Assess the pre-test knowledge of mothers regarding prevention of dengue fever.

SECTION-III

Assess the post- test knowledge of mothers regarding prevention of dengue fever.

SECTION-IV

Compare the pre- test and post- test level of knowledge of mothers regarding prevention of dengue fever.

SECTION-V

Association between post-test knowledge score with their selected demographic variables.

SECTION-I –DEALS WITH THE DEMOGRAPHIC VARIABLES

Table 4.1 - Demographic Profile Of Mothers

Demographic Variables		Group				Chi square test
		Experiment (n=50)		Control (n=50)		
		n	%	n	%	
Age of the mother	21-25 years	11	22.00%	11	22.00%	$\chi^2=0.52$ P=0.92(NS)
	26-30 years	15	30.00%	13	26.00%	
	31-35 years	12	24.00%	15	30.00%	
	>35 years	12	24.00%	11	22.00%	
Age of the child	Infant	8	16.00%	10	20.00%	$\chi^2=1.20$ P=0.75(NS)
	Toddler	15	30.00%	11	22.00%	
	Pre Schooler	15	30.00%	14	28.00%	
	Schooler	12	24.00%	15	30.00%	
Place	Rural	7	14.00%	12	24.00%	$\chi^2=5.00$ P=0.08(NS)
	Urban	28	56.00%	17	34.00%	
	Semi urban	15	30.00%	21	42.00%	
Educational status of the mother	Professional	4	8.00%	4	8.00%	$\chi^2=4.06$ P=0.67(NS)
	Graduate	7	14.00%	9	18.00%	
	Post high school	8	16.00%	13	26.00%	
	High school certificate	5	10.00%	5	10.00%	
	Middle school certificate	10	20.00%	9	18.00%	
	Primary school certificate	10	20.00%	4	8.00%	
	Illiterate	6	12.00%	6	12.00%	
Educational status of the father	Professional	6	12.00%	8	16.00%	$\chi^2=1.01$ P=0.98(NS)
	Graduate	6	12.00%	6	12.00%	
	Post high school	10	20.00%	10	20.00%	
	High school certificate	8	16.00%	7	14.00%	
	Middle school certificate	8	16.00%	6	12.00%	
	Primary school certificate	6	12.00%	8	16.00%	
	Illiterate	6	12.00%	5	10.00%	

Demographic Variables		Group				Chi square test
		Experiment (n=50)		Control (n=50)		
		n	%	n	%	
Occupation of the Mother	Government job	6	12.00%	6	12.00%	$\chi^2=0.85$ P=0.83(NS)
	Private job	20	40.00%	17	34.00%	
	Daily wages	12	24.00%	16	32.00%	
	Unemployed	12	24.00%	11	22.00%	
Occupation of the Father	Government job	7	14.00%	7	14.00%	$\chi^2=0.05$ P=0.99(NS)
	Private job	20	40.00%	19	38.00%	
	Daily wages	17	34.00%	18	36.00%	
	Unemployed	6	12.00%	6	12.00%	
Income of the family	>Rs.41,430	6	12.00%	11	22.00%	$\chi^2=4.11$ P=0.66(NS)
	Rs.20,715-41,429	7	14.00%	7	14.00%	
	Rs.13,536-20,714	8	16.00%	8	16.00%	
	Rs.10,357-13,535	8	16.00%	4	8.00%	
	Rs.6,214-10,356	5	10.00%	7	14.00%	
	Rs.2092-6,213	5	10.00%	6	12.00%	
	< Rs.2091	11	22.00%	7	14.00%	
Type of family	Nuclear family	24	48.00%	20	40.00%	$\chi^2=0.72$ P=0.86(NS)
	Joint family	17	34.00%	19	38.00%	
	Extended family	7	14.00%	9	18.00%	
	Single family	2	4.00%	2	4.00%	
	Divorced /Broken family	0	0.00%	0	0.00%	
Types of House	Concrete house	11	22.00%	11	22.00%	$\chi^2=0.52$ P=0.91(NS)
	Roof house	15	30.00%	13	26.00%	
	Mud house	12	24.00%	15	30.00%	
	Kutcha house	12	24.00%	11	22.00%	
Children with ailments	Congenital problems	7	14.00%	12	24.00%	$\chi^2=3.51$ P=0.17(NS)
	Medical problems	28	56.00%	19	38.00%	
	Surgical problems	15	30.00%	19	38.00%	
Sources of drinking water	Corporation water	17	34.00%	20	40.00%	$\chi^2=2.16$ P=0.34(NS)
	Bore water	24	48.00%	17	34.00%	
	Well water	9	18.00%	13	26.00%	

Table-4. 1 shows the demographic information of mothers those who are participated for the following study on “A study to assess the effectiveness of structured teaching programme regarding prevention of dengue fever in children among mothers at institute of child health and hospital for children, Egmore, Chennai-08.” Similarity of demographic variables distribution was assessed using chi square test.

- ❖ This table revealed that regarding age of mothers , a highest frequency of 15(30%)of age were 26-30 yrs ,12(24%) of mothers of children in age between >35 yrs,12(24%) between 31-35 yrs of age,11(22%) of age were 21-25 years in experimental group. where as in control group , highest frequency of 15 (30%)were between 31-35 yrs of age,13(26%) were the age group of mother was 26-30yrs , 11(22%) were the age between 25-30yrs and 11(22%) were the age between >35yrs.
- ❖ Considering age of child, maximum of 15 (30%) were belongs to toddler, 15(30%) were belongs to preschooler of age, 12(24%) were belongs to schooler, and minimum of 8(16%) were belongs to Infant of age in experimental group. Where as in control group, 15 (30%) were between schooler, 14(28%) were belongs to preschooler, 11(22%) were belongs to toddler, 10(20%) were belongs to Infant of age.
- ❖ In place of living 28(56%) belongs to urban,15(30%) belongs to semi urban,
- ❖ Minimum of 7(14%) belongs to rural in experimental group, whereas in control group highest frequency of 21(42%) belongs to semiurban, 17(34%) belongs to urban, 12(24%) belongs to rural.
- ❖ In relation to educational status of mother highest frequency of 10(20%) Middle school certificate, 10(20%) primary school certificate, 8(16%) were post high school, 7(14%) weregraduate, 6(12%) illiterate,

5(10%) were high school certificate, 4(8%) were professionals in experimental group, whereas in control group 13(26%) were post high school, 9(18%) were graduate and middle school certificate, 6(12%) illiterate, 5(10%) were high school certificate, 4(8%) were professionals and primary school certificate mothers.

- ❖ In relation to educational status of father highest frequency of 10(20%) were post high school, 8(16%) were high school and middle school certificate mothers, 6(12%) were professionals, 6(12%) were graduate, 6(12%) were primary school certificate and 6(12%) were illiterate in experimental group, whereas in control group 10(20%) were post high school, 8(16%) were professionals, 8(16%) primary school certificate, 7(14%) were high school certificate, graduate 6(12%), middle school certificate 6(12%), 5(10%) were illiterate.
- ❖ Regarding occupation status of mother, the highest frequency of 20(40%) were from Private job, 12(24%) were daily wages, 12(24%) unemployed, 6(12%) were from government job in experimental group, whereas in control group, maximum frequency from private employee 17(34%), and 16(32%) were daily wages, 11(22%) were unemployed, 6(12%) were from govt job.
- ❖ Regarding occupation status of father highest frequency of 20 (40%) from private job, 17(34%) from daily wages, 7(14%) were govt job, 6(12%) were unemployed in experimental group. whereas in control group highest frequency of 19 (38%) were private job, 18(36%) were daily wages, 7(14%) were govt job, 6(12%) were unemployed in experimental group.
- ❖ In relation to the income status of the mother highest frequency of 11(22%) were < Rs.2091, 8(16%) were Rs.13,536-20,714 and Rs.10,357-13,535, 7(14%) Rs.20,715-41,429, 6(12%) were

>Rs.41,430,5(10%) belongs to Rs.6,214-10,356 and Rs.2092-6,213 income status in experimental group, whereas in control group 11(22%) were >Rs.41,430, 8(16%) were Rs.13,536-20,714,7(14%) belongs to Rs.20,715-41,429 and Rs.6,214-10,356 and < Rs.2091,6(12%) were Rs.2092-6,213,4(*%) belongs to Rs.10,357-13,535 income status.

- ❖ Regarding type of family highest frequency of 24(48%) belongs to nuclear family,17(34%) were joint family,7(14%) belongs to extended family,2(4%) were single family, none of them belongs to divorced/broken family in experimental group, whereas in control group maximum20(40%) belongs to nuclear family,19(38%) were joint family,9(18%) belongs to extended family,2(4%) were single family, none of them belongs to divorced/broken family.
- ❖ In relation to the types of house maximum 15 (30%) belongs to roof house, 12(24%) were mud house and kutcha house,11(22%) were concrete house in experimental group, whereas in control group 15(30%) were mud house,13(26%) belongs to roof house,11(22%) were concrete and kutcha house.
- ❖ Regarding children with ailments highest frequency of 28(56%) were medical problems, 15(30%) were surgical problems,7(14%) were congenital problems in experimental group, whereas in control group 19(38%) were medical, and surgical problems 12(24%)were congenital problems. Considering the source of drinking water highest frequency of 24(48%) were bore water,17(34%)were corporation water,9(18%) were consuming well water in experimental group, whereas in control group 20(40%) were consuming corporation water,17(34%) were bore water,13(26%)were well water.

Fig-4.1- Age Wise Distribution Of Mothers In Experimental And Control Group

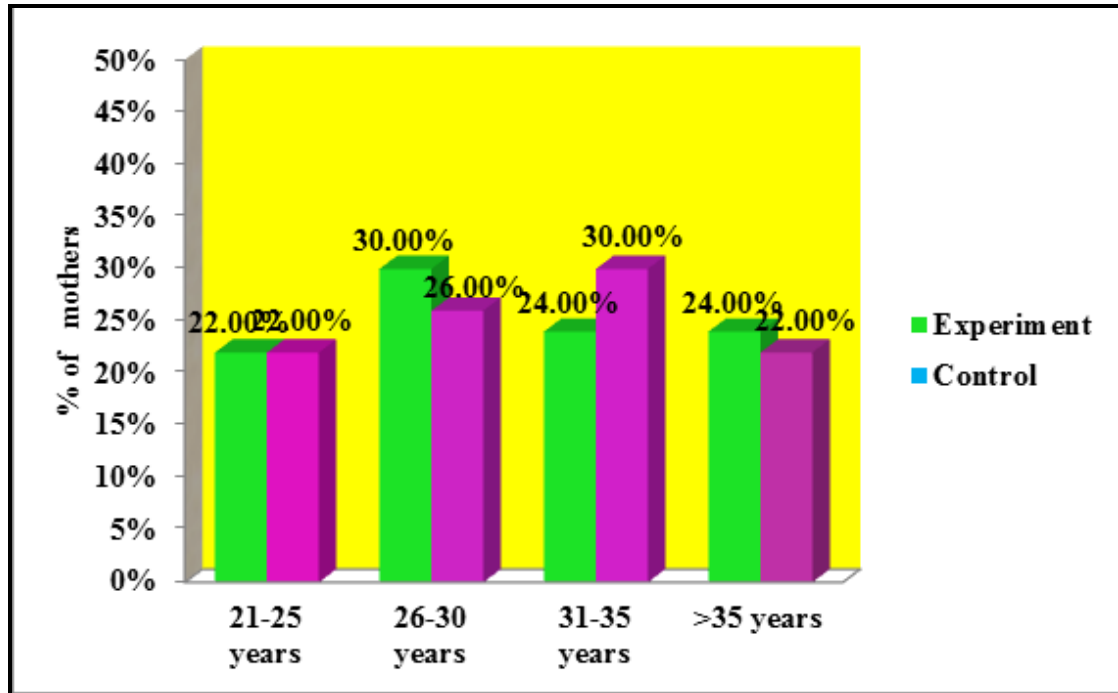


Fig-4.2- Age Wise Distribution Of Mother's Child In Experimental And Control Group

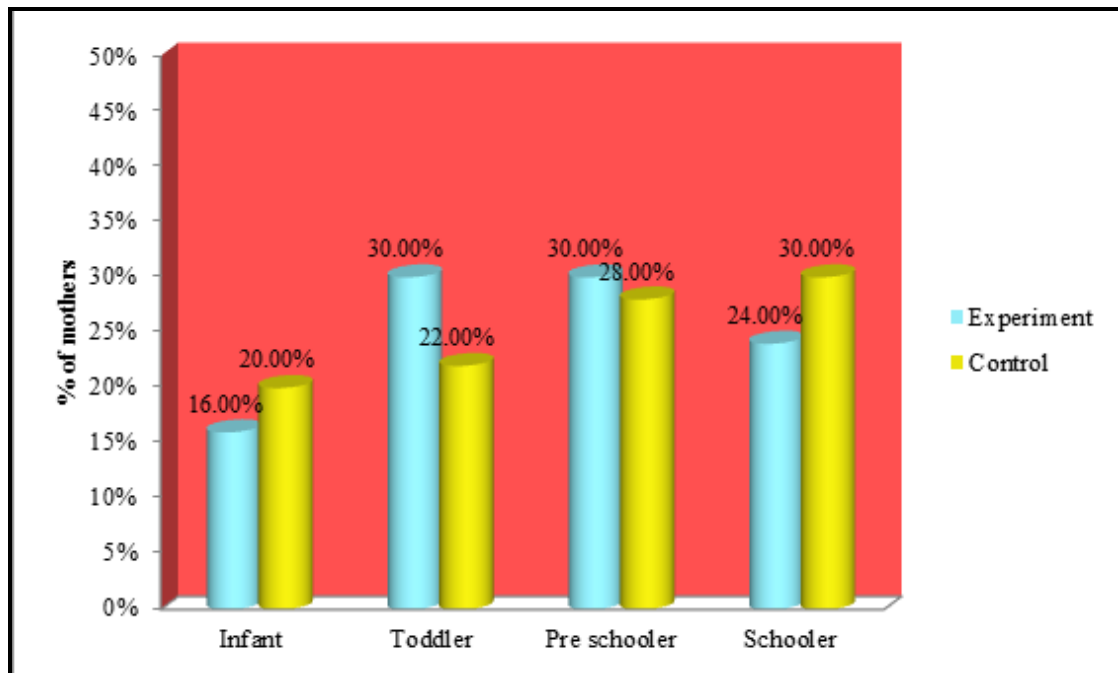


Fig-4.3- Place Of Living Of Mothers In Experimental And Control Group

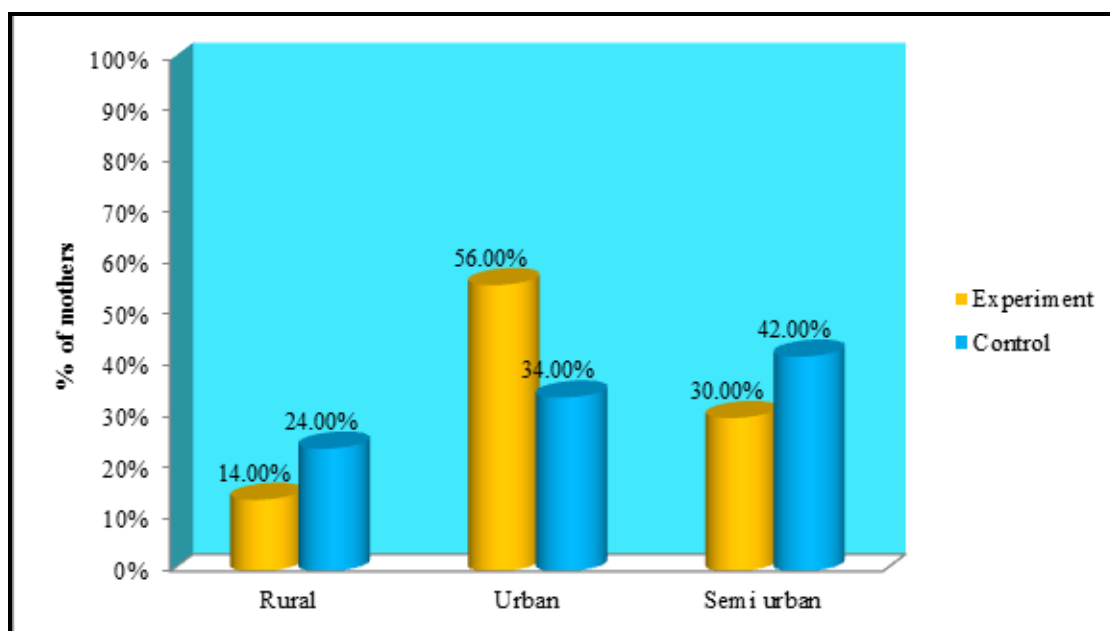


Fig-4.4- Educational Status Of Mothers In Experimental And Control Group

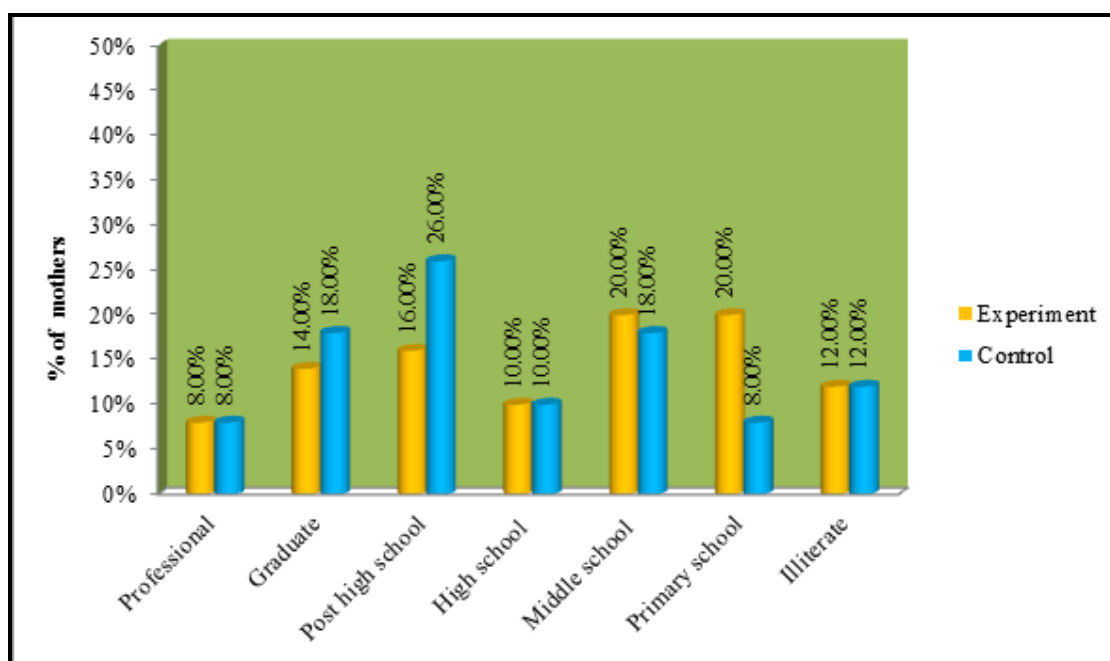


Fig.4.5- Educational Status Of Fathers In Experimental And Control Group

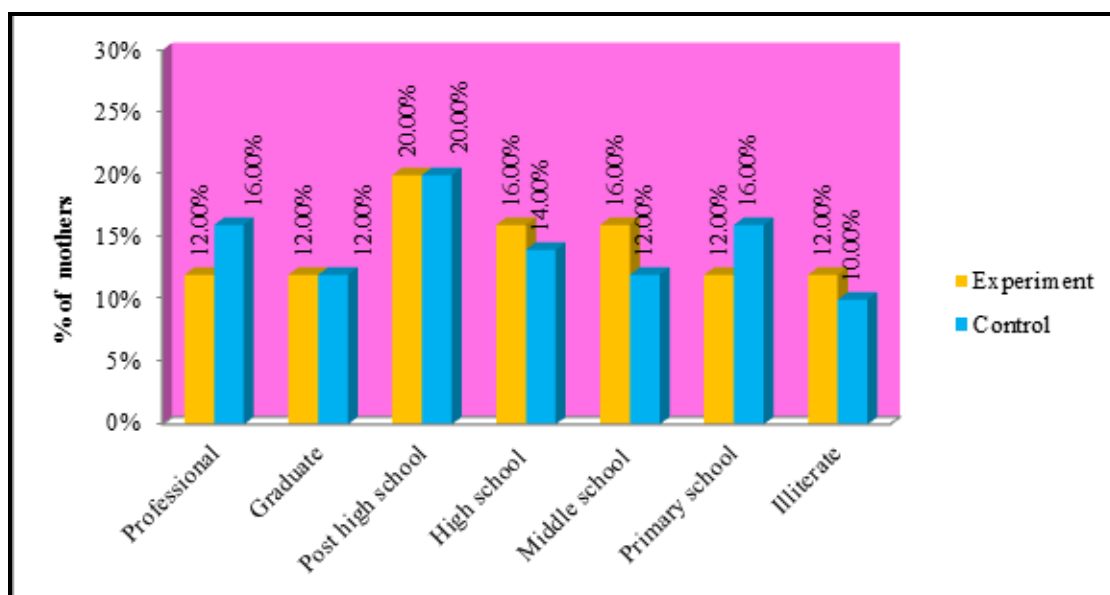


Fig.4.6- Occupational Status Of Mothers In Experimental And Control Group

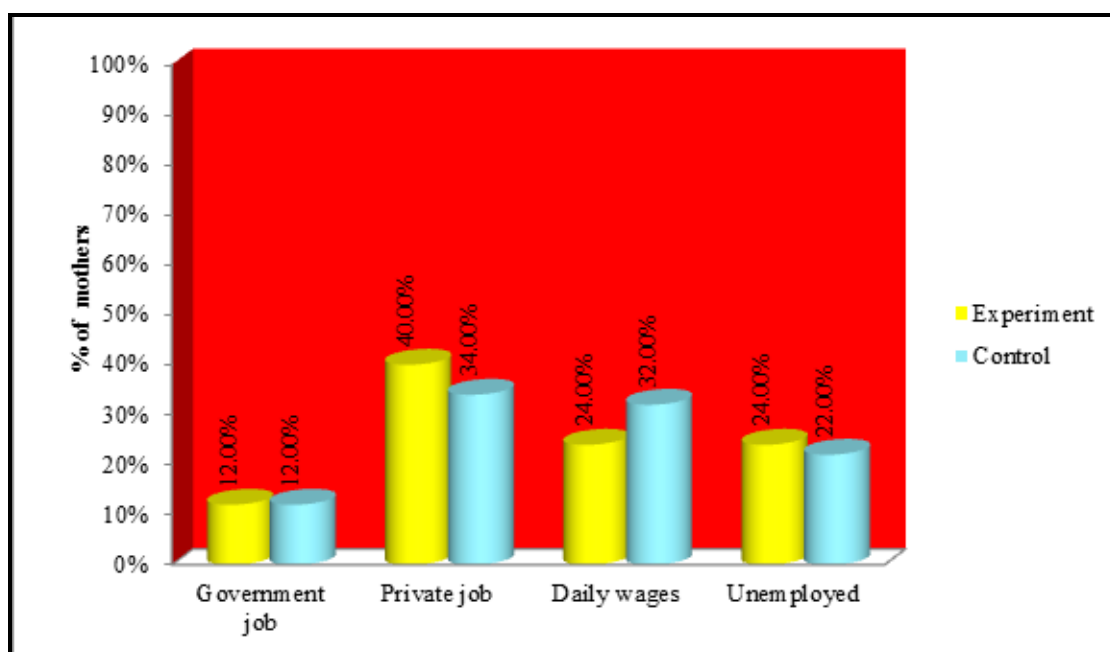


Fig.4.7- Occupational Status Of Fathers In Experimental And Control Group

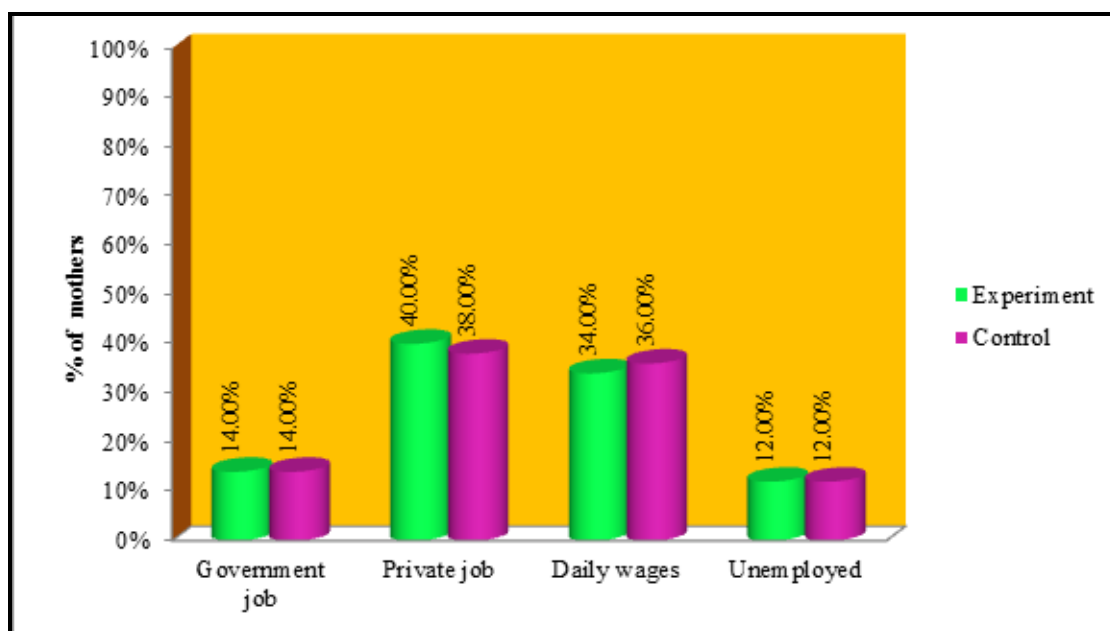


Fig.4.8- Monthly Family Income Of Mothers In Experimental And Control Group

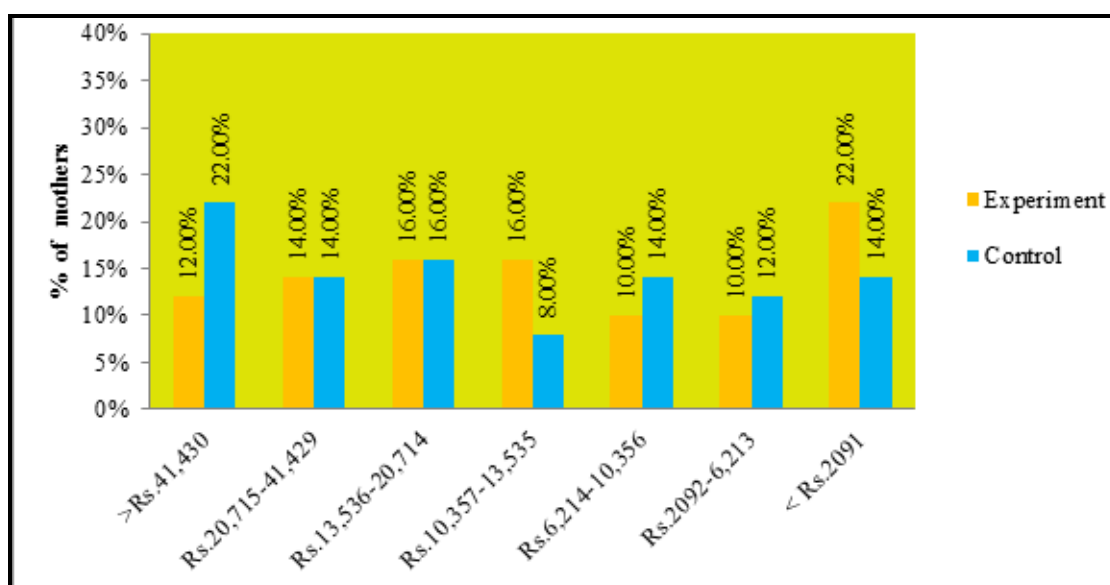


Fig.4.9- Type Of Family System In Experimental And Control Group

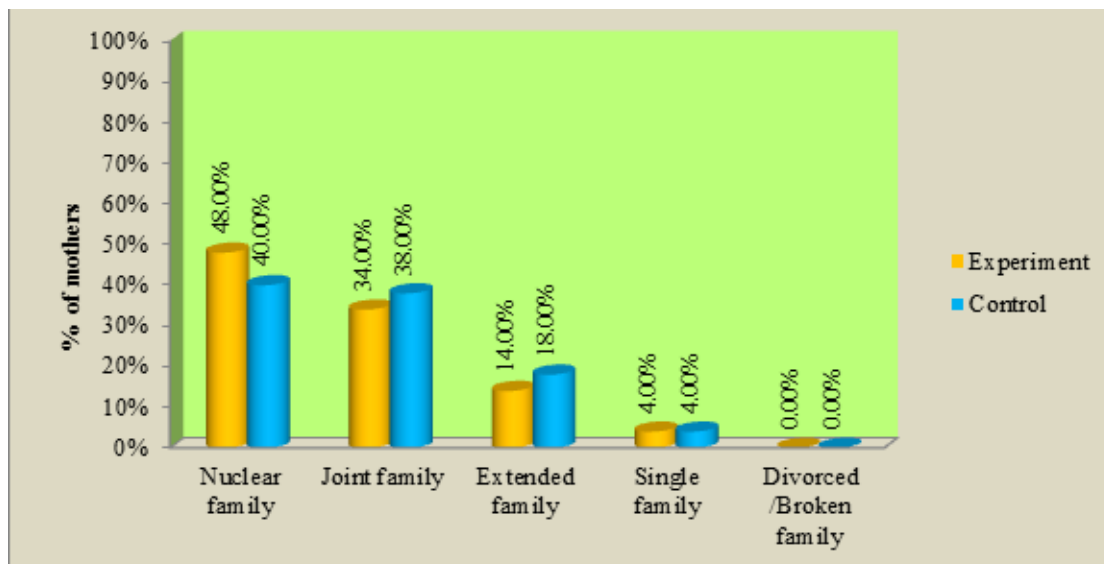


Fig.4.10- Type Of House In Experimental And Control Group



Fig.4.11- Children With Ailments In Experimental And Control Group

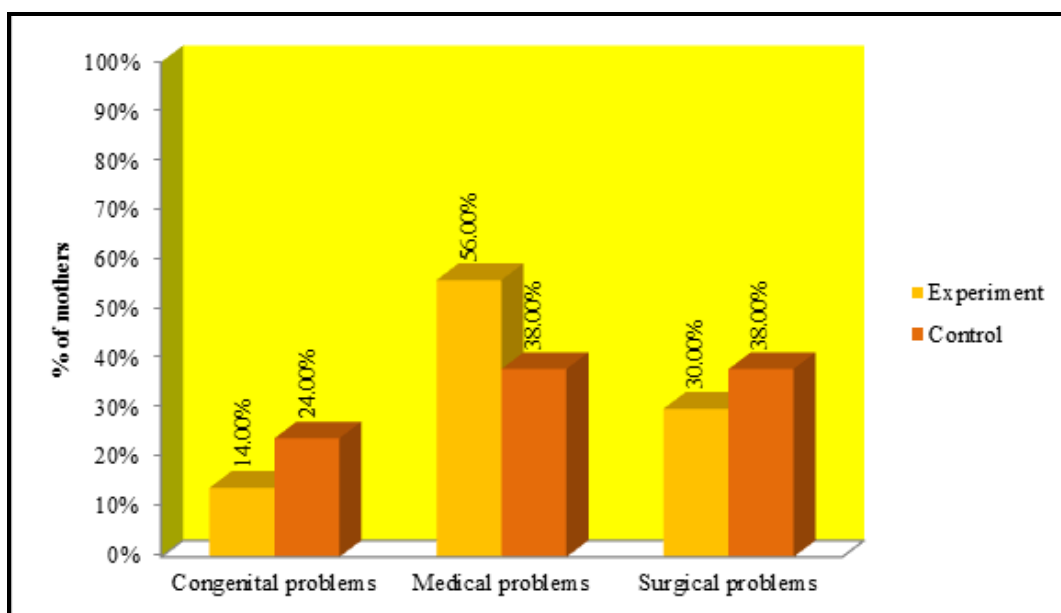


Fig.4.12- Source Of Drinking Water In Experimental And Scontrol Group

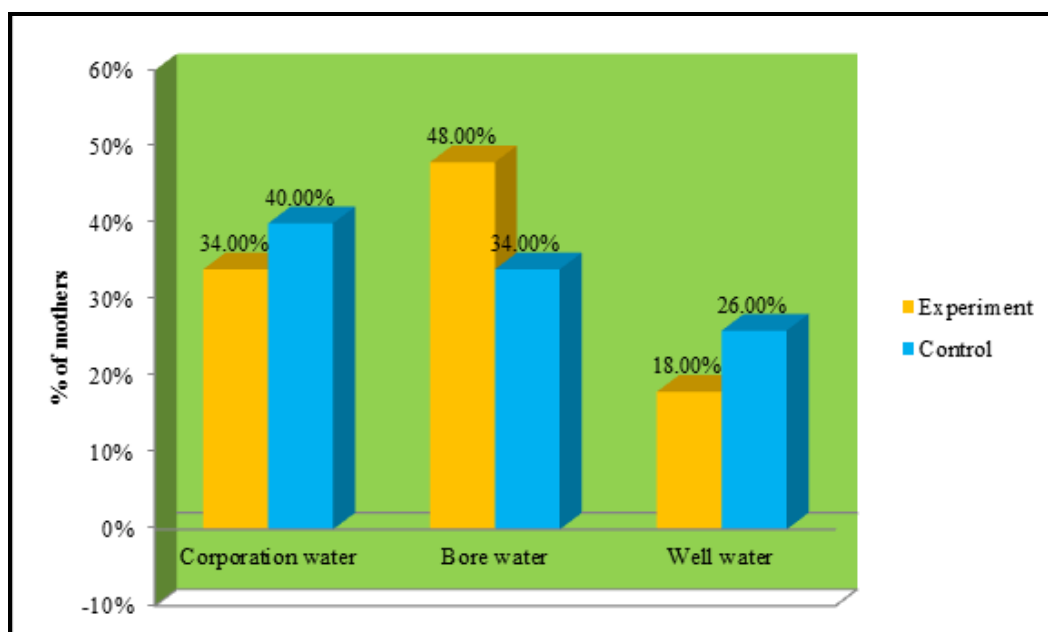


Table 4.2: Each domain wise pre-test percentage of knowledge on prevention and control of dengue fever

S. No	Domains	No. of questions	Min -Max score	Study		Control	
				Mean	%	Mean	%
1	Knowledge on Dengue Fever	19	0 -19	8.56	45.05%	8.64	45.47%
2	Knowledge regarding medical, home management and preventive measures	11	0 - 11	5.32	48.36%	5.56	50.55%
	Total	30	0 - 30	13.88	46.27%	14.20	47.33%

Table 4.2 shows each domain wise percentage of knowledge score.

- ❖ In experiment group, they are having maximum knowledge in **Knowledge regarding medical, home management and preventive measures (46.27%)** and minimum knowledge score in **Knowledge on Dengue Fever (45.05%)**. Overall knowledge score is 46.27%.
- ❖ In control group, they are having maximum knowledge in **Knowledge regarding medical, home management and preventive measures (50.55%)** and minimum knowledge score in **Knowledge on Dengue Fever (45.47%)**. Overall knowledge score is 47.33%.

Table-4.3: Pretest Level Of Knowledge

	Experiment group		Control group		Chi square test
	n	%	n	%	
Inadequate	34	68.00%	31	62.00%	$\chi^2=0.39$ P=0.59(NS)
Moderate	16	32.00%	19	38.00%	
Adequate	0	0.00%	0	0.00%	
Total	50	100.0%	50	100.0%	

Table 4.3 assess the level of knowledge score in experiment and control group.

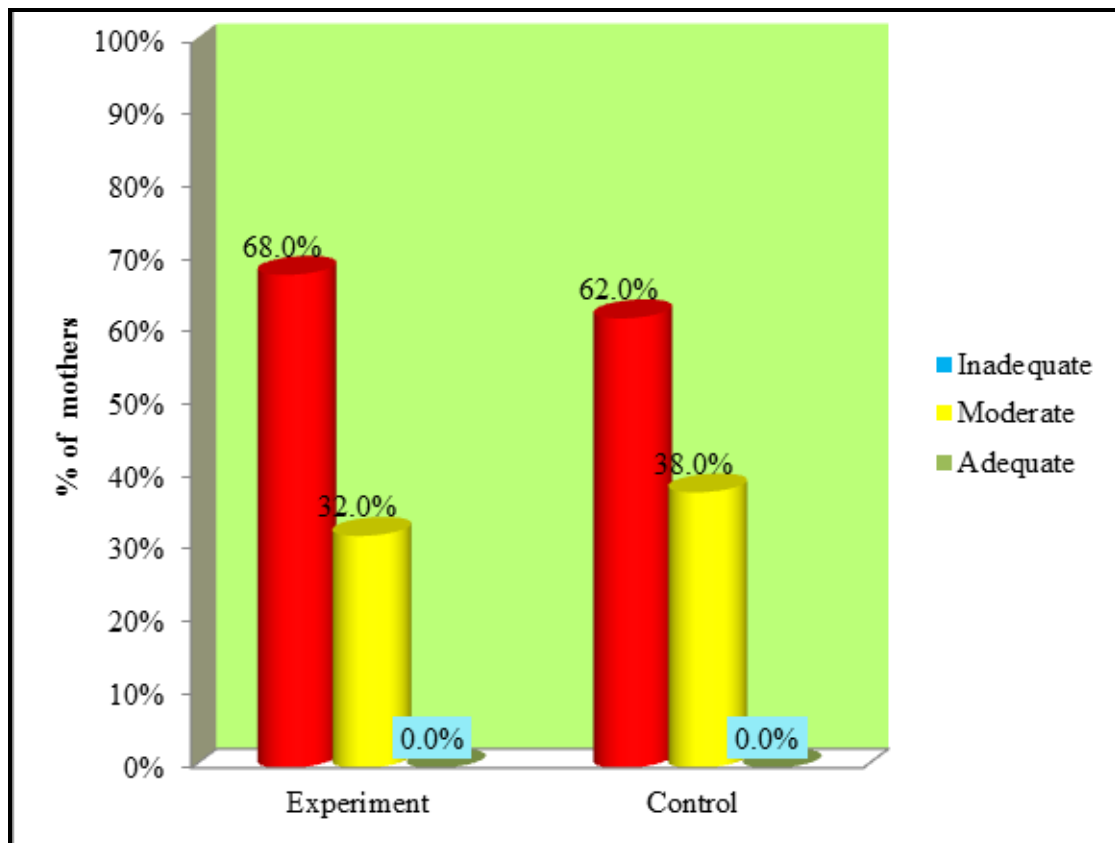
- ❖ In experiment group, 68% of them are having inadequate level of score, 32.00% of them are having moderate level and none are having adequate level of score.
- ❖ In control group, 62% of them are having inadequate level of score, 38.00% of them are having moderate level and none are having adequate level of score.
- ❖ Statistical significance was calculated using chi square test.

SCORE INTERPRETATION

Total score = 30 min=0 max=1

Level	Score	% of score
Inadequate	0 -15	0 -50%
Moderate	16-22	51 – 75%
Adequate	23-30	76- 100%

Fig-4.13: Pre Test Level Of Knowledge Score



SECTION-II: ASSESS THE PRE TEST LEVEL OF KNOWLEDGE OF MOTHERS REGARDING PREVENTION AND CONTROL OF DENGUE FEVER.

Table 4.4: Each domain wise post-test percentage of knowledge on prevention and control of dengue fever

S. No	Domains	No. of questions	Min–Max score	Study		Control	
				Mean	%	Mean	%
1	Knowledge on Dengue Fever	19	0 -19	15.36	80.84%	8.96	47.16%
2	Knowledge regarding medical, home management and preventive measures	11	0 - 11	9.64	87.64%	5.92	53.82%
	Total	30	0 - 30	25.00	83.33%	14.88	49.60%

Table 4.4 shows each domain wise percentage of knowledge score.

- ❖ In experiment group, they are having maximum knowledge in **Knowledge regarding medical, home management and preventive measures (87.64%)** and minimum knowledge score in **Knowledge on Dengue Fever (80.84%)**. Overall knowledge score is 83.33%.
- ❖ In control group, they are having maximum knowledge in **Knowledge regarding medical, home management and preventive measures (53.82%)** and minimum knowledge score in **Knowledge on Dengue Fever (47.16%)**. Overall knowledge score is 49.60%.

SECTION-III: ASSESS THE POST TEST KNOWLEDGE OF MOTHERS REGARDING PREVENTION OF DENGUE FEVER

Table 4.5: Post- test Level of Knowledge

	Experiment group		Control group		Chi square test
	n	%	n	%	
Inadequate	0	0.00%	28	56.00%	$\chi^2=74.45$ P=0.001***(S)
Moderate	9	18.00%	22	44.00%	
Adequate	41	82.00%	0	0.00%	
Total	50	100.00%	50	100.00%	

*** $P \leq 0.001$ highly significant

Table 4.5 assess the level of knowledge score in experiment and control group.

- ❖ In experiment group, none of them are having inadequate level of score, 18.00% of them are having moderate level and 82.00% are having adequate level of score.
- ❖ In control group, 56.00% of them are having inadequate level of score, 44.00% of them are having moderate level and none are having adequate level of score.
- ❖ Statistical significance was calculated using chi square test.

Fig-4.14: Post-Test Level Of Knowledge Score

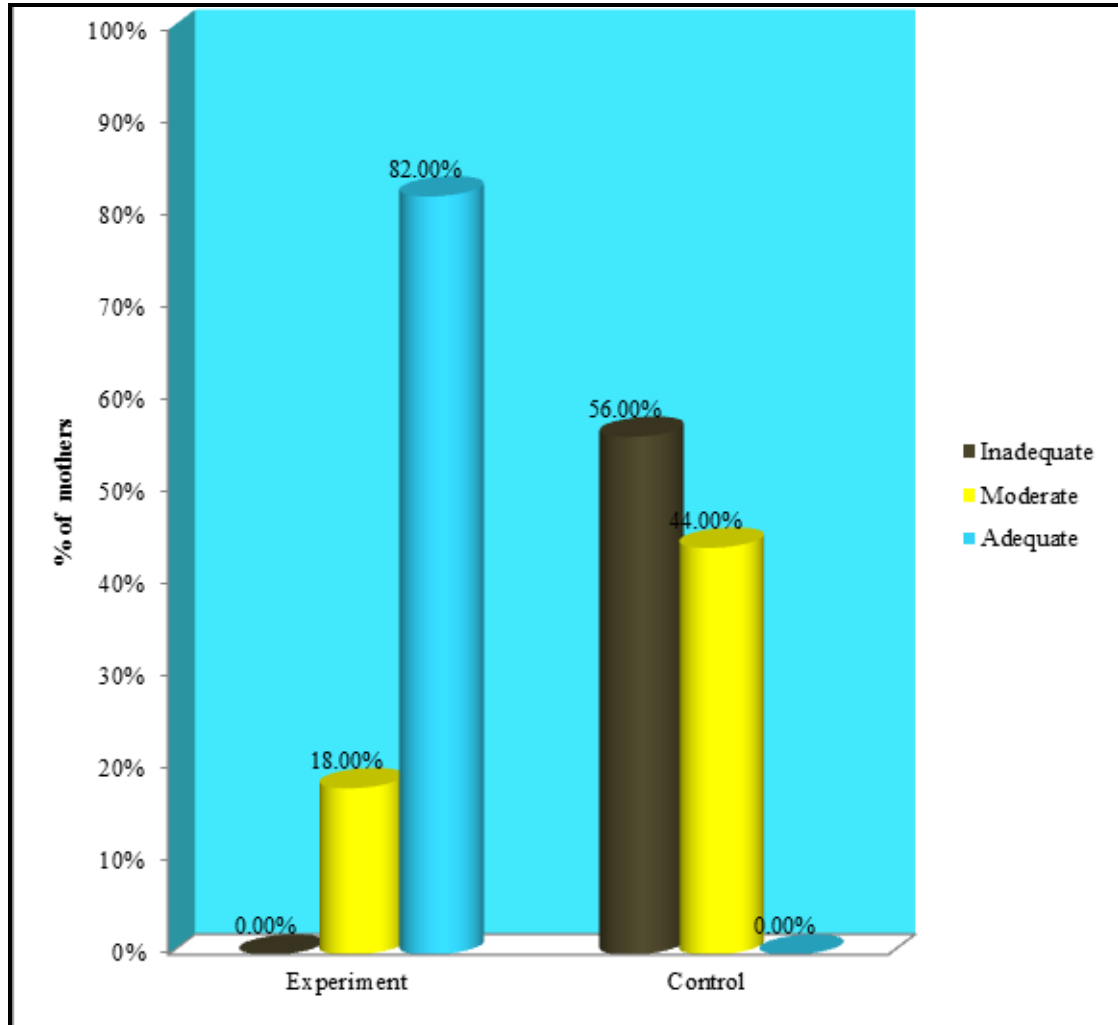


Table-4.6: Domain-Wise Comparison Of Pretest Mean Knowledge Score

Knowledge on	Experiment		Control		Mean difference	Student independent t-test
	Mean score	SD	Mean score	SD		
Knowledge on Dengue Fever	8.56	2.12	8.64	1.95	0.08	t=0.19 P=0.84(NS)
Knowledge regarding medical, home management and preventive measures	5.32	1.82	5.56	2.42	0.24	t=0.56 P=0.58(NS)
Total	13.88	2.24	14.20	2.42	0.32	t=0.68 P=0.49(NS)

Table 4.6 compare the pre- test knowledge score in experiment and control group.

- ❖ Considering Knowledge on Dengue Fever, Experiment group mothers are having 8.56 knowledge score and control group mothers are having 8.64 knowledge score, so the difference is 0.08, this difference is small and it is not significant. It was tested using Student independent t-test.
- ❖ Considering Knowledge regarding medical, home management and preventive measures, Experiment group mothers are having 5.32 knowledge score and control group mothers are having 5.56 knowledge score, so the difference is 0.24, this difference is small and it is not significant. It was tested using Student independent t-test.
- ❖ Considering Overall Knowledge score, Experiment group mothers are having 13.88 knowledge score and control group mothers are having 14.20 knowledge score, so the difference is 0.32, this difference is small and it is not significant.
- ❖ It was tested using Student independent t-test.

Table-4.7: Domain-Wise Comparison Of Posttest Mean Knowledge Score

Knowledge on	Experiment		Control		Mean difference	Student independent t-test
	Mean score	SD	Mean score	SD		
Knowledge on Dengue Fever	15.36	1.90	8.96	1.77	6.40	t=17.40 P=0.001***(S)
Knowledge regarding medical, home management and preventive measures	9.64	.78	5.92	2.50	3.72	t=10.05 P=0.001***(S)
Total	25.00	2.14	14.88	2.68	10.12	t=20.88 P=0.001***(S)

***P<0.001 very high significant S= significant

Table 4.7 compare the post test knowledge score in experiment and control group.

- ❖ Considering Knowledge on Dengue Fever ,Experiment group mothers are having 15.36 knowledge score and control group mothers are having 8.96 knowledge score, so the difference is 6.40, this difference is large and it is significant. It was tested using Student independent t-test.
- ❖ Considering Knowledge regarding medical, home management and preventive measures, Experiment group mothers are having 9.64 knowledge score and control group mothers are having 5.92 knowledge score, so the difference is 3.72, this difference is large and it is significant. It was tested using Student independent t-test.

- ❖ Considering Overall Knowledge score, Experiment group mothers are having 25.006 knowledge score and control group mothers are having 14.88 knowledge score, so the difference is 10.12, this difference is large and it is significant.
- ❖ It was tested using Student independent t-test.

Fig-4.15: Simple Bar Diagram With 2 Standard Error Compares The Mothers Pre-Test And Post-Test Knowledge Score

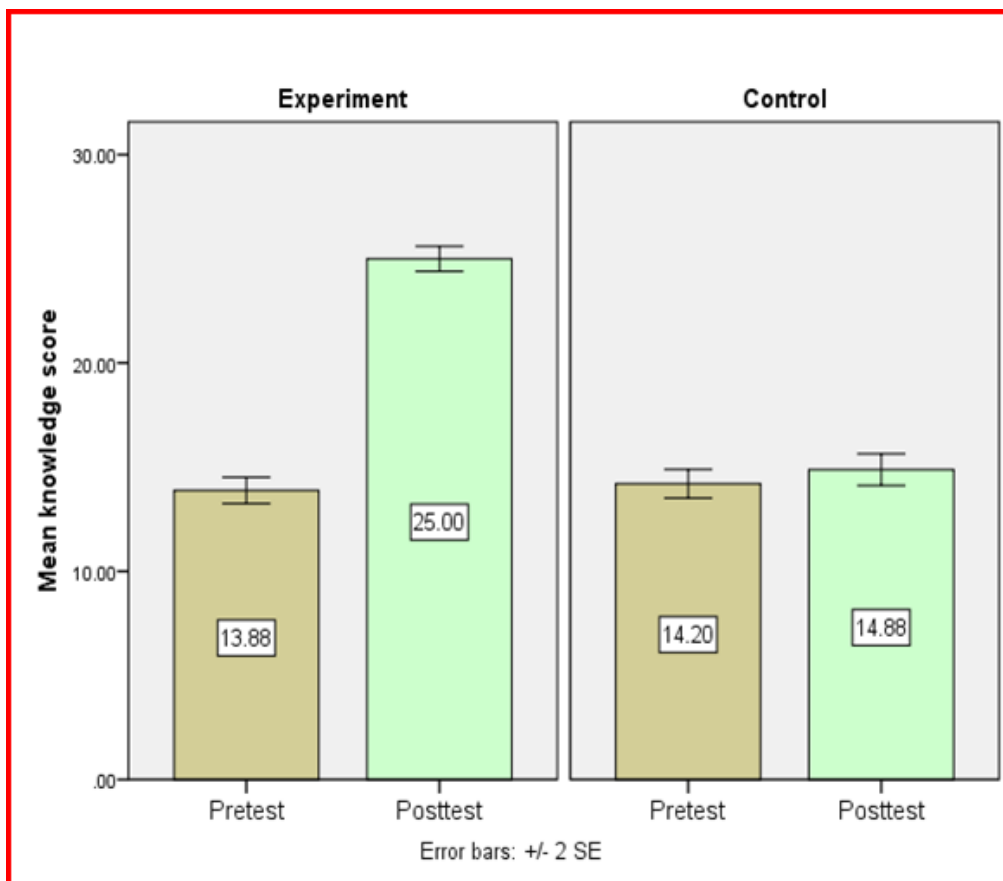


Table-4.8: Comparison Of Pretest And Posttest Mean Knowledge Score (Experiment)

Knowledge on	Pretest		Posttest		Mean difference	Student paired t-test
	Mean score	SD	Mean score	SD		
Knowledge on Dengue Fever	8.56	2.12	15.36	1.90	6.80	t=15.90 P=0.001***(S)
Knowledge regarding medical, home management and preventive measures	5.32	1.82	9.64	.78	4.32	t=14.93 P=0.001***(S)
Total	13.88	2.24	25.00	2.14	11.12	t=24.01 P=0.001***(S)

Table 4.8 compare the pre-test knowledge score in pre-test and post-test knowledge score .

Considering overall Knowledge score , in pre- test Experiment group mothers are having 13.88 knowledge score and in post- test they are having 25.00 knowledge score, so the difference is 11.12, this difference is large and it is significant. It was tested using Student paired t-test.

Table 4.9: Comparison Of Pre-Test And Post-Test Mean Knowledge Score (Control)

Knowledge on	Pre-test		Post-test		Mean difference	Student paired t-test
	Mean score	SD	Mean score	SD		
Knowledge on Dengue Fever	8.64	1.95	8.96	1.77	0.32	t=1.71 P=0.08(NS)
Knowledge regarding medical, home management and preventive measures	5.56	2.42	5.92	2.50	0.36	t=1.76 P=0.07(NS)
Total	14.20	2.42	14.88	2.68	0.68	t=1.89 P=0.06(NS)

Table 4.9 compare the pretest and posttest knowledge score

Considering overall Knowledge score , in pretest control group mothers are having 14.20 knowledge score and in posttest they are having 14.88 knowledge score, so the difference is 0.68, this difference is small and it is not significant. It was tested using Student paired t-test.

Table-4.10: Comparison Of Pre-Test And Post-Test Level Of Knowledge Score

		Pretest		posttest		Extended McNemar's test
		N	%	n	%	
Experiment	Inadequate	34	68.00%	0	0.00%	$\chi^2=44.02$ P=0.001*** (S)
	Moderate	16	32.00%	9	18.00%	
	Adequate	0	0.00%	41	82.00%	
	Total	50	100.0%	50	100.00%	
Control	Inadequate	31	62.00%	28	56.00%	$\chi^2=3.00$ P=0.08(NS)
	Moderate	19	38.00%	22	44.00%	
	Adequate	0	0.00%	0	0.00%	
	Total	50	100.0%	50	100.00%	

NS= not significant s= Significant

Table 4.10 assess the level of knowledge in pre-test and post-test.

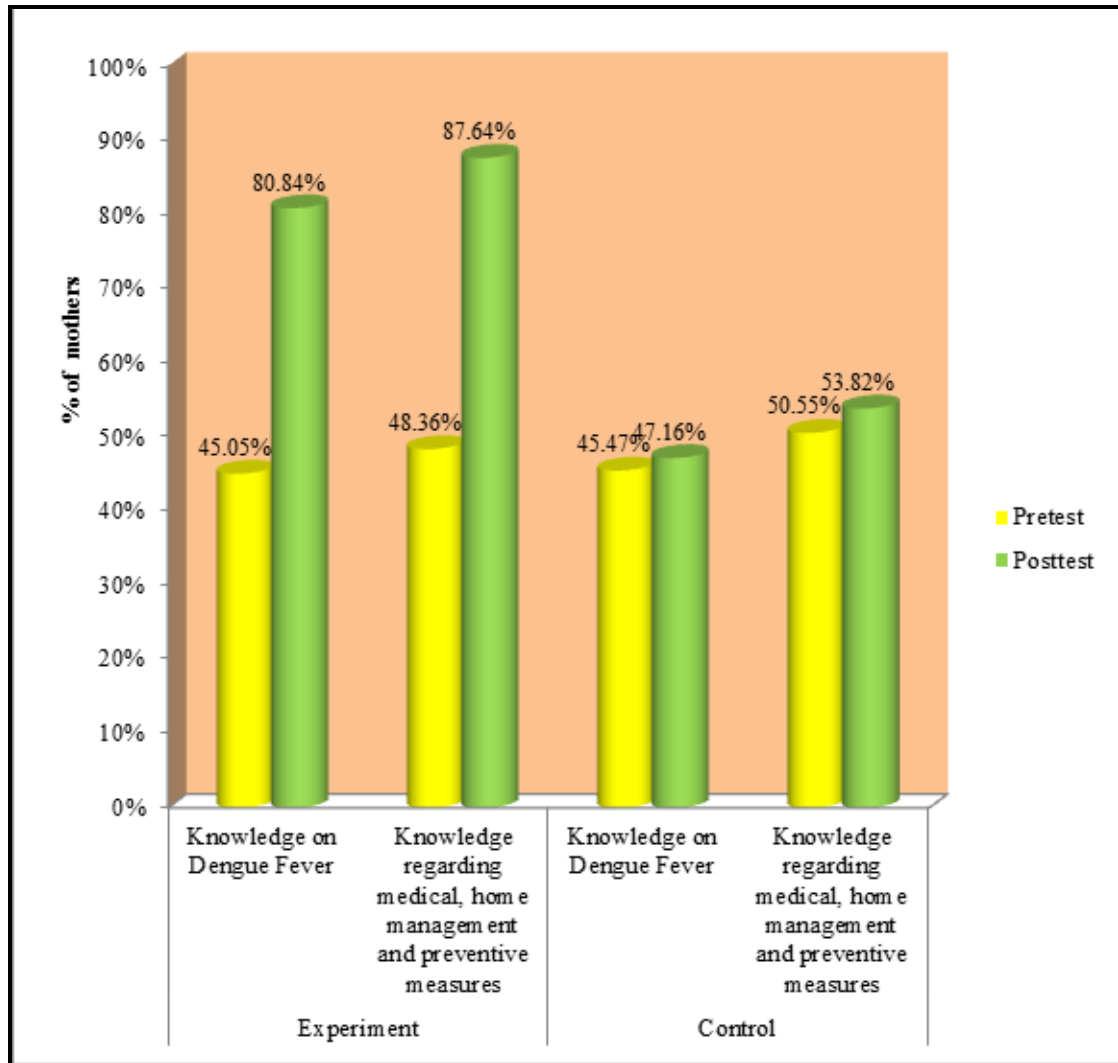
- ❖ Considering Experiment group, in pre test, 68% of them are having inadequate knowledge score , 32.0% of them are having moderate level of knowledge score and none of them are having adequate level of knowledge score. In post test, none of them are having inadequate knowledge score , 18.0% of them are having moderate level of knowledge score and 82% of them are having adequate level of knowledge score. There is a significant difference between Pre test and post test knowledge score. Pre test and post test difference was calculated using Extended McNemar's test.
- ❖ Considering Control group, in pre test, 62% of them are having inadequate knowledge score , 38.0% of them are having moderate level of knowledge score and none of them are having adequate level of knowledge score. In post test, 56% of them are having inadequate knowledge score , 44.0% of them are having moderate level of knowledge score and none of them are having adequate level of knowledge score. There is no significant difference between Pretest and post test knowledge score. Pretest and posttest difference was calculated using Extended McNemar's test.

Table-4.11: Each Domainwise Percentage Of Knowledge Gain Score

	Domains	Pretest knowledge	Posttest knowledge	% of knowledge gain
Experiment	Knowledge on Dengue Fever	45.05%	80.84%	35.79%
	Knowledge regarding medical, home management and preventive measures	48.36%	87.64%	39.28%
	Overall	46.27%	83.33%	37.06%
Control	Knowledge on Dengue Fever	45.47%	47.16%	1.69%
	Knowledge regarding medical, home management and preventive measures	50.55%	53.82%	3.27%
	Overall	47.33%	49.60%	2.27%

- ❖ In Experiment group, In pre test mothers are having 46.47% of knowledge score and in post test they are having 83.33%. So they gained 37.06% after structured teaching programme.
- ❖ In control group, In pre test mothers are having 47.33% of knowledge score and in post test they are having 49.60%. So they gained 2.27% without structured teaching programme.

Fig.4.16 Pretest and Posttest Knowledge Score



SECTION-IV: ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM.

Table 4.12: Effectiveness and Generalization of Structured Teaching Programme

		Max score	Mean score	Mean Difference of knowledge gain score with 95% Confidence interval	Percentage of knowledge gain score with 95% Confidence interval
Experiment	Pre-test	30	13.88	11.12 (10.18 – 12.05)	37.06% (33.93%– 40.16%)
	Post-test	30	25.00		
Control	Pre-test	30	14.20	0.68 (-0.18 – 1.15)	2.26% (-0.60% – 3.83%)
	Post-test	30	14.88		

Table no 4.12 shows the effectiveness of structured teaching programme on knowledge regarding prevention and control of Dengue Fever

- ❖ In experiment group, On an average, in post-test after having STP, mothers sare gained 37.06% more knowledge score than pre-test score.
- ❖ In control group, On an average, in post-test without STP, mothers are gained 2.26% more knowledge score than pre-test score.
- ❖ This difference shows the effectiveness of structured teaching programme.
- ❖ Differences and generalization of knowledge gain score between pre-test and post-test score was calculated using and mean difference with 95% CI and proportion with 95% CI.

SECTION-V:ASSOCIATION BETWEEN POSTTEST KNOWLEDGE SCORE WITH THEIR SELECTED DEMOGRAPHIC VARIABLES.

Table 4.13: Association Between Posttest Level Of Knowledge Score And Demographic Variables (Experiment)

Demographic Variables		Post test level of knowledge score						N	Chi square test
		Inadequate		Moderate		Adequate			
		n	%	n	%	n	%		
Age of the mother	21-25 years	0	0.00%	4	36.36%	7	63.64%	11	$\chi^2=10.17$ P=0.02*(S)
	26-30 years	0	0.00%	5	33.33%	10	66.67%	15	
	31-35 years	0	0.00%	0	0.00%	12	100.00%	12	
	>35 years	0	0.00%	0	0.00%	12	100.00%	12	
Age of the child	Infant	0	0.00%	1	12.50%	7	87.50%	8	$\chi^2=1.16$ P=0.76(NS)
	Toddler	0	0.00%	4	26.67%	11	73.33%	15	
	Pre schooler	0	0.00%	2	13.33%	13	86.67%	15	
	Schooler	0	0.00%	2	16.67%	10	83.33%	12	
Place	Rural	0	0.00%	3	42.85%	4	57.15%	7	$\chi^2=5.99$ P=0.05*(S)
	Urban	0	0.00%	2	7.14%	26	92.86%	28	
	Semi urban	0	0.00%	4	26.67%	11	73.33%	15	
Educational status of the mother	Professional	0	0.00%	0	0.00%	4	100.00%	4	$\chi^2=3.05$ P=0.80(NS)
	Graduate	0	0.00%	2	28.57%	5	71.43%	7	
	Post high school	0	0.00%	2	25.00%	6	75.00%	8	
	High school certificate	0	0.00%	1	20.00%	4	80.00%	5	
	Middle school certificate	0	0.00%	2	20.00%	8	80.00%	10	
	Primary school certificate	0	0.00%	2	20.00%	8	80.00%	10	
	Illiterate	0	0.00%	0	0.00%	6	100.00%	6	

Demographic Variables		Post test level of knowledge score						N	Chi square test
		Inadequate		Moderate		Adequate			
		n	%	n	%	n	%		
Educational status of the father	Professional	0	0.00%	2	33.33%	4	66.67%	6	$\chi^2=2.74$ P=0.84(NS)
	Graduate	0	0.00%	1	16.67%	5	83.33%	6	
	Post high school	0	0.00%	2	20.00%	8	80.00%	10	
	High school certificate	0	0.00%	2	25.00%	6	75.00%	8	
	Middle school certificate	0	0.00%	1	12.50%	7	87.50%	8	
	Primary school certificate	0	0.00%	0	0.00%	6	100.00%	6	
	Illiterate	0	0.00%	1	16.67%	5	83.33%	6	
Occupation of the Mother	Government job	0	0.00%	1	16.67%	5	83.33%	6	$\chi^2=1.67$ P=0.64(NS)
	Private job	0	0.00%	2	10.00%	18	90.00%	20	
	Daily wages	0	0.00%	3	25.00%	9	75.00%	12	
	Unemployed	0	0.00%	3	25.00%	9	75.00%	12	
Occupation of the Father	Government job	0	0.00%	2	28.57%	5	71.43%	7	$\chi^2=1.03$ P=0.79(NS)
	Private job	0	0.00%	4	20.00%	16	80.00%	20	
	Daily wages	0	0.00%	2	11.76%	15	88.24%	17	
	Unemployed	0	0.00%	1	16.67%	5	83.33%	6	
Income of the family	>Rs.41,430	0	0.00%	1	16.67%	5	83.33%	6	$\chi^2=5.62$ P=0.46(NS)
	Rs.20,715-41,429	0	0.00%	1	14.29%	6	85.71%	7	
	Rs.13,536-20,714	0	0.00%	3	37.50%	5	62.50%	8	
	Rs.10,357-13,535	0	0.00%	1	12.50%	7	87.50%	8	
	Rs.6,214-10,356	0	0.00%	2	40.00%	3	60.00%	5	
	Rs.2092-6,213	0	0.00%	0	0.00%	5	100.00%	5	
	< Rs.2091	0	0.00%	1	9.09%	10	90.91%	11	

Demographic Variables		Post test level of knowledge score						N	Chi square test
		Inadequate		Moderate		Adequate			
		n	%	n	%	n	%		
Type of family	Nuclear family	0	0.00%	2	8.33%	22	91.67%	24	$\chi^2=10.62$ P=0.01**(S)
	Joint family	0	0.00%	2	11.76%	15	88.24%	17	
	Extended family	0	0.00%	4	57.14%	3	42.86%	7	
	Single family	0	0.00%	1	50.00%	1	50.00%	2	
	Divorced /Broken family	0	0.00%	0	0.00%	0	0.00%	0	
Types of House	Concrete house	0	0.00%	2	18.18%	9	81.82%	11	$\chi^2=2.102$ P=0.55(NS)
	Roof house	0	0.00%	1	6.67%	14	93.33%	15	
	Mud house	0	0.00%	3	25.00%	9	75.00%	12	
	Kutcha house	0	0.00%	3	25.00%	9	75.00%	12	
Children with ailments	Congenital problems	0	0.00%	1	14.29%	6	85.71%	7	$\chi^2=1.09$ P=0.58(NS)
	Medical problems	0	0.00%	4	14.29%	24	85.71%	28	
	Surgical problems	0	0.00%	4	26.67%	11	73.33%	15	
Sources of drinking water	Corporation water	0	0.00%	3	17.65%	14	82.35%	17	$\chi^2=0.13$ P=0.93(NS)
	Bore water	0	0.00%	4	16.67%	20	83.33%	24	
	Well water	0	0.00%	2	22.22%	7	77.78%	9	

NS=not significant S= Significant P> 0.05 not significant *P≤0.05 significant **P≤0.01 highly significant

Table no 4.13 shows the association between post-test level of knowledge and mothers demographic variables.

Elder mothers, Urban area mothers and Nuclear family mothers are gained more knowledge than others.

Statistical significance was calculated using chi square test.

Fig-4.17: Association Between Posttest Level Of Knowledge Score And Mothers Age

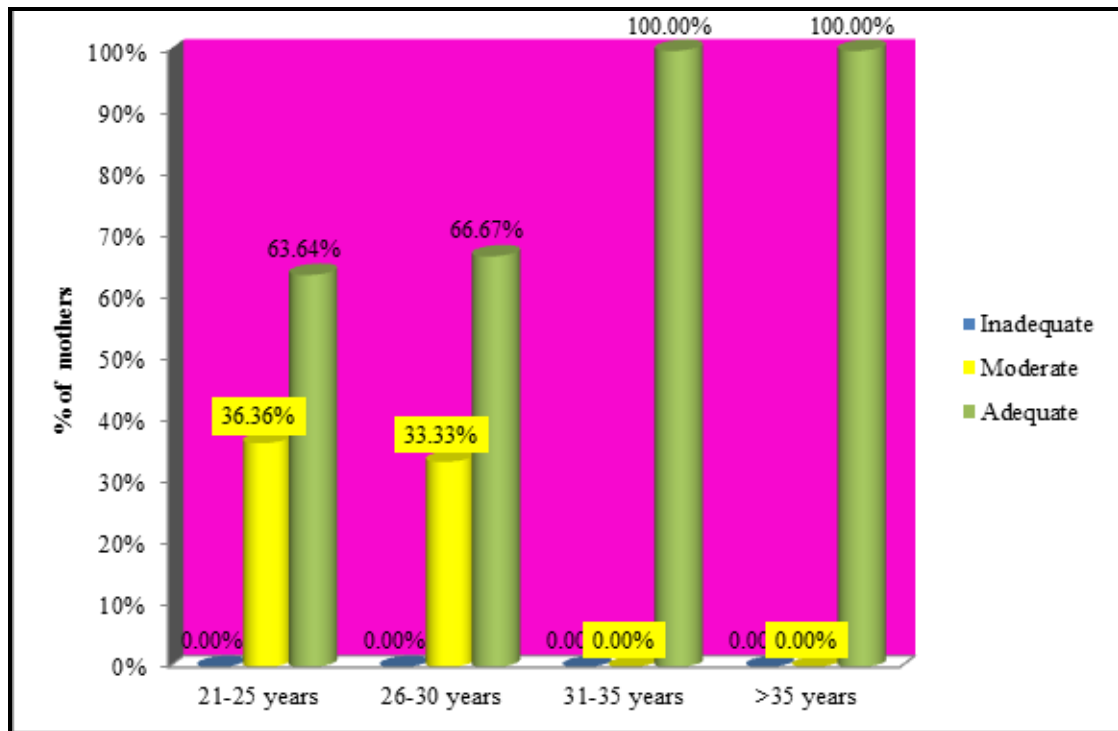


Fig-4.18: Association Between Post-Test Level Of Knowledge Score And Place Of Residence

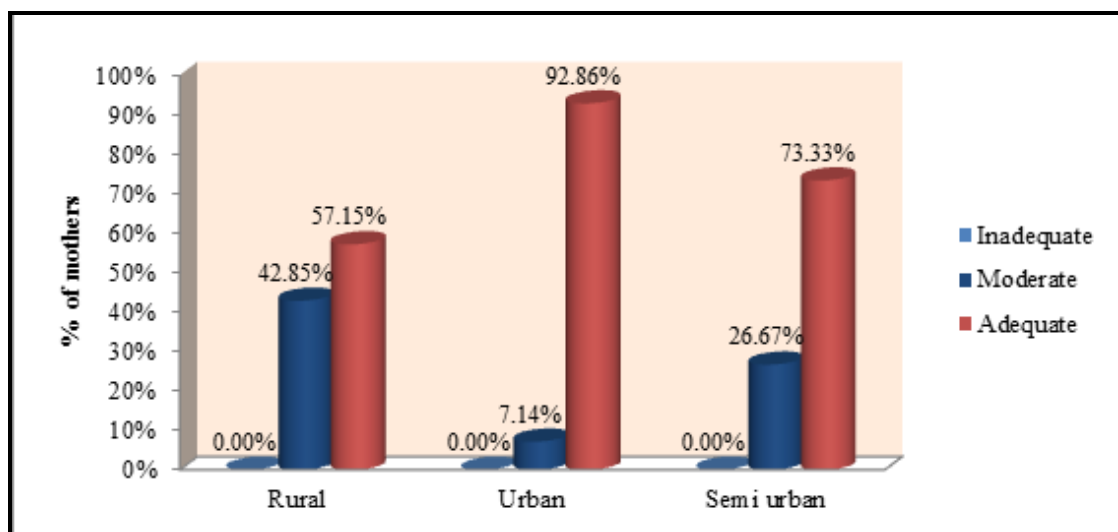


Fig-4.19: Association Between Post-Test Level Of Knowledge Score And Type Of Family

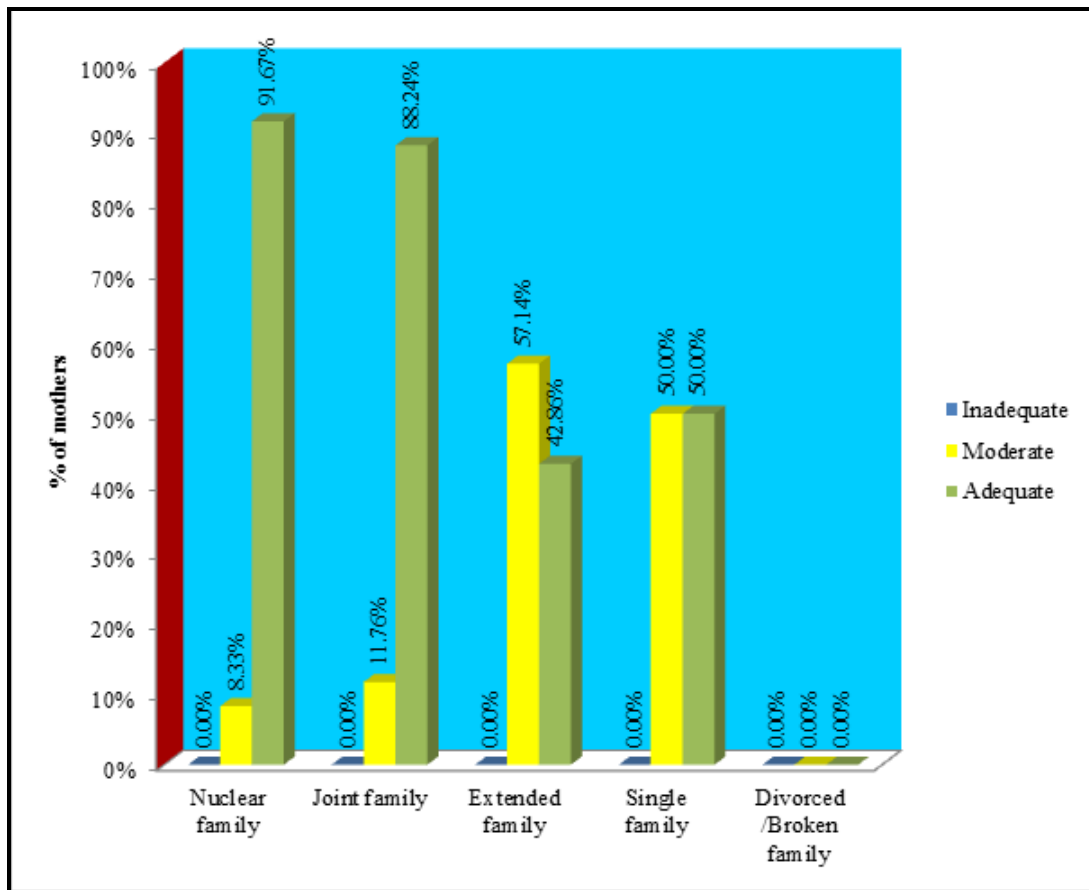


Table-4.14: Association Between Posttest Level Of Knowledge Score And Demographic Variables (Control)

Demographic Variables		Post-test level of knowledge score						N	Chi square test
		Inadequate		Moderate		Adequate			
		n	%	n	%	n	%		
Age of the mother	21-25 years	8	72.73%	3	27.27%	0	0.00%	11	$\chi^2=1.81$ P=0.61(NS)
	26-30 years	6	46.15%	7	53.85%	0	0.00%	13	
	31-35 years	8	53.33%	7	46.67%	0	0.00%	15	
	>35 years	6	54.55%	5	45.45%	0	0.00%	11	
Age of the child	Infant	7	70.00%	3	30.00%	0	0.00%	10	$\chi^2=1.79$ P=0.62(NS)
	Toddler	7	63.64%	4	36.36%	0	0.00%	11	
	Pre schooler	7	50.00%	7	50.00%	0	0.00%	14	
	Schooler	7	46.67%	8	53.33%	0	0.00%	15	
Place	Rural	4	33.33%	8	66.67%	0	0.00%	12	$\chi^2=3.32$ P=0.19(NS)
	Urban	11	64.71%	6	35.29%	0	0.00%	17	
	Semi urban	13	61.90%	8	38.10%	0	0.00%	21	
Educational status of the mother	Professional	2	50.00%	2	50.00%	0	0.00%	4	$\chi^2=1.35$ P=0.96(NS)
	Graduate	5	55.56%	4	44.44%	0	0.00%	9	
	Post high school	7	53.85%	6	46.15%	0	0.00%	13	
	High school certificate	2	40.00%	3	60.00%	0	0.00%	5	
	Middle school certificate	6	66.67%	3	33.33%	0	0.00%	9	
	Primary school certificate	2	50.00%	2	50.00%	0	0.00%	4	
	Illiterate	4	66.67%	2	33.33%	0	0.00%	6	
Educational status of the father	Professional	5	62.50%	3	37.50%	0	0.00%	8	$\chi^2=4.01$ P=0.67(NS)
	Graduate	2	33.33%	4	66.67%	0	0.00%	6	
	Post high school	5	50.00%	5	50.00%	0	0.00%	10	
	High school certificate	3	42.86%	4	57.14%	0	0.00%	7	
	Middle school certificate	5	83.33%	1	16.67%	0	0.00%	6	
	Primary school certificate	5	62.50%	3	37.50%	0	0.00%	8	
	Illiterate	3	60.00%	2	40.00%	0	0.00%	5	
Occupation of the Mother	Government job	3	50.00%	3	50.00%	0	0.00%	6	$\chi^2=0.15$ P=0.98(NS)
	Private job	10	58.82%	7	41.18%	0	0.00%	17	
	Daily wages	9	56.25%	7	43.75%	0	0.00%	16	
	Unemployed	6	54.55%	5	45.45%	0	0.00%	11	
Occupation of the Father	Government job	5	71.43%	2	28.57%	0	0.00%	7	$\chi^2=1.30$ P=0.72(NS)
	Private job	10	52.63%	9	47.37%	0	0.00%	19	
	Daily wages	9	50.00%	9	50.00%	0	0.00%	18	
	Unemployed	4	66.67%	2	33.33%	0	0.00%	6	

Demographic Variables		Post-test level of knowledge score						N	Chi square test
		Inadequate		Moderate		Adequate			
		n	%	n	%	n	%		
Income of the family	>Rs.41,430	7	63.64%	4	36.36%	0	0.00%	11	$\chi^2=4.25$ P=0.64(NS)
	Rs.20,715-41,429	4	57.14%	3	42.86%	0	0.00%	7	
	Rs.13,536-20,714	4	50.00%	4	50.00%	0	0.00%	8	
	Rs.10,357-13,535	1	25.00%	3	75.00%	0	0.00%	4	
	Rs.6,214-10,356	3	42.86%	4	57.14%	0	0.00%	7	
	Rs.2092-6,213	5	83.33%	1	16.67%	0	0.00%	6	
	< Rs.2091	4	57.14%	3	42.86%	0	0.00%	7	
Type of family	Nuclear family	9	45.00%	11	55.00%	0	0.00%	20	$\chi^2=1.82$ P=0.61(NS)
	Joint family	12	63.15%	7	36.85%	0	0.00%	19	
	Extended family	6	66.67%	3	34.33%	0	0.00%	9	
	Single family	1	50.00%	1	50.00%	0	0.00%	2	
	Divorced /Broken family	0	0.00%	0	0.00%	0	0.00%	0	
Types of House	Concrete house	8	72.73%	3	27.27%	0	0.00%	11	$\chi^2=1.81$ P=0.61(NS)
	Roof house	6	46.15%	7	53.85%	0	0.00%	13	
	Mud house	8	53.33%	7	46.67%	0	0.00%	15	
	Kutch house	6	54.55%	5	45.45%	0	0.00%	11	
Children with ailments	Congenital problems	4	33.33%	8	66.67%	0	0.00%	12	$\chi^2=3.29$ P=0.19(NS)
	Medical problems	12	63.16%	7	36.84%	0	0.00%	19	
	Surgical problems	12	63.16%	7	36.84%	0	0.00%	19	
Sources of drinking water	Corporation water	9	45.00%	11	55.00%	0	0.00%	20	$\chi^2=3.36$ P=0.18(NS)
	Bore water	9	52.94%	8	47.06%	0	0.00%	17	
	Well water	10	76.92%	3	23.08%	0	0.00%	13	

Table no 4. 14(Control) shows the association between mothers posttest level of knowledge and mothers demographic variables.

None of the demographic variables are significantly associated with their posttest level of knowledge score.

Statistical significance was calculated using chi square test.

CHAPTER-V DISCUSSION

The present study was designed to evaluate the effectiveness of Structured Teaching programme on regarding prevention of dengue fever in children among mothers. Randomized control trail – true experimental design and simple random sampling technique was used. The mothers selected for the study was 200. In experimental group consist of 100 samples and control group consist of 100 sample. The data was collected with the help of structured questionnaire. The researcher educate the mothers by help of teaching aids like flash card, flex, booklets, hand-out were used. Post test was conducted by the researcher after 1 weeks of Structured Teaching Program. Paired‘t’ test was used to test the significant difference between pre test and pos- test, chi-square was used to find out the association between knowledge with selected demographic variables.

Majority of findings based on socio demographic variables

- ❖ 30%were between 31-35 years of age of the mothers.
- ❖ 30%were belongs to toddler, pre-schooler and schooler of age is equally distributed.
- ❖ 56% were belongs to urban place of living.
- ❖ 20%Middle school certificate in experimental group and ,26%were post high school in control group
- ❖ 40% mothers in experimental group and 34% in control group were fall on Private job
- ❖ 22% were fall in the income status of < Rs.2091/month whereas in control group 22% were >Rs.41,430/month of income status

- ❖ Maximum 48% in experimental and 40 % in control group fall on belongs to nuclear family
- ❖ 30 % belongs to roof house in experimental group and (30%) were mud house in control group
- ❖ 56% were medical problems in experimental group and 38% were medical and surgical problems
- ❖ 48% were consuming bore water in experimental group and 40% were consuming corporation water in control group

Objective 1: To assess the pre-test level of knowledge of mothers regarding prevention of Dengue Fever.

In experiment group, they are having maximum knowledge regarding medical, home care management and preventive measures (46.27%) and minimum knowledge score (45.05%). Overall knowledge score is 46.27%. Therefore overall 68% of them are having inadequate level of score, 32.00% consist of moderate level and none are having adequate level of score. as like in control group, 50.55% having minimum knowledge about dengue fever, 62% of them are having inadequate level of score, 38.00% having moderate level and none are having adequate level of score.

This present study supported by the following studies conducted by **Meghnath et al (2014)** study shows found the knowledge of people about dengue fever was very low in Nepal. Therefore, they concluded massive awareness programmes are urgently required to protect the health of people from dengue fever and to limit its further spread in India.

Ganeshkumar P et al (2018) showed that prevalence of dengue fever in India. Results Of the 2285 identified articles on dengue, we included 233 in the analysis wherein 180 reported prevalence of

laboratory confirmed dengue infection, seven reported seroprevalence as evidenced by IgG or neutralizing antibodies against dengue and 77 reported case fatality.

Bharathi N et al (2015) study showed the intensity of vector breeding and risk factors in schools at dindigul district, Tamilnadu. They reported were more cases between the months of September and December, hence top priority should be given by schools while planning activities to curtail dengue prevalence and risk factors among the student community.

In present study, dengue awareness is needed, because most people were not have adequate Knowledge, especially the mothers knowledge and awareness who care the children had adequate knowledge.

Objective 2: To assess the post-test level of knowledge of mothers regarding prevention of Dengue Fever.

In experiment group, they are having maximum knowledge in **Knowledge regarding medical, home management and preventive measures (87.64%)** and minimum knowledge score in **Knowledge on Dengue Fever (80.84%)**. Overall knowledge score is 83.33%. In experiment group, none of them are having inadequate level of score, 18.00% of them are having moderate level and 82.00% are having adequate level of score.

In control group, they are having maximum knowledge in **Knowledge regarding medical, home management and preventive measures (53.82%)** and minimum knowledge score in **Knowledge on Dengue Fever (47.16%)**. Overall knowledge score is 49.60%. In control group, 56.00% of them are having inadequate level of score, 44.00% of them are having moderate level and none are having adequate level of score.

In present study supported by the following studies conducted by **Kumar A (2013)** carried out a Educational intervention programme regarding dengue and its Prevention among Urban High School Children. Pre-test and two post- test was taken, the level of knowledge was significantly high in second post- test which after the intervention.

Hasanain F et al (2013) study showed most of the respondents had good knowledge (63.2%) and good practice(79.9%) regarding dengue fever. Score was significantly increased after health education programme and there is no significant association between knowledge and selected demographic variables.

Bos S et al (2018) showed new prophylactic strategies are urgently needed to prevent severe forms of dengue disease. The lack of specific antiviral therapies available turns vaccine development into a socio-economic challenge.

Hence hypothesis **H₁** : The mean post - test knowledge score of mother regarding prevention of Dengue fever will be significantly higher than the mean pre- test knowledge score as measured by modified knowledge questionnaire is accepted . Therefore above supported study is revealed that improvement of knowledge regarding prevention of dengue fever among mother and public after educational awareness programme. So present study showed need for awareness programme especially mothers who care for children because children are vulnerable for any type of communicable diseases and vector borne diseases .So these studies helps to understand it better.

Objective 3: To compare the pre- test and post- test level of knowledge regarding prevention of Dengue Fever.

Considering overall Knowledge score, in pre- test Experiment group mothers are having 13.88 knowledge score and in post- test they are having 25.00 knowledge score, so the difference is 11.12, this

difference is large and it is significant. It was tested using Student paired t-test.

Considering overall Knowledge score, In experiment group, On an average, in post- test after having STP, mothers are gained 37.06% more knowledge score than pre- test score. In control group, On an average, in post- test without STP, mothers are gained 2.26% more knowledge score than pre- test score. This difference shows the effectiveness of structured teaching programme.

Differences and generalization of knowledge gain score between pre- test and post test score was calculated using and mean difference with 95% CI and proportion with 95% CI.

In above findings supported by the following studies conducted by **Sandeep K et al (2014)** were found the post- test knowledge score was higher (70.83%). than the pre-test knowledge score 28.25% and also had significant association between age and post- test knowledge was found

Chinnakali P (2012) study indicates that majority of the respondents (96.3%) had adequate knowledge regarding dengue fever. Therefore it concludes that awareness regarding dengue fever and mosquito control measures was satisfactory when compare with pre- test.

Wan Rozita et al (2013) suggested that there is a need to strengthen health promotion activities to increase the knowledge that forms the basis for preventive practices as part of the strategy to control dengue outbreaks again they also insists good knowledge does not necessarily lead to good practice.

In present study showed home care management, prevention and control of mosquito breeding .only this study concentrated on

knowledge aspect but above studies suggested preventive practices was needed for better improvement among public, especially mothers. Here researcher not focused on practice. This is lacking area of present study.

Objective 4: To find an association between the post-test knowledge with their selected socio demographic variables.

Elder mothers, urban area mothers and Nuclear family mothers are gained more knowledge than others. None of the demographic variables are significantly associated with their post- test level of knowledge score.

The present study is supported by the following studies conducted by

Ramzan M et al (2015) evaluated three hundred and sixty three participants were selected through Stratified Random Sampling. Level of knowledge was highly associated with levels of practice and the study concluded that knowledge and preventive practices are associated to their gender, marital status, age and occupation. Preventive practices get better, where knowledge levels, emphasizing the need of community education programme.

Muhammad Faiz et al (2017) study revealed more than half of the respondents possessed good level of attitude, and more than half scored moderately for practice (57.6% and 56.1% respectively). Data on the environmental characteristics showed that majority of the respondents' houses have no potential breeding sites for *Aedes* mosquito. Findings also indicate that there was no significant association between dengue prevention practices and socio-demographic factors such as age, gender, educational level and occupational status.

Sazaly AbuBakar et al (2013) concluded that, knowledge about dengue fever and its vector is generally inadequate with only 35.5% of the sample, and remaining samples had adequate knowledge about

dengue fever and its vector. The knowledge scores had significant association with education ($p=0.004$) and socio economic status ($p=0.002$) of the individuals.

Above studies suggested that demographic variables like urban area, nuclear family, elder mothers significantly associated. Therefore need for community based awareness programme and clinical awareness is more needed for mothers. Rural mothers are more lacking to impart knowledge about vector borne control measures and prevention of dengue fever. Eventhough poor economical status, joint family, crowded place and other environmental factors are also important to concentrae to reduce the prevalence of dengue fever

At pre-test level overall knowledge score is 46.27% and 47.33% in experimental group and control group respectively their difference between these two groups were not statistically significant . At post-test level mothers gained significant level of knowledge and statistically significant at this level of $\chi^2=74.45, p=0.001$ and in control groupn55.6% of mothers had inadequate knowledge and not significant

Hence Hypothesis **H₂**: There will be a significant association between post- test knowledge with their selected demographic variables is accepted. Through this present study results reveal that structured teaching programme on knowledge regarding prevention of dengue fever was effective among the mothers of children in paediatric medical wards.

CHAPTER-VI

SUMMARY, IMPLICATION, RECOMMENDATION AND CONCLUSION

This is the most important part of this study. This chapter reveals a study to assess the effectiveness of structured teaching programme regarding prevention of dengue fever in children among mothers at institute of child health and hospital for children, Egmore, Chennai. This chapter gives a brief account of the present study including summary, finding and conclusion, limitations, recommendations and nursing implications.

6.1.SUMMARY

Dengue is the most important mosquito-borne, human viral disease in many tropical and sub-tropical areas. In India the disease has been essentially described in the form of case series. We reviewed the epidemiology of dengue in India to improve understanding of its evolution in the last 50 years and support the development of effective local prevention and control measures.

So the researcher conducted a study to assess the effectiveness of structured teaching programme regarding prevention of dengue fever in children among mothers at institute of child health and hospital for children, Egmore, Chennai. The data was collected for 4 weeks in selected paediatric medical wards at ICH , Egmore, Chennai from 02.02. 2019 to 02.03. 2019. The collected data was analyzed by using the descriptive statistics (percentage, mean, standard deviation) and inferential statistics (student paired t test and chi square test). The study findings were discussed based on the objectives.

6.2. MAJOR FINDINGS OF THE STUDY

6.2.1: Findings of socio demographic profile of the mothers

- ❖ Regarding age of mothers , a highest frequency of 15(30%)of age were 26-30 yrs,12(24%) of mothers of children in age between >35 yrs,12(24%) between 31-35 yrs of age,11(22%) of age were 21-25 years in experimental group. where as in control group , highest frequency of 15 (30%)were between 31-35 yrs of age,13(26%) were the age group of mother was 26-30yrs , 11(22%) were the age between 25-30yrs and 11(22%) were the age between >35yrs.
- ❖ Considering age of child, maximum of 15 (30%) were belongs to toddler,15(30%) were belongs to preschooler of age, 12(24%) were belongs to schooler, and minimum of 8(16%) were belongs to Infant of age in experimental group. Where as in control group, 15 (30%) were between schooler,14(28%) were belongs to preschooler,11(22%) were belongs to toddler,10(20%) were belongs to Infant of age.
- ❖ In place of living 28(56%) belongs to urban,15(30%) belongs to semi urban, minimum of 7(14%) belongs to rural in experimental group,whereas in control group highest frequency of 21(42%) belongs to semiurban,17(34%) belongs to urban,12(24%)belongs to rural.
- ❖ In relation to educational status of mother highest frequency of 10(20%)Middle school certificate ,10(20%)primary school certificate,8(16%)were post high school,7(14%) weregraduate,6(12%)illiterate,5(10%)were high school certificate,4(8%) were professionals in experimental group, whereas in control group13(26%)were post high school,9(18%)were graduate and middle school

certificate,6(12%)illiterate,5(10%) were high school certificate, 4(8%) were professionals and primary school certificate mothers.

- ❖ In relation to educational status of father highest frequency of 10(20%)were post high school,8(16%) were high school and middle school certificate mothers,6(12%) were professionals, 6(12%) were graduate, 6(12%) were primary school certificate and6(12%) were illiterate in experimental group, whereas in control group 10(20%)were post high school,8(16%) were professionals,8(16%)primary school certificate,7(14%) were high school certificate,graduate6(12%),middle school certificate 6(12%),5(10%) were illiterate.
- ❖ Regarding occupation status of mother , the highest frequency of 20(40%)were from Private job,12(24%) were daily wages ,12(24%)unemployed,6(12%)were from government job in experimental group, whereas in control group , maximum frequency from private employe17(34%), and 16(32%) were daily wages,11(22%) were unemployed,6(12/%) were from govt job.
- ❖ Regarding occupation status of father highest frequency of 20 (40%) from private job,17(34%) from daily wages,7(14%) were govt job,6(12%) were unemployed in experimental group. whereas in control group highest frequency of 19 (38%) were private job ,18(36%) were daily wages, 7(14%) were govt job,6(12%) were unemployed in experimental group.
- ❖ In relation to the income status of the mother highest frequency of 11(22%) were < Rs.2091,8(16%)were Rs.13,536-20,714 and Rs.10,357-13,535,7(14%) Rs.20,715-41,429,6(12%) were >Rs.41,430,5(10%) belongs to Rs.6,214-10,356 and Rs.2092-6,213 income status in experimental group, whereas in control

group 11(22%) were >Rs.41,430, 8(16%)were Rs.13,536-20,714,7(14%) belongs to Rs.20,715-41,429 and Rs.6,214-10,356 and < Rs.2091,6(12%) were Rs.2092-6,213,4(*%) belongs to Rs.10,357-13,535 income status.

- ❖ Regarding type of family highest frequency of 24(48%) belongs to nuclear family,17(34%) were joint family,7(14%) belongs to extended family,2(4%) were single family, none of them belongs to divorced/broken family in experimental group, whereas in control group maximum20(40%) belongs to nuclear family,19(38%) were joint family,9(18%) belongs to extended family,2(4%) were single family, none of them belongs to divorced/broken family.
- ❖ In relation to the types of house maximum 15 (30%) belongs to roof house,12(24%) were mud house and kutcha house,11(22%) were concrete house in experimental group, whereas in control group 15(30%) were mud house,13(26%) belongs to roof house,11(22%) were concrete and kutcha house.
- ❖ Regarding children with ailments highest frequency of 28(56%) were medical problems ,15(30%) were surgical problems,7(14%) were congenital problems in experimental group, whereas in control group 19(38%) were medical, and surgical problems 12(24%)were congenital problems.
- ❖ Considering the source of drinking water highest frequency of 24(48%) were bore water, 17(34%)were corporation water,9(18%) were consuming well water in experimental group, whereas in control group 20(40%) were consuming corporation water,17(34%) were bore water,13(26%)were well water.

6.2.2: Finding the pre- test level of knowledge among mothers before structured teaching programme.

- ❖ In experiment group, 68% of them are having inadequate level of score, 32.00% of them are having moderate level and none are having adequate level of score.
- ❖ In control group, 62% of them are having inadequate level of score, 38.00% of them are having moderate level and none are having adequate level of score.
- ❖ Statistical significance was calculated using chi square test.

6.2.3: Finding the post -test level of knowledge among mothers after structured teaching programme.

- ❖ In experiment group, none of them are having inadequate level of score, 18.00% of them are having moderate level and 82.00% are having adequate level of score.
- ❖ In control group, 56.00% of them are having inadequate level of score, 44.00% of them are having moderate level and none are having adequate level of score.
- ❖ Statistical significance was calculated using chi square test.

6.2.4: Finding the pre test and post-test level of knowledge score among mothers

- ❖ Considering overall Knowledge score , in pretest Experiment group mothers are having 13.88 knowledge score and in posttest they are having 25.00 knowledge score, so the difference is 11.12, this difference is large and it is significant. It was tested using Student paired t-test.
- ❖ Considering overall Knowledge score , in pretest control group mothers are having 14.20 knowledge score and in posttest they are having 14.88 knowledge score, so the difference is 0.68, this

difference is small and it is not significant. It was tested using Student paired t-test.

6.2.5: Finding the effectiveness of structured teaching programme among mothers of children

- ❖ In Experiment group, In pre test mothers are having 46.47% of knowledge score and in post test they are having 83.33%. So they gained 37.06% after structured teaching programme.
- ❖ In control group, In pre test mothers are having 47.33% of knowledge score and in post test they are having 49.60%. So they gained 2.27% without structured teaching programme
- ❖ In experiment group, On an average, in post test after having STP, mothers are gained 37.06% more knowledge score than pre test score.
- ❖ In control group, On an average, in post test without STP, mothers are gained 2.26% more knowledge score than pre test score.
- ❖ This difference shows the effectiveness of structured teaching programme.
- ❖ Differences and generalization of knowledge gain score between pretest and posttest score was calculated using and mean difference with 95% CI and proportion with 95% CI.

6.2.6: Finding of an association of post test knowledge level with selected socio demographic variables of mothers

- ❖ The association between post test level of knowledge and mothers demographic variables in experimental group
- ❖ Elder mothers, Urban area mothers and Nuclear family mothers are gained more knowledge than others.

- ❖ Statistical significance was calculated using chi square test.
- ❖ In control group the association between mothers post test level of knowledge and mothers demographic variables.
- ❖ None of the demographic variables are significantly associated with their post test level of knowledge score. Statistical significance was calculated using chi square test.

6.3 IMPLICATIONS OF THE STUDY

6.3.1 Nursing practice

- ❖ Nurses working in different health care setting play a vital role in enhancing the quality of life of individual and family members in community health care settings.
- ❖ The STP will be an important element in improving the knowledge & practice of mother in health care services to reduce the incidence and prevalence of dengue fever in community.
- ❖ Practicing nurses should develop their knowledge & skill in practicing good environmental sanitation to protect from mosquitoes bite.
- ❖ Nurses can also become influential “agents of change” through continuous instruction regarding prevention and control of dengue fever.
- ❖ The nurses should create awareness regarding prevention and control of dengue fever in community.
- ❖ The results of the study will help the nurses to enlighten their knowledge on importance of health education.
- ❖ They should also participate in giving health education to the individual & family members in community.

- ❖ The health education will improve the knowledge & practice of the people, prevention of this communicable disease and control programme to reduce the morbidity and mortality rates.

6.3.2. Nursing Education

The finding of the study suggests,

- ❖ The nursing students will be able to understand dengue fever and its incidence & prevalence among children.
- ❖ Nursing curriculum is a measure for motivating the students “to hunt for knowledge” and the curriculum is responsible for preparing future nurses
- ❖ It helps them to know the prevention, control measures of dengue fever such as discarding the waste products in proper way, closing the open vessels, Eliminating the stagnant water, removing the ditches on roof gutters, keeping the environment clean, cutting down the bushes, using mosquito repellents and Use of papaya leaf extract & nila vembu kudineer.
- ❖ Thus the nursing students will develop knowledge in prevention and control of dengue fever to reduce of the mortality & morbidity rates.

6.3.3 Nursing Administration

- ❖ Nursing administrators can formulate policies which will include all nursing staff to be actively involved in health education programmes especially through community health centres & hospital.
- ❖ The findings of the study can be made use of by the health care personnel holding the administrative positions to formulate

policies and make necessary changes in the clinical education and health care delivery system.

- ❖ The nurse administrator should initiate structured teaching programme on prevalence of dengue fever among mothers of children to take preventive & treatment measures such as use of mosquito repellents & remove the water around houses and home remedies.

6.3.4. Nursing Research

- ❖ The findings of the study will serve as the basis for the student nurses to conduct future qualitative and quantitative research on prevention and control of dengue fever which can bring down mortality and morbidity rates.
- ❖ Many more studies can be done to assess the effectiveness of the highly feasible and less expensive teaching programs in various other conditions and settings with more number of samples.
- ❖ This study will serve as a valuable reference material for future investigations.
- ❖ The nurse researcher should conduct workshops, seminars, and poster sessions and should publish research findings in journals to communicate findings to nursing professionals.

6.3.5. Community

- ❖ Health education programmes can be conducted by the nursing personnel in community setting, help in imparting knowledge to mothers and other public about the prevention and control measures of dengue fever.

6.4. RECOMMENDATIONS

The following recommendations are done based on this study:

- ❖ A similar study can be undertaken in large samples to generalize the findings.
- ❖ A similar study can be done in community settings.
- ❖ A comparative study can be done between rural and urban mothers of children on the level of knowledge, attitude and practice regarding dengue fever
- ❖ A similar study can be done to determine the effectiveness of mother to mother approach among mothers of under five children for various topics.
- ❖ A study can be done to assess the effectiveness of structured teaching programme on dengue fever among school children.
- ❖ A descriptive study can be done to find out the incidence of dengue fever among children aged below 15years.
- ❖ A similar study can be done to assess the effectiveness of teaching dengue
- ❖ Fever to school children through child to child programme.
- ❖ A study can be done by a qualitative approach also

6.5.LIMITATIONS OF THE STUDY

- ❖ The use of a simple random sampling technique is limitation to this study, which greatly limits its generalizability.
- ❖ The study assessed only knowledge and practice in experimental and control group.

- ❖ This study used the true experimental design. Since the data collection period was limited to 4 weeks and 100 samples, study finding limits the generalizability.
- ❖ It was very difficult to gather all the subjects at a time.
- ❖ Due to the time limitation, only few preventive and control measures were implemented.

6.6 CONCLUSION

This interventional study was done to assess the effectiveness of STP on Knowledge and practice regarding prevention and control of dengue fever among mothers of children at selected paediatric medical wards. Majority of the participants showed improvement in knowledge about dengue fever. The findings revealed that intervention was effective, the findings were consistent with the literature and it was concluded that STP was effective in improving the knowledge and practice of mothers of children regarding dengue fever. Thereby help to achieve the national programme of prevention & control of communicable diseases and national rural health mission.

Learning evidence based care gives the opportunity to nurses to improve their ability and to use theoretical knowledge in practice. This chapter highlights the importance of this research and reveals that there was significant association between the levels of knowledge with their selected demographic variables. Statistical significance was calculated using chi square test and one way analysis of variance F-test, student independent t-test. So STP has significant impact in improving the knowledge level regarding prevention and control of dengue fever among mothers of children are significant.

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SECTION –A

i)DEMOGRAPHIC VARIABLES

1. Age of the mother

- a) 21-25 years
- b) 26-30 years
- c)31-35 years
- d)>36 years

2. Age of the child

- a) Infant
- b) Toddler
- c)Pre schooler
- d)Schooler

3. Place of living

- a)Rural
- b)Urban
- c)Semi urban

4.Educational status of the mother

- a)Professional
- b)Graduate
- c)Post high school
- d)High school certificate
- e)Middle school certificate
- f)Primary school certificate
- g)Illiterate

5. Educational status of the father

- a)Professional
- b)Graduate
- c)Post high school
- d)High school certificate
- e)Middle school certificate
- f)Primary school certificate
- g)Illiterate

6. Occupation of the Mother

- a)Government job
- b)Private job
- c)Daily wages
- d) Unemployed

7. Occupation of the Father

- a)Government
- b)Private
- c)Daily wages
- d)Unemployed

8. Income of the family

- a) Rs.>41,430
- b) Rs.20,715-41,429
- c) Rs.13,536-20,714
- d) Rs.10,357-13,535
- e) Rs.6,214-10,356
- f) Rs.2092-6,213
- g) Rs.<2091

9. Type of family

- a) Nuclear family
- b) Joint family
- c) Extended family
- d) Single family
- e) Divorced /Broken family

10. Types of House

- a) Concrete house
- b) Roof house
- c) Mud house
- d) Kutcha house

11. Children with ailments

- a) Congenital problems
- b) Medical problems
- c) Surgical problems

12. Sources of drinking water

- a) Corporation water
- b) Bore water
- c) Well water

13. Whether any of your family members affected with dengue fever before?

- a) yes
- b) No

14. Previous source of information about dengue fever

- a) Health Professionals
- b) T.V , Radio, Posters
- c) Friends
- d) Don't know

SECTION-B

i)KNOWLEDGE ABOUT DENGUE FEVER

1. The vector that causes Dengue fever
 - a) House fly
 - b) Mosquitoes
 - c) Tsetse fly

2. The type of mosquito causes Dengue fever
 - a) Anopheles
 - b) Culex
 - c) Aedes Aegypti

3. The dengue fever is a _____
 - a) Pandemic disease
 - b) Epidemic disease
 - c) Endemic disease

4. The other name of Dengue fever
 - a) Typhoid fever
 - b) Yellow fever
 - c) Dandy fever

5. The biting time of dengue mosquito
 - a) Morning and afternoon
 - b) Night and afternoon
 - c) Dawn and Dusk

6. The area where the dengue mosquitoes breeds
 - a) Sewage Water
 - b) Clean Water
 - c) River Water

7. The type of mosquito that transmits dengue fever
 - a) Infected female aedes mosquitoes
 - b) Infected male culex mosquitoes
 - c) Infected male aedes aegypti mosquitoes

8. The feeder time of dengue mosquitoes
 - a) Day time feeder
 - b) Mid day feeder
 - c) Night time feeder

9. The vulnerable groups to get dengue fever
 - a) Healthy males
 - b) Healthy females
 - c) Under five children

10. Predominant symptom of Dengue fever
 - a) Pain around and behind the eyes
 - b) Pain around and behind the ears
 - c) Pain around and behind the nose

11. The WHO warning sign of Dengue fever
 - a) Epistaxis
 - b) Malena
 - c) Deep pain in bone

12. The WHO Alarm sign of Dengue fever
 - a) Headache
 - b) Hypothermia
 - c) Epistaxis

13. The WHO danger sign of Dengue fever
 - a) Fever
 - b) Body pain
 - c) Unstable Blood Pressure

14. The appearing symptoms on the skin for Dengue fever
 - a) Blisters
 - b) Bruises
 - c) Petechiae

15. The test used to identify dengue fever
 - a) Prothrombin test
 - b) Positive Tourniquet Test
 - c) Prothrombin and Tourniquet test

16. The normal Platelet count
 - a) 10000 to 15000
 - b) 1.5 to 4 lakhs
 - c) 6.5 to 8.2 lakhs

17. The diagnosis of Dengue fever confirmed by
 - a) Decreased WBC
 - b) Decreased RBC
 - c) Decreased Platelet

18. The Febrile phase of Dengue fever.
 - a) An infected person suffer with severe pain
 - b) An infected person suffer with severe bleeding
 - c) An infected person suffer with high fever

19. The stage of health improvement during dengue fever
 - a) Critical stage
 - b) Recovery stage
 - c) Febrile stage

ii) KNOWLEDGE REGARDING MEDICAL, HOME MANAGEMENT AND PREVENTIVE MEASURES:

20. The ideal therapy for Dengue fever
- a) Music therapy
 - b) Play therapy
 - c) Oral Rehydration therapy
21. The children with Dengue fever needs
- a) Physical rest
 - b) Mental rest
 - c) Physical rest and sleep
22. The food to be avoided during Dengue fever
- a) Boiled foods
 - b) Semisolid foods
 - c) Fried foods
23. The name of clean/disinfectant that is used for water tank cleaning
- a) Using Bleaching powder
 - b) Using Normal water
 - c) Using Soap and water
24. In drinking water the method that prevent dengue mosquito breeding
- a) Chlorination
 - b) Pouring the oil
 - c) Covering the vessels with cloth
25. The common mosquito repellent used to control breeding
- a) Octanol
 - b) Quinon oil
 - c) Acetyl diethyl formaldehyde
26. The act to increase platelet count naturally
- a) Drinking papaya leaf extract
 - b) Drinking drumstick leaf juice
 - c) Drinking tender coconut
27. The controlling colour code of the mosquito breeding
- a) Red colour
 - b) Black colour
 - c) White colour
28. The method of dressing that prevents mosquito bite
- a) Short sleeves and short pants
 - b) Long sleeves and long pants
 - c) Long sleeves and short pants

29. The prevention of mosquito bite in daytime

- a) Using mosquito repellent
- b) Taking bath frequently
- c) Cleaning the house

30. The responsibility of environmental cleaning

- a) State responsibility
- b) Community responsibility
- c) Individual responsibility

****End*****

பகுதி -அ
தனி நபர் பற்றிய விவரங்கள்

1. தாயின் வயது

- அ) 21வயது முதல் 25 வயது வரை
- ஆ) 26வயது முதல்-30 வயது வரை
- இ) 31வயது முதல்-35 வயது வரை
- ஈ) 36 வயதிற்கு மேல்

2. குழந்தையின் வயது

- அ) ஒரு வயதிற்குள்ளான குழந்தை
- ஆ) ஒன்று முதல் மூன்று வயதிற்குள்ளான குழந்தை
- இ) மூன்று முதல் ஆறு வயதிற்குள்ளான குழந்தை
- ஈ) ஆறு வயதிற்கு மேல் பனிரெண்டுவயதிற்குள்ளான குழந்தை

3. வசிக்கும் இடம்

- அ) கிராமப்புற வாழ்க்கை
- ஆ) நகர்ப்புற வாழ்க்கை
- இ) நகர்ப்புறம் சார்ந்த வாழ்க்கை

4. தாயின் கல்வி தகுதி

- அ) தொழில் சார்ந்த பட்டப்படிப்பு
- ஆ) பட்டதாரி
- இ) மேல்நிலை கல்வி தகுதி
- ஈ) உயர்நிலை கல்வி தகுதி
- உ) நடுநிலை கல்வி தகுதி
- ஊ)ஆரம்பநிலை கல்வி தகுதி
- எ) படிப்பறிவில்லாதவர்

5. தந்தையின் கல்வி தகுதி

- அ) தொழில் சார்ந்த பட்டப்படிப்பு
- ஆ) பட்டதாரி
- இ) மேல்நிலை கல்வி தகுதி
- ஈ) உயர்நிலை கல்வி தகுதி
- உ) நடுநிலை கல்வி தகுதி
- ஊ)ஆரம்பநிலை கல்வி தகுதி
- எ) படிப்பறிவில்லாதவர்

6. தாயின் தொழில்

- அ) அரசு நிறுவனத்தில் வேலை செய்பவர்
- ஆ) தனியார் நிறுவனத்தில் வேலை செய்பவர்
- இ) தினக்கூலி
- ஈ) வேலையில்லாதவர்

7. தந்தையின் தொழில்

- அ) அரசு நிறுவனத்தில் வேலை செய்பவர்
- ஆ) தனியார் நிறுவனத்தில் வேலை செய்பவர்
- இ) தினக்கூலி
- ஈ) வேலையில்லாதவர்

8. குடும்பத்தின் மாத வருமானம்

- அ) ரூ.41,430 க்கு மேல்
- ஆ) ரூ.20,715 முதல் 41,429 வரை
- இ) ரூ.13,536 முதல் 20,714 வரை
- ஈ) ரூ.10,357 முதல் 13,535 வரை
- உ) ரூ.6,214 முதல் 10,356 வரை
- ஊ) ரூ 2092 முதல் 6,213 வரை
- எ) ரூ 2091 க்கு கீழ்

9. குடும்ப வகை

- அ) தனி குடும்பம்
- ஆ) கூட்டு குடும்பம்
- இ) விரிவாக்கப்பட்ட குடும்பம்
- ஈ) ஒற்றை பெற்றோர் உள்ள குடும்பம்
- உ) விவாகரத்து ஆன குடும்பம்
- ஊ) பிளவுபட்ட குடும்பம்

10. வசிக்கும் வீடு

- அ) மாடி வீடு
- ஆ) கூரை வீடு
- இ) மண் வீடு
- ஈ) குடிசை வீடு

11. குழந்தை உள்நோயாளியாக அனுமதிக்கப்பட்ட விவரம்

அ) பிறவியிலேயே ஏற்பட்ட நோய்க்காக

ஆ) மருத்துவ சிக்கலுள்ள நோய்க்காக

இ) அறுவை சிகிச்சை சம்பந்தமான நோய்க்காக

12. வீட்டிற்கு உபயோகிக்கும் குடிநீர் பற்றிய விவரம்

அ) கார்ப்பரேஷன் நீர்

ஆ) பாசன நீர்

இ) கிணற்று தண்ணீர்

13. உங்கள் குடும்ப அங்கத்தினர்கள் யாரேனும் டெங்குகாய்ச்சலால் பாதிக்கப்பட்டுள்ளார்களா?

அ) ஆம்

ஆ) இல்லை

14. டெங்கு காய்ச்சலைப் பற்றி தாங்கள் அறிந்த முன் விவரங்கள்

அ) சுகாதார வல்லுநர் மூலம்

ஆ) டி.வி., ரேடியோ, போஸ்டர்ஸ் மூலம்

இ) நண்பர்கள் மூலம்

ஈ) தெரியாது

பகுதி-ஆ

அ) டெங்கு காய்ச்சல் பற்றிய அறிவுசார்ந்த கேள்விகள்

1. டெங்கு காய்ச்சலை ஏற்படுத்தும் கிருமிகள்
அ) ஈக்கள்
ஆ) கொசுக்கள்
இ) ஆப்பிரிக்க ஈ
2. டெங்கு காய்ச்சலை உருவாக்கும் கொசு வகை
அ) அனோபீலஸ்
ஆ) கியூலக்ஸ்
இ) ஏடிஸ் எகிப்தி
3. டெங்கு காய்ச்சல் ஒரு _____
அ) பெரும் பரவலான தொற்று நோய்
ஆ) கொள்ளை நோய்
இ) இட தூழல் நோய்த்தொற்று நோய்
4. டெங்கு காய்ச்சலின் வேறு பெயர்
அ) டைபாய்டு காய்ச்சல்
ஆ) மஞ்சள் காய்ச்சல்
இ) முடக்கு காய்ச்சல்
5. டெங்கு காய்ச்சலை பரப்பும் கொசு மனிதனை கடிக்கும் நேரம்
அ) காலை மற்றும் பிற்பகல்
ஆ) இரவு மற்றும் பிற்பகல்
இ) விடியல் மற்றும் அரையிருள்(முன்னிருட்டு)
6. டெங்கு காய்ச்சலை பரப்பும் கொசுக்கள் இனப்பெருக்கம் செய்யும் இடம்
அ) கழிவுநீர்
ஆ) சுத்தமான நீர்
இ) நதி நீர்
7. டெங்கு காய்ச்சலை பரப்பும் கொசு வகை
அ) பாதிக்கப்பட்ட பெண் ஏடிஸ் கொசுக்கள்
ஆ) பாதிக்கப்பட்ட ஆண் கியூலக்ஸ் கொசுக்கள்
இ) பாதிக்கப்பட்ட ஆண் ஏடிஸ் கொசுக்கள்

8. டெங்கு கொசுக்களின் உணவு ஊட்டி வகை நேரம்
அ) பகல் நேர ஊட்டி
ஆ) நடுத்தர நாள் ஊட்டி
இ) இரவு நேர ஊட்டி
9. டெங்கு காய்ச்சலின் பாதிப்பு அதிகம் ஏற்படக்கூடிய நபர்கள்
அ) ஆரோக்கியமான ஆண்கள்
ஆ) ஆரோக்கியமான பெண்கள்
இ) ஐந்து வயதிற்குட்பட்ட குழந்தைகள்
10. டெங்கு காய்ச்சலின் முக்கியமான அறிகுறி
அ) கண்கள் சுற்றி மற்றும் பின்னால் வலி
ஆ) காதுகள் சுற்றி மற்றும் பின்னால் வலி
இ) மூக்கு சுற்றிலும் மற்றும் பின்னால் வலி
11. டெங்கு காய்ச்சலுக்கு உலக சுகாதார நிறுவனத்தின் எச்சரிக்கை அறிகுறி
அ) மூக்கு வழியாக ரத்தம் வடிதல்
ஆ) மலத்தில் ரத்தம் கசிதல்
இ) எலும்பு உள்ளே ஏற்படும் கடுமையான வலி
12. டெங்கு காய்ச்சல் உலக சுகாதார நிறுவனத்தின் அபாய அறிகுறி
அ) தலைவலி
ஆ) குறைவான உடல் வெப்ப நிலை
இ) மூக்கு வழியாக ரத்தம் வடிதல் உடல் வலி
13. டெங்கு காய்ச்சலின் உலக சுகாதார நிறுவனத்தின் ஆபத்து அறிகுறி
அ) காய்ச்சல்
ஆ) உடல் வலி
இ) நிலையற்ற இரத்த அழுத்தம்
14. டெங்கு காய்ச்சலினால் தோலில் தோன்றும் அறிகுறிகள்
அ) கொப்புளங்கள்
ஆ) காயங்கள்
இ) இரத்தப் புள்ளிகள்

15. டெங்கு நோய்த்தாக்கத்தில் உடலில் ஏற்படும் மாற்றத்தை கண்டறியும் சோதனை

- அ) ப்ரோ தோம்ப்பின் சோதனை
- ஆ) நேர்மறை குருதி தடுப்பு கருவி மூலம் பரிசோதித்தல்
- இ) புரோ தோம்ப்பின் மற்றும் குருதி தடுப்பு கருவி மூலம் சோதனை

16. சாதாரண இரத்த தட்டுக்கள் எண்ணிக்கை

- அ) 10000 முதல் 15000 வரை
- ஆ) 1.5 முதல் 4 லட்சம் வரை
- இ) 6.5 முதல் 8.2 லட்சம் வரை

17. டெங்கு காய்ச்சலை உறுதி செய்வது

- அ) குறைவான ரத்த வெள்ளை அணுக்கள்
- ஆ) குறைவான ரத்த சிவப்பு அணுக்கள்
- இ) குறைவான ரத்த தட்டுகள்

18. டெங்கு காய்ச்சலில் காய்ச்சல் நிலை

- அ) கடுமையான வலியால் பாதிக்கப்படுதல்
- ஆ) கடுமையான இரத்தப்போக்கு ஏற்படுதல்
- இ) அதிக காய்ச்சல்

19. டெங்கு நோய்க்கான ஆரோக்கிய முன்னேற்ற நிலை

- அ) சிக்கலான நிலை
- ஆ) மீட்பு நிலை
- இ) காய்ச்சல் நிலை

ஆ) டெங்கு காய்ச்சலின் மருத்துவம், வீட்டு மேலாண்மை மற்றும் தடுப்பு நடவடிக்கைகள் பற்றிய அறிவு சார்ந்த கேள்விகள்

20. டெங்கு காய்ச்சலுக்கான சிறந்த சிகிச்சை

- அ) இசை சிகிச்சை
- ஆ) விளையாட்டு சிகிச்சை
- இ) உப்பு சக்கரை கரைசல் சிகிச்சை

21. டெங்கு காய்ச்சலால் பாதிக்கப்பட்ட குழந்தைகளுக்கு மிகவும் தேவையானது

அ) உடல் ஓய்வு

ஆ) மன ஓய்வு

இ) உடல் ஓய்வு மற்றும் தூக்கம்

22. டெங்கு காய்ச்சலின் போது தவிர்க்கப்பட வேண்டிய உணவுகள்

அ) வேகவைத்த உணவுகள்

ஆ) எளிதில் செரிக்கக்கூடிய உணவுகள்

இ) பொறித்த உணவுகள்

23. நீர் தொட்டியை சுத்தம் செய்ய உபயோகப்படுத்தும் கிருமி நாசினி

அ) சுண்ணாம்பு கலவை மூலம்

ஆ) சாதாரண நீரைப் பயன்படுத்துதல் மூலம்

இ) சோப்பு தண்ணீர் மூலம்

24. குடிநீரில் டெங்கு நுளம்பு இனப்பெருக்கம் செய்வதை தடுக்கும் முறை

அ) குளோரினேசன் எனும் சுத்திகரிக்கும் முறை

ஆ) குடிநீரில் எண்ணெய் ஊற்றுதல்

இ) துணி கொண்டு மூடி வைத்தல்

25. கொசுக்கள் இனப்பெருக்கத்தை கட்டுப்படுத்தும் பொதுவான நுண்ணுயிர்க் கொல்லி

அ) அக் டனால்

ஆ) குயினைன் எண்ணெய்

இ) அசிடால் டை எத்தில் பார்மால்டிஹைடு

26. இயற்கையாகவே இரத்த தட்டுக்களின் எண்ணை அதிகரிக்க

அ) பப்பாளி இலை சாறு குடிப்பது மூலம்

ஆ) முருங்கை இலை சாறு குடிப்பது மூலம்

இ) இள நீர் குடிப்பது மூலம்

27. கொசு இனப்பெருக்கத்தின் கட்டுப்பாடு வண்ண குறியீடு

அ) சிவப்பு நிறம்

ஆ) கருப்பு நிறம்

சி) வெள்ளை நிறம்

28. கொசு கடித்தலைத் தடுக்க அணிந்து கொள்ளும் ஆடை வகை
அ) குறுகிய சட்டை மற்றும் குறுகிய காலுறை
ஆ) நீண்ட சட்டை மற்றும் நீண்ட காலுறை
இ) நீண்ட சட்டை மற்றும் குறுகிய காலுறை
29. பகல் நேரத்தில் கொசு கடித்தலை தடுக்கும் முறை
அ) கொசு விரட்டிகள் பயன்படுத்த துவதன் மூலம்
ஆ) அடிக்கடி குளிப்பதன் மூலம்
இ) வீட்டை சுத்தம் செய்தல் மூலம்
30. சுற்றுச்சூழல் சுத்திகரிப்பு பொறுப்பு
அ)மாநிலத்தின் பொறுப்பு
ஆ)சமுதாயத்தின் பொறுப்பு
இ)தனி நபர் பொறுப்பு

MODIFIED KNOWLEDGE QUESTIONNAIRE
KEY ANSWER
SECTION-B

SR.NO	KEY ANSWER
<u>i) KNOWLEDGE ABOUT DENGUE FEVER</u>	
1	b
2	c
3	b
4	c
5	c
6	b
7	a
8	a
9	c
10	a
11	a
12	c
13	c
14	c
15	b
16	b
17	c
18	c
19	b
<u>ii) KNOWLEDGE REGARDING MEDICAL, HOME MANAGEMENT AND PREVENTIVE MEASURES</u>	
20	c
21	c
22	c
23	a
24	a
25	c
26	a
27	c
28	b
29	c
30	c

LESSON PLAN ON



DENGUE FEVER

LESSON PLAN ON DENGUE FEVER

INSTITUTION : INSTITUTE OF CHILD HEALTH AND HOSPITAL FOR
CHILDREN, EGMORE , CHENNAI -8

TOPIC : PREVENTION AND CONTROL OF DENGUE FEVER

GROUP : MOTHERS OF CHILDREN

VENUE : ICH, PAEDIATRIC MEDICAL WARDS

METHOD OF TEACHING : LESSON PLAN

TEACHING AIDS : POSTER BOOKLET, CHART, VIDEO-POWER POINT PRESENTATION.

NAME OF THE INVESTIGATOR: G.SHANMUGA KANI, M.Sc (N) ,II YEAR STUDENT

CENTRAL OBJECTIVES:

At the end of the class the mothers gain adequate knowledge about prevention and control of dengue fever and to develop appropriate skills, attitude and practice to care for their children.

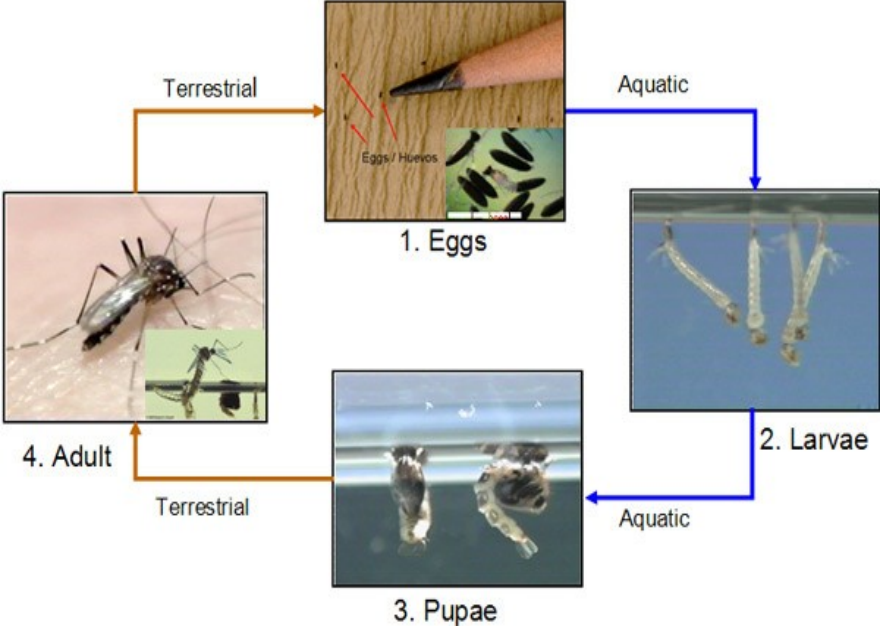
SPECIFIC OBJECTIVES

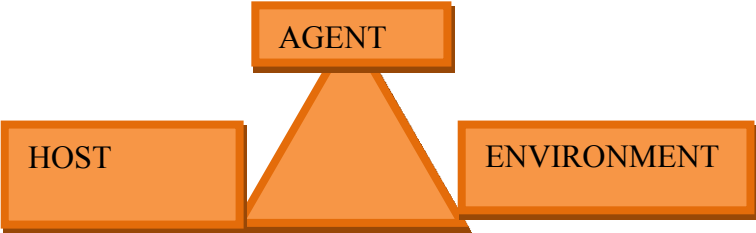
At the end of the class the mothers are able to,


- define dengue fever
- enumerate the incidence and life cycle of dengue fever.
- identify the sources and multiplication of mosquito and types of dengue fever
- enlist the clinical manifestations of dengue fever.
- specify the diagnostic evaluation of dengue fever.
- describe the management of dengue fever.
- list down the preventive measures of dengue fever.
- explain the care of child with dengue fever.
- list out the complication of dengue fever.

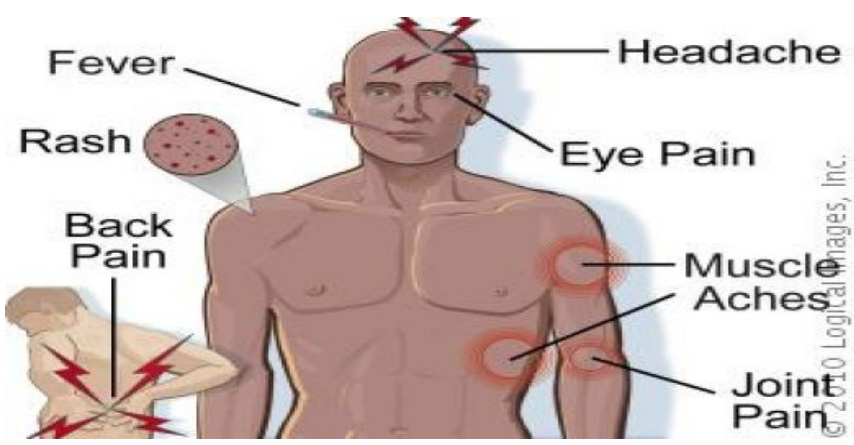
S. NO	TIME	SPECIFIC OBJECTIVES	CONTENT	INVESTIGATORS ACTIVITY	LISTNER,S ACTIVITY	AV AIDS	EVALUA TION
			<p><u>INTRODUCTION :</u></p> <p>Dengue is transmitted by mosquitoes of the genus.</p> <p>Dr. Benjamin Rush a professor of chemistry and medical theory at the UPEN, during the Philadelphia epidemic 1779 -1780 ,first described the dramatic symptoms of dengue as break bone fever. A small percentage of persons who have previously been infected by one dengue serotype develop bleeding and endothelial leak up on infection with another dengue serotype.</p> <p>This syndrome is termed dengue hemorrhagic fever (DHF). Also been termed dengue vasculopathy. Vascular leakage in these patients results in hemoconcentration and serious effusions and can lead to circulatory collapse. This, in conjunction with severe hemorrhagic complications, can lead to dengue shock syndrome(DSS), which poses a greater fatality risk than bleeding</p>				

S. NO	TIME	SPECIFIC OBJECTIVES	CONTENT	INVESTIGATORS ACTIVITY	LISTENER'S ACTIVITY	AV AIDS	EVALUATION																														
1	3 mts	define dengue fever	<p>DEFINITION: An acute infectious disease caused by a flavivirus (species Dengue virus of the genus Flavivirus), transmitted by aedes mosquitoes, and characterized by headache, severe joint pain, and a rash— called also break bone fever, dengue fever</p> <p>- Merriam Webster</p> <div data-bbox="562 715 1451 1061" data-label="Figure"> <table border="1"> <caption>DENGUE CASES & DEATHS 2010-2012</caption> <thead> <tr> <th>State</th> <th>2010</th> <th>2011 (P)*</th> <th>2012 (P)*</th> <th>Deaths</th> </tr> </thead> <tbody> <tr> <td>TAMIL NADU</td> <td>2,051</td> <td>2,501</td> <td>5,376</td> <td>39</td> </tr> <tr> <td>KERALA</td> <td>2,597</td> <td>1,304</td> <td>2,995</td> <td>11</td> </tr> <tr> <td>WEST BENGAL</td> <td>805</td> <td>510</td> <td>2,681</td> <td>7</td> </tr> <tr> <td>KARNATAKA</td> <td>2,285</td> <td>405</td> <td>2,403</td> <td>21</td> </tr> <tr> <td>GUJARAT</td> <td>2,568</td> <td>1,693</td> <td>831</td> <td>1</td> </tr> </tbody> </table> <p>Source: National Vector Borne Disease Control Programme * Provisional</p> </div> <p>Dengue is an acute viral infection with potential fatal complications.</p> <p>It is caused by dengue virus that is spread by the bite of infected Aedes mosquitoes.</p>	State	2010	2011 (P)*	2012 (P)*	Deaths	TAMIL NADU	2,051	2,501	5,376	39	KERALA	2,597	1,304	2,995	11	WEST BENGAL	805	510	2,681	7	KARNATAKA	2,285	405	2,403	21	GUJARAT	2,568	1,693	831	1	Explaining	Listening		What is dengue fever?
State	2010	2011 (P)*	2012 (P)*	Deaths																																	
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S. NO	TIME	SPECIFIC OBJECTIVES	CONTENT	INVESTIGATORS ACTIVITY	LISTNER,S ACTIVITY	AV AIDS	EVALUA TION
2	3 mts	enumerate the life cycle and incidence of dengue fever.	<p>LIFE CYCLE OF MOSQUITO:</p>  <p>INCIDENCE:</p> <p>The incidence of dengue has been growing dramatically around the world in recent decades. Approximately 2.5 billion people or 40% of population live in dengue risk regions with 100 million new cases each year worldwide.</p> <p>It infects 50 to 390 million people worldwide a year, leading</p>	Explaining	Listening	Booklet	What is the life cycle of mosquito?

S. NO	TIME	SPECIFIC OBJECTIVES	CONTENT	INVESTIGATORS ACTIVITY	LISTENER,S ACTIVITY	AV AIDS	EVALUATION
			<p>half a million hospitalizations and approximately 25,000 deaths. In India the disease reflects in cyclic patterns, with over the years have increased in frequency and geographical extent.</p> <p>According to the state records nearly 5,376 cases of dengue was reported in Tamilnadu, the highest in the country in the year of 2012. Tamilnadu has also recorded the highest number of deaths [60] in the year 2012.(Kounteya,2012)</p> <p>EPIDEMIOLOGY OF DENGUE:</p> 	EXPLAINING	LISTENING		

S. NO	TIME	SPECIFIC OBJECTIVES	CONTENT	INVESTIGATORS ACTIVITY	LISTENER,S ACTIVITY	AV AIDS	EVALUATION
3	5 mts	identify the sources and multiplication of mosquito and types of dengue fever	<p><u>SOURCES AND MULTIPLICATION OF Aedes MOSQUITO :</u></p>  <p>mosquitoes usually multiplies in the stagnated clean water</p> <ul style="list-style-type: none"> • containers(plastic cups) • tyres • water bottles • flower pots • open tanks 	Explaining	Listening	Booklet	What are the sources and types of dengue fever?

S. NO	TIME	SPECIFIC OBJECTIVES	CONTENT	INVESTIGATORS ACTIVITY	LISTENER,S ACTIVITY	AV AIDS	EVALUATION
		contd	<p><u>TYPES OF DENGUE FEVER:</u> There are actually four dengue clinical syndromes:</p> <ol style="list-style-type: none"> 1. Undifferentiated fever 2. Classic dengue fever 3. Dengue hemorrhagic fever, or DHF and 4. Dengue shock syndrome, or DSS. <p>Dengue shock syndrome is actually a severe form of DHF.</p> 	EXPLAINING	LISTENING		

S. NO	TIME	SPECIFIC OBJECTIVES	CONTENT	INVESTIGATORS ACTIVITY	LISTNER,S ACTIVITY	AV AIDS	EVALUA TION
4	5 mts	enlist the clinical manifestations of dengue fever.	<p>CLINICAL MANIFESTATIONS OF DENGUE FEVER:</p> <p>Typically children infected with dengue virus are asymptomatic (80%) or only have mild symptoms such as an uncomplicated fever. Others have more severe illness (5%) and in small proportion it is life threatening.</p> <p>The characteristic symptoms of dengue are:</p> <ul style="list-style-type: none"> • Sudden onset of high fever • Headache • Sore throat and cough • Running nose • Muscle and joint pain • Vomiting • Generalized body pain • Flushed skin • Skin rashes (red spots do not disappear when skin is pressed) usually last for 2 to 7 days. • Mild bleeding from nose and mouth. <p>Recovery is sometimes associated with prolonged fatigue and depression.</p>	Explaining	Listening	Booklet	What are the clinical manifestations of dengue fever?

S. NO	TIME	SPECIFIC OBJECTIVES	CONTENT	INVESTIGATORS ACTIVITY	LISTNER,S ACTIVITY	AV AIDS	EVALUA TION
5	3 mts	specify the diagnostic evaluation of dengue fever	<p><u>DIAGNOSTIC EVALUATION:</u></p> <p>Laboratory investigation:</p> <ul style="list-style-type: none"> • Blood test • Urine test • Abdomen scan <p>➤ Blood test is used to diagnose dengue fever usually platelet counts will be low.</p> <p>➤ The confirmatory test to rule out dengue is ELISA test</p> <p>Clinical diagnosis:</p> <p>a. Fever - acute onset, high, continue and lasting 2-7days.</p> <p>b. Hemorrhagic manifestations, including at least a positive tourniquet test.</p> <ul style="list-style-type: none"> ➤ Petechiae ,purpura ,ecchymosis ➤ Epistaxis, gum bleeding ➤ Haematemesis and / or melaena <p>c. Enlargement of liver</p>	Explaining	Listening	PPT	What is the diagnostic evaluation of dengue fever?

S. NO	TIME	SPECIFIC OBJECTIVES	CONTENT	INVESTIGATORS ACTIVITY	LISTNER,S ACTIVITY	AV AIDS	EVALUA TION
6	7mts	describe the management of dengue fever	<p>MANAGEMENT: Depending On the Clinical Manifestation & other circumstances, patients may be divided into three broad groups for treatment</p> <ul style="list-style-type: none"> ➤ Group A – patients with uncomplicated disease who may be sent home; ➤ Group B – patients for in hospital management; and ➤ Group C – patients who require emergency treatment Urgent referral. <p style="padding-left: 40px;">A full blood count should be done at the first visit.</p> <p>A haematocrit test in the early febrile phases establishes the patient's own baseline haematocrit.</p> <p style="padding-left: 40px;">A rapidly decreasing platelet count in parallel with a rising haematocrit compared to be baseline in suggestive of progress to the plasma leakage / critical phase of the disease.</p> <p style="padding-left: 40px;">In the absence of the patient's baseline, age specific population haematocrit level could be used as a surrogate during the critical phase.</p>	Explaining	Listening	PPT	What is the management of dengue fever?

S. NO	TIME	SPECIFIC OBJECTIVES	CONTENT	INVESTIGATORS ACTIVITY	LISTNER,S ACTIVITY	AV AIDS	EVALUA TION
			<p>Treatment of group A cases</p> <p>These are patients who are able to tolerate adequate volumes of oral fluids & pass urine at least once every 6 hours, and do not have any of the warning signs, particularly when fever subsides.</p> <p>Encourage oral intake of oral rehydration solution, fruit juice & other fluids containing electrolytes & sugar to replace losses from fever and vomiting. Adequate oral fluid intake may be able to reduce the number of hospitalization.</p> <p>Treatment of group B case</p> <p>Patient may need to be admitted to a secondary health care centre for close observation, particularly as they approach the critical phase. These include patients with warning signs, those with co-existing conditions that may make dengue or its management more complicated (such as pregnancy, infancy, old age, obesity, diabetes mellitus, renal failure, chronic haemolytic diseases), and those with certain social circumstances (such as living alone, or living far from a health facility without reliable means of transport).</p>	EXPLAINING	LISTENING		

S. NO	TIME	SPECIFIC OBJECTIVES	CONTENT	INVESTIGATORS ACTIVITY	LISTENER,S ACTIVITY	AV AIDS	EVALUATION
			<p>Treatment of group C</p> <p>Patients require emergency treatment & urgent referral when they are in the critical phase of disease, i.e. when they have:</p> <ul style="list-style-type: none"> ➤ Severe plasma leakage leading to dengue shock and/or fluid accumulation with respiratory distress; ➤ Severe hemorrhages; ➤ Severe organ impairment (hepatic damage, renal impairment, cardiomyopathy, encephalopathy or encephalitis) <p>Treatment of shock:</p> <p>A) Management of compensated shock</p> <p>Start intravenous fluid resuscitation with isotonic crystalloid solutions at 5-10ml /kg/ hour over one hour. Then reassess the patient condition (vital signs, capillary refill time, haematocrit, urine output). The next steps depend on the situation.</p>	EXPLAINING	LISTENING		

S. NO	TIME	SPECIFIC OBJECTIVES	CONTENT	INVESTIGATORS ACTIVITY	LISTNER,S ACTIVITY	AV AIDS	EVALUA TION
			<p>B) Management of hypertensive shock</p> <p>Patient with hypotensive shock should be managed more vigorously.</p> <p>The action plan for treating patients with hypotensive shock is as follows.</p> <p>Initiate intravenous fluid resuscitation with crystalloid or colloid solution (if available) at 20ml/kg as a bolus given over 15 minutes to bring the patient out of shock as quickly as possible.</p>	EXPLAINING	LISTENING		

S. NO	TIME	SPECIFIC OBJECTIVES	CONTENT	INVESTIGATORS ACTIVITY	LISTNER,S ACTIVITY	AV AIDS	EVALUA TION
7	10 mts	list down the preventive measures of dengue fever.	<p><u>PREVENTION:</u></p> <p>Personal protective measures:</p> <ul style="list-style-type: none"> • Use of mosquito repellent creams, liquids, coils, mats etc. • Wearing clothing that fully covers the skin like full sleeve shirts and pants • Use of bed nets while sleeping especially for infants and young children during day time to prevent mosquito bite. • Air conditioning also help to keep mosquito at bay. • Install mosquito meshes on the window • Limit the amount of time kids spend outside during the day, especially in the hours around the dawn and dusk when the mosquitoes are most active. <p>Biological Control:</p> <ul style="list-style-type: none"> • Use of biocides.(neem leaves fogging) <p>Environmental management and source reduction methods:</p> <ul style="list-style-type: none"> • Detection and elimination of mosquito breeding sources, <p>Get rid of standing water in the things like containers and discarded tires and be sure to change the water in birdbaths, dog bowls and flower vases at least once a week.</p>	Explaining	Listening	Booklet	What are the preventive measures of dengue fever?

S. NO	TIME	SPECIFIC OBJECTIVES	CONTENT	INVESTIGATORS ACTIVITY	LISTNER,S ACTIVITY	AV AIDS	EVALUA TION
		contd	<ul style="list-style-type: none"> • Draining stagnant rain water in roof tops, porticos, and sun shades. • Make sure your house and the surrounding area is free of stagnant water, rooting vegetation especially in the monsoon season. • Reduce the use of water storage containers because it is the important source of breeding. • Buckets and small containers should be inverted, if stored outside. • Proper covering, emptying and cleaning of domestic water storage containers on a weekly basis. • The internal and external walls of domestic water storage containers are cleansed using bleach with the help of a nylon brush for 15 to 20 minutes until eggs, pupa and larvae of mosquitoes are removed from it and covered with a tight lid or screen • Covered containers should be routinely inspected because even the best designed lids and screens can tear in harsh climate and with age. 	EXPLAINING	LISTENING		

S. NO	TIME	SPECIFIC OBJECTIVES	CONTENT	INVESTIGATORS ACTIVITY	LISTNER,S ACTIVITY	AV AIDS	EVALUA TION
		contd	<ul style="list-style-type: none"> • Cover all buckets, jericans, drums and over roof tanks which are used to store water. Ensure that faulty guttering which retain water is fixed. • Avoid stagnation of rain water in drinking water containers, discarded food containers, coconut shells, water containers in the toilet, bathrooms and broken house hold utensils. • Reduction of open collections of water through environment modification is the preferred method of control. • Disposal of solid waste properly and removing artificial man made habitats like broken household utensils. • Proper disposal of used water. <p>Chemical control:</p> <ul style="list-style-type: none"> • The primary method of controlling A.aegypti by eliminating its habitats, this is done by adding insecticides or biological control agents to these areas. • Spraying with organophosphate insecticides is effective in case of open collection of water. 	EXPLAINING	LISTENING		

S. NO	TIME	SPECIFIC OBJECTIVES	CONTENT	INVESTIGATORS ACTIVITY	LISTENER,S ACTIVITY	AV AIDS	EVALUATION
			<ul style="list-style-type: none"> • Application of appropriate insecticides to water storage outside containers. • Use of chemical larvicides like bleach and malathione in breeding containers is very effective. • Peri domestic thermal fogging reduce the resting and biting for the 3days after treatment,whereas indoor fogging suppress adult mosquito for 5 days. • Plant based repellent against mosquito borne disease is effective. <p><u>Prevention of dengue according to WHO:</u></p> <ul style="list-style-type: none"> ✓ The dengue mosquito lays its eggs on the walls of water-filled containers in the house and patio. ✓ The eggs hatch when submerged in water. Eggs can survive for months. ✓ Female mosquitoes lay dozens of eggs up to 5 times during their life time. <p>The mosquito life cycle, from egg to larvae, pupae, and to an adult mosquito, takes 8 days and occurs in water. Adult</p>	EXPLAINING	LISTENING		

S. NO	TIME	SPECIFIC OBJECTIVES	CONTENT	INVESTIGATORS ACTIVITY	LISTNER,S ACTIVITY	AV AIDS	EVALUA TION
		contd	<p>mosquitoes live for one month.</p> <ul style="list-style-type: none"> ✓ Adult mosquitoes “usually” rest indoors in dark areas (closets, under beds, behind curtains); only female mosquitoes bite humans. ✓ The dengue mosquito can fly several hundred yards looking for water-filled containers to lay their eggs. ✓ A few mosquitoes per household can produce large dengue outbreaks. ✓ The dengue mosquito does not lay eggs in ditches, drainages, canals, wetlands, rivers or lakes; pouring chlorine into these habitats is useless. Chlorine is harmful to aquatic life. 	EXPLAINING	LISTENING		

S. NO	TIME	SPECIFIC OBJECTIVES	CONTENT	INVESTIGATORS ACTIVITY	LISTNER,S ACTIVITY	AV AIDS	EVALUA TION
8	15 mts	explain the care of child with dengue fever.	<p>CARE OF CHILDREN WITH DENGUE FEVER:</p> <p>When to approach physician :</p> <p>If your child has high fever and has at least two of the following symptoms contact physician immediately.</p> <ul style="list-style-type: none"> • Severe head ache • Skin rash Severe eye pain (behind the eyes) • Joint pain, muscle pain and bone pain • Mild bleeding manifestations eg., nose or gum bleeding • Small red spots on skin <p>Contact physician immediately. Physician may ask for a blood test to confirm the diagnosis.</p> <p>Home Care of the child with dengue fever:</p> <ul style="list-style-type: none"> • Provide adequate bed rest • Control of fever <ul style="list-style-type: none"> ➤ Put wet cloth on child’s forehead so often, to bring the fever down. ➤ Sponge child’s skin with cool water if fever stays high. ➤ Provide plenty of water to drink. 	Explaining	Listening	PPT	What is the care of child with dengue fever?

S. NO	TIME	SPECIFIC OBJECTIVES	CONTENT	INVESTIGATORS ACTIVITY	LISTNER,S ACTIVITY	AV AIDS	EVALUA TION
			<ul style="list-style-type: none"> • Prevention of dehydration <ul style="list-style-type: none"> ➤ Provide plenty of liquids (water, juices and tender coconut water). Dehydration occurs when the child loses too much of fluid (from high fever, vomiting or poor oral intake). Give plenty of water and fluids and watch for signs of dehydration. <p>Bring the child to clinic if any of the following signs develop:</p> <ul style="list-style-type: none"> ➤ Decrease in urination (check number of wet diaper or trips to the bathroom). ➤ Few or no tears when the child cries. ➤ Dry mouth, tongue or lips. ➤ Sunken eyes. ➤ Listlessness or overly agitated or confused. ➤ Fast heart beat. ➤ Cold and clammy fingers and toes. <ul style="list-style-type: none"> • Sunken fontanel in infant. Administer prescribed medications as directed by the physician. • Don't skip doses of medication, this make them less effective. 	EXPLAINING	LISTENING		

S. NO	TIME	SPECIFIC OBJECTIVES	CONTENT	INVESTIGATORS ACTIVITY	LISTNER,S ACTIVITY	AV AIDS	EVALUA TION
		contd	<ul style="list-style-type: none"> • Be aware of the common side effects that may be caused by medications. • Give him light and nourishing food. • Protective measures against spread of infection among family members <ul style="list-style-type: none"> ➤ Place the patient under bed net or use insect repellent on the patient while they have fever. Avoid mosquito bite while child has fever because mosquitoes that bite the infected child can go on to bite and infect others. ➤ Kill all mosquitoes in the house and empty containers that carry water. ➤ Put screens on windows and doors to prevent mosquitoes from coming in to home. • Care of child while fever subsides <ul style="list-style-type: none"> ➤ Watch for warning signs as the temperature declines 3 to 7 days after symptoms began. 	EXPLAINING	LISTENING		

S. NO	TIME	SPECIFIC OBJECTIVES	CONTENT	INVESTIGATORS ACTIVITY	LISTENER,S ACTIVITY	AV AIDS	EVALUATION
9	2 mts	Contd list out the complications of dengue fever	<ul style="list-style-type: none"> ➤ Return immediately to clinic if any of the following warning signs appear :Severe abdominal pain <ul style="list-style-type: none"> ✓ Persistent vomiting ✓ Red patch or spots on the skin ✓ Bleeding from nose and gums ✓ Vomiting blood ✓ Black tarry stools ✓ Drowsiness or irritability ✓ Pale cold or clammy skin ✓ Difficulty breathing ➤ Dengue may last up to 10 days, but some children may continue feeling tired for up to a month or more. <p>COMPLICATION:</p> <p>The severe complication of dengue infection is</p> <ul style="list-style-type: none"> ✓ liver failure, ✓ kidney failure, ✓ infection of brain tissues, ✓ blood vomiting, 	EXPLAINING	LISTENING	PPT	What are the complications of dengue fever?

S. NO	TIME	SPECIFIC OBJECTIVES	CONTENT	INVESTIGATORS ACTIVITY	LISTNER,S ACTIVITY	AV AIDS	EVALUA TION
			<ul style="list-style-type: none"> ✓ bleeding disorder, ✓ destruction of blood cells and ✓ infection of heart covering layers. 	EXPLAINING	LISTENING		

SUMMARY:

Dengue is now a global threat and the most important arthropod-borne viral disease of public health significance. As there is no specific antiviral treatment for dengue, one method of controlling and preventing transmission of dengue virus is to combat the vector mosquitoes by increasing the awareness of environmental management practices among public in addition to early detection of signs and symptoms of dengue fever and hospitalization. So far we have discussed about the definition of dengue fever otherwise called dengue haemorrhagic fever and its incidence and life cycle of mosquito, sources and multiplication of mosquito, and the four types of dengue fever, clinical manifestations of dengue fever like fever, headache, skin rashes, vomiting, severe bone pain and its preventive and control measures, care of child with dengue fever at home and its complications.

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டெங்கு காய்ச்சல் பற்றிய வரையறுக்கப்பட்ட கற்பிப்பு திட்டம்

- பாடம் : டெங்கு காய்ச்சல்
- குழு : குழந்தைகளின் தாய்மார்கள்
- நேரம் : 40 நிமிடம்
- இடம் : பார்வையாளர் கூடம், குழந்தைகள் நல மருத்துவமனை,
எழும்பூர் சென்னை -8
- கற்பிக்கும் முறை : கற்பித்தல் மற்றும் கலந்துரையாடல்
- கற்பிக்க உதவும் உபகரணங்கள் : கணினி, சுவரொட்டி மற்றும் புத்தக கையேடு

பொதுவான பொருளுரை:

கற்பித்தல் மற்றும் கலந்துரையாடல் மூலம் குழந்தைகளின் தாய்மார்கள் காய்ச்சலின் தடுப்பு முறைகள் மற்றும் பாதுகாப்பு முறைகள் மற்றும் சிகிச்சை முறைகளையும் பற்றி பொதுவான அளவு தெரிந்து கொண்டு செயல்படவேயாகும்.

குறிப்பிட்ட பொருளுரை:

கற்பித்தல் முறை வடிவில் குழந்தைகளின் தாய்மார்கள் அனைவரும் தெரிந்து கொள்ள வேண்டியவை,


1. டெங்கு காய்ச்சல் என்றால் என்ன?
2. டெங்கு காய்ச்சலினால் பாதிப்படைந்தவர்கள் மற்றும் அதை உருவாக்கும் கொசுவின் வாழ்க்கை சுழற்சி முறையை குறிப்பிடு?
3. ஏடிஸ் கொசுக்களின் இனப்பெருக்கம் , அதன் வகைகள் மற்றும் அதனை எவ்வாறு அடையாளம் காண்பது?
4. டெங்கு தொற்று ஏற்பட்டதற்கான வெளிப்பாடுகள் யாவை?
5. டெங்கு காய்ச்சலை கண்டறியும் பரிசோதனை முறைகள் என்ன?
6. டெங்கு காய்ச்சலின் சிகிச்சை முறைகள் என்ன?
7. டெங்கு காய்ச்சல் பரவுவதை தடுக்கும் முறைகள் என்ன?
8. டெங்கு காய்ச்சலால் பாதிக்கப்பட்ட குழந்தையை கவனிப்பது எப்படி?
9. டெங்கு காய்ச்சலால் ஏற்படும் பின் விளைவுகள் என்ன?

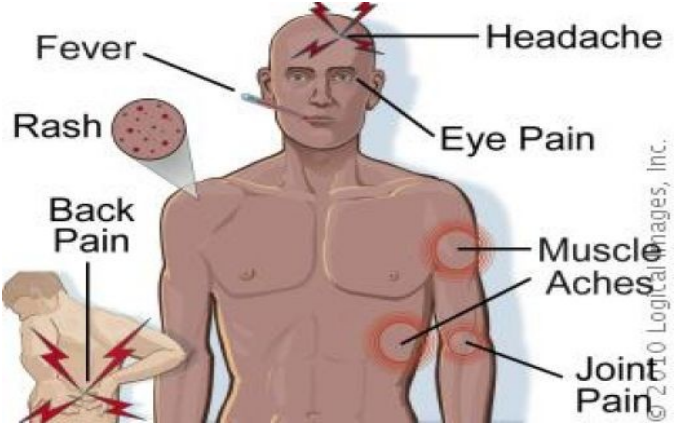
வ. எண்	நேரம்	குறிக்கோள்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு	கற்பிக்கும் காரணிகள்	மதிப்பீடு
			<p>முன்னுரை:</p> <p>டெங்கு காய்ச்சல் கொசுக்களின் மூலம் பரவும் நோயாகும் .மருத்துவர் பெஞ்சமின் ரஷ் முதன் முதலில் டெங்கு காய்ச்சலை 1779-1780 -ல் பிலடெல்பியா பதிப்பின்போது எலும்புருக்கி நோய் என்று கண்டுபிடித்தார். சில நபர்கள் முதலில் டெங்கு காய்ச்சலை பரப்பும் ஒரு வகை கொசுக்களினால் ரத்தப்போக்கு பதிப்பிற்குள்ளாகி பின்னர் ரத்த செல்களின் தொற்று பாதிப்பிற்கு மற்றொரு வகை கொசுக்களால் பாதிப்பு அடைகின்றனர். இந்த குழுமமான தொற்றுக்களால் இதனை டெங்கு ரத்தப்போக்கு காய்ச்சல் என்றும் அழைப்பர்.</p> <p>அது மட்டுமின்றி ரத்தக்குழாய் பாதிப்புக்குள்ளாவதால் இது முடக்கு காய்ச்சல் என்றும் அழைக்கப்படுகிறது.</p>				

வ. எண்	நேரம்	குறிக்கோள்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவரின் செயல்பாடு	கற்பிக்கும் காரணிகள்	மதிப்பீடு																														
1	3 நிமிடம்	டெங்கு காய்ச்சல் என்றல் என்ன	<p>டெங்கு காய்ச்சல்:</p> <p>டெங்கு காய்ச்சல் என்பது ஏடிஸ் கொசுவினால் பரவும் ஒருவிதமான வைரஸ் தொற்று நோய் ஆகும். இதன் அறிகுறிகள் தலை வலி , முட்டி வலி , தோலில் தடிப்பு மற்றும் இதன் மறுபெயர் முடக்கு காய்ச்சல் ஆகும்.</p> <p>-மேரியம் வெப்ஸ்டர்</p> <table border="1"> <caption>DENGUE CASES & DEATHS 2010-2012</caption> <thead> <tr> <th>State</th> <th>2010</th> <th>2011 (P)*</th> <th>2012 (P)*</th> <th>Deaths</th> </tr> </thead> <tbody> <tr> <td>TAMIL NADU</td> <td>2,051</td> <td>2,501</td> <td>5,376</td> <td>39</td> </tr> <tr> <td>KERALA</td> <td>2,597</td> <td>1,304</td> <td>2,995</td> <td>11</td> </tr> <tr> <td>WEST BENGAL</td> <td>805</td> <td>510</td> <td>2,681</td> <td>7</td> </tr> <tr> <td>KARNATAKA</td> <td>2,285</td> <td>405</td> <td>2,403</td> <td>21</td> </tr> <tr> <td>GUJARAT</td> <td>2,568</td> <td>1,693</td> <td>831</td> <td>9</td> </tr> </tbody> </table> <p>Source: National Vector Borne Disease Control Programme * Provisional</p> <p>டெங்கு காய்ச்சல் ஒரு அதிவேக வைரஸ் தொற்று அத்துடன் அதிக பின் விளைவுகளும் ஏற்படும் அபாய நோயாகும்.</p>	State	2010	2011 (P)*	2012 (P)*	Deaths	TAMIL NADU	2,051	2,501	5,376	39	KERALA	2,597	1,304	2,995	11	WEST BENGAL	805	510	2,681	7	KARNATAKA	2,285	405	2,403	21	GUJARAT	2,568	1,693	831	9	கற்பித்தல்	கவனித்தல்		டெங்கு என்பது என்ன?
State	2010	2011 (P)*	2012 (P)*	Deaths																																	
TAMIL NADU	2,051	2,501	5,376	39																																	
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வ. எண்	நேரம்	குறிக்கோள்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு	கற்பிக்கும் காரணிகள்	மதிப்பீடு
2	3 நிமிடம்	டெங்கு காய்ச்சலினால் பாதிப்படைந்தவர்கள் மற்றும் அதை உருவாக்கும் கொசுவின் வாழ்க்கை சுழற்சி முறையை குறிப்பிடு	<p>டெங்கு கொசுவின் வாழ்க்கை சுழற்சி முறை:</p> <p>பாதிக்கப்படுவோர்: தோராயமாக 2.5 பில்லியன் , அல்லது 40%சதவிகித மக்கள் டெங்கு தொற்று அதிகமுள்ள இடத்தில் வசிக்கின்றனர்.</p>	கற்பித்தல்	கவனித்தல்		டெங்கு காய்ச்சலினால் பாதிப்படைந்தவர்கள் மற்றும் அதை உருவாக்கும் கொசுவின் வாழ்க்கை சுழற்சி முறையை குறிப்பிடு

வ. எண்	நேரம்	குறிக்கோள்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு	கற்பிக்கும் காரணிகள்	மதிப்பீடு
			<p>உலகளவில் 100 மில்லியன் மக்கள் பாதிப்புக்குள்ளாகின்றனர்.</p> <p>50-390/ வருடம், உலகளவிலும் , அரை மில்லியன் மக்கள் மருத்துவமனையிலும் பாதிப்புக்குள்ளாவதுடன், 25000பேர் இறப்பிற்குள்ளாகின்றனர் . இந்தியாவில் டெங்கு தொற்று அதிகரித்துக்கொண்டே வருகிறது.2012-ல் தமிழ்நாட்டில் 5376 பேர் அதிகளவில் பாதிப்புக்குள்ளானதுடன் இறப்பு விகிதமும் அதிகரித்துள்ளது.</p> <p>டெங்கு நோய் தொற்றியல்:</p> <div style="text-align: center;"> <pre> graph TD A[காரணி] --- B[பாதிக்கப்படுபவர்] B --- C[சுற்று சூழல்] C --- A </pre> </div>	கற்பித்தல்	கவனித்தல்		

வ. எண்	நேரம்	குறிக்கோள்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு	கற்பிக்கும் காரணிகள்	மதிப்பீடு
3	5 நிமிடம்	ஏடிஸ் கொசுக்களின் இனப்பெருக்கம் , அதன் வகைகள் மற்றும் அதனை எவ்வாறு அடையாளம் காண்பது	<p>ஏடிஸ் கொசுக்களின் இனப்பெருக்கம் , அதன் வகைகள் :</p>  <p>கொசுக்கள் வழக்கமாக இனப்பெருக்கம் செய்வது தூய நீரில் , அது மட்டுமின்றி , பிளாஸ்டிக் பொருட்கள், டயர்கள் , பூ தொட்டிகள் , தண்ணீர் பாட்டில்கள், திறந்த தண்ணீர் தொட்டிகள்</p>	கற்பித்தல்	கவனித்தல்		ஏடிஸ் கொசுக்களின் இனப்பெருக்கம் , அதன் வகைகள் மற்றும் அதனை எவ்வாறு அடையாளம் காண்பது

வ. எண்	நேரம்	குறிக்கோள்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவரின் செயல்பாடு	கற்பிக்கும் காரணிகள்	மதிப்பீடு
			<p>டெங்கு காய்ச்சல் நன்கு வகைப்படும் ,அவை</p> <ol style="list-style-type: none"> 1. வேறுபடுத்த முடியாத டெங்கு காய்ச்சல் 2. மரபு சார்ந்த டெங்கு காய்ச்சல் 3. குருதிக்கசிவு டெங்கு காய்ச்சல் 4. டெங்கு அதிர்ச்சி /முடக்கு காய்ச்சல்  <p>The diagram illustrates a human torso and head with various symptoms of dengue fever. Red lightning bolts indicate pain or discomfort. Labels include: Fever (pointing to the forehead), Headache (pointing to the temples), Eye Pain (pointing to the eyes), Rash (pointing to a red, bumpy skin area on the chest), Back Pain (pointing to the lower back), Muscle Aches (pointing to the shoulders and upper arms), and Joint Pain (pointing to the elbows and wrists). A small inset shows a person with back pain. The diagram is credited to © 2010 Logical Images, Inc.</p>	கற்பித்தல்	கவனித்தல்		

வ. எண்	நேரம்	குறிக்கோள்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு	கற்பிக்கும் காரணிகள்	மதிப்பீடு
4	5 நிமிடம்	டெங்கு தொற்று ஏற்பட்டதற்கான வெளிப்பாடுகள் யாவை	<p>டெங்கு தொற்றின் வெளிப்பாடுகள்:</p> <p>உதாரணமாக , டெங்கு காய்ச்சல் பாதிப்பு 80 சதவிகிதம் வெளியில் தெரியாது, இல்லையெனில் ஒரு சில வெளிப்பாடுகள் மட்டுமே தெரியும்.</p> <p>5 விகிதம் மட்டுமே கடுமையான தொற்று வெளிப்பாடுகள் தெரியும்</p> <ul style="list-style-type: none"> • உடலில் திடீர் உயர் வெப்ப நிலை • தலைவலி • தொண்டை வலி • இருமல் • மூக்கு ஒழுகுதல் • தசை மற்றும் மூட்டு வலி • வாந்தி • உடம்பு வலி • தோலில் கொப்புளம் , • மூக்கு மற்றும் வாயில் ரத்த கசிவு • தோல் தடித்து காணப்படுதல் 	கற்பித்தல்	கவனித்தல்		டெங்கு தொற்று ஏற்பட்டதற்கான வெளிப்பாடுகள் யாவை

வ. எண்	நேரம்	குறிக்கோள்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு	கற்பிக்கும் காரணிகள்	மதிப்பீடு
5	3 நிமிடம்	டெங்கு காய்ச்சலை கண்டறியும் பரிசோதனை முறைகள் என்ன	<p>டெங்கு காய்ச்சலை கண்டறியும் பரிசோதனை முறைகள்:</p> <p>ஆய்வுகூட பரிசோதனை:</p> <ul style="list-style-type: none"> • ரத்த பரிசோதனை, • சிறுநீர் பரிசோதனை • வயிறு ஸ்கேன் <p>மருத்துவ பரிசோதனை :</p> <ul style="list-style-type: none"> • உடல் வெப்ப நிலை சீராக அதிகதிரித்தல் 2-7 நாட்களில் • டோர்னிக்கட் பரிசோதனை மூலம் ரத்த கசிவு பிரச்சினையை பரிசோதித்தல் - அவையாவன , <ul style="list-style-type: none"> ✓ தோலில் சிவப்பு நிற தடிப்பு ✓ மூக்கு மற்றும் ஈறுகளில் ரத்த கசிவு , ✓ ரத்த வாந்தி மற்றும் ✓ மலத்தில் ரத்த கசிவு , • கல்லீரல் வீக்கம் 	கற்பித்தல்	கவனித்தல்		டெங்கு காய்ச்சலை கண்டறியும் பரிசோதனை முறைகள் என்ன

வ. எண்	நேரம்	குறிக்கோள்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு	கற்பிக்கும் காரணிகள்	மதிப்பீடு
6	7 நிமிடம்	டெங்கு காய்ச்சலின் சிகிச்சை முறைகள் என்ன	<p>சிகிச்சை முறைகள்:</p> <p>டெங்கு காய்ச்சலின் வெளிப்பாடுகளை பொருத்து நோயாளிகளை மூன்று விதமாக வகைப்படுத்தலாம்</p> <ul style="list-style-type: none"> ✓ முதல் வகை நோயாளிகளுக்கு முதலுதவி கொடுத்து வீட்டிற்கு அனுப்பி வைத்து வீட்டில் பராமரித்தல் ✓ இரண்டாம் வகை நோயாளிகளுக்கு மருவமனையில் வைத்து சிகிச்சை அளித்தல் ✓ அவசர சிகிச்சை அளித்து , பெரிய மருத்துவ மனைக்கு அனுப்புதல் <p>ரத்த தட்டுகளின் அளவை அடிக்கடி பரிசோதித்து சிகிச்சை அளித்தல்</p> <p>முதல் வகை நோயாளிகளின் சிகிச்சை முறைகள்:</p> <ul style="list-style-type: none"> ✓ வாய்வழி ஆகாரம் எடுக்க முடித்தவர்களுக்கு ஓ ஆர் எஸ் கலவை கொடுப்பதுடன் நிறைய பழ ரசங்களும் , நீராகாரமும் கொடுக்க சொல்வதுடன் ஆறு மணி 	கற்பித்தல்	கவனித்தல்		டெங்கு காய்ச்சலின் சிகிச்சை முறைகள் என்ன

வ. எண்	நேரம்	குறிக்கோள்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு	கற்பிக்கும் காரணிகள்	மதிப்பீடு
			<p>நேரத்திற்கொருமுறை சிறுநீர் வெளியாகிறது என்பதை கவனிக்கவும் சொல்ல வேண்டும். அவர்களுக்கு உள்நோயாளியாக அனுமதிக்க படவேண்டிய அவசியமில்லை</p> <p>இரண்டாம் வகை நோயாளிகளின் சிகிச்சை முறைகள்:</p> <ul style="list-style-type: none"> ✓ உள்நோயாளியாக அனுமதிப்பதுடன் அவர்களின் உடல் வெப்ப நிலையை சரிசெய்யவும் மற்றும் தேவைப்பட்டால் ரத்த தட்டுகள் செலுத்தி சீரான நிலையில் உடலை பாதுகாத்தல் <p>மூன்றாம் வகை நோயாளிகளின் சிகிச்சை முறைகள்</p> <ul style="list-style-type: none"> ✓ அவசர சிகிச்சை அளித்து உயர் சிகிச்சைக்காக பெரிய மருத்துவமனைக்கு அனுப்புதல். ✓ அதிர்ச்சி ஊக்க சிகிச்சை அளித்தல் ✓ உடலின் திரவ நிலையை சரிசெய்தல் மற்றும் ✓ ரத்தம் ஏற்றுதல் 	கற்பித்தல்	கவனித்தல்		

வ. எண்	நேரம்	குறிக்கோள்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு	கற்பிக்கும் காரணிகள்	மதிப்பீடு
7	10 நிமிடம்	டெங்கு காய்ச்சல் பரவுவதை தடுக்கும் முறைகள் என்ன	<p>டெங்கு காய்ச்சல் பரவுவதை தடுக்கும் முறைகள்:</p> <ul style="list-style-type: none"> ✓ சுய பாதுகாப்பு ஆபரணங்கள்: <ol style="list-style-type: none"> 1. கொசு மருந்துகள் உபயோகித்தல் 2. உடல் முழுவதும் மூடிய வண்ணம் உள்ள மேலாடைகள் 3. கொசு வலைகள் படுக்கை அறையில் உபயோகித்தல் 4. ஜன்னல்களில் கொசுவலை அடித்தல் 5. குளிர்சாதன படுக்கையறை வசதிகள் அமைத்தல் 6. சிறிது நேரம் மட்டும் குழந்தைகளை வெளியே விளையாட அனுமதித்தல் ✓ உயிரியல் தடுப்பு முறைகள்: <ol style="list-style-type: none"> 1. வேப்பிலையில் புகை மூட்டம் போடுதல் 	கற்பித்தல்	கவனித்தல்		டெங்கு காய்ச்சல் பரவுவதை தடுக்கும் முறைகள் என்ன

வ. எண்	நேரம்	குறிக்கோள்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு	கற்பிக்கும் காரணிகள்	மதிப்பீடு
			<ul style="list-style-type: none"> ✓ சுற்று சூழல் பாதுகாப்பு முறைகள்: <ul style="list-style-type: none"> • கொசு உற்பத்தி செய்யும் இடங்களை கண்டுபிடித்து அவற்றை களைதல் • மழை நீர் தேங்குமிடமான டயர்கள் பூந்தொட்டிகள் , குருவி மற்றும் நாய்கள் தண்ணீர் குடிக்குமிடங்கள் இவற்றை சுத்திகரித்தல் ✓ வீட்டின் சுற்றுப்புறத்தை தூய்மையாக வைத்திருத்தல் ✓ வீட்டின் உள்ளே தண்ணீர் சேகரிக்கும் தொட்டிகளை வாரமொருமுறை சுத்தமாக வைத்தல் ✓ தண்ணீர் சேகரிக்கும் தொட்டிகளை மூடிவைத்தல் ✓ தண்ணீர் சேகரிக்கும் தொட்டிகளை கழுவி கவிழ்த்து வைத்தல் <p>வேதியியல் தடுப்பு முறைகள்:</p> <ul style="list-style-type: none"> ✓ ரசாயன பொருட்களை உபயோகித்தல் 	கற்பித்தல்	கவனித்தல்		

வ. எண்	நேரம்	குறிக்கோள்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு	கற்பிக்கும் காரணிகள்	மதிப்பீடு
8	15 நிமிடம்	டெங்கு காய்ச்சலால் பாதிக்கப்பட்ட குழந்தையை கவனிப்பது எப்படி	<p>டெங்கு காய்ச்சலால் பாதிக்கப்பட்ட குழந்தையை கவனிக்கும் முறைகள்:</p> <p>மருத்துவரை அணுக வேண்டிய தருணம்:</p> <ul style="list-style-type: none"> ✓ தீவிர தலைவலி , ✓ தீவிர கண் வலி , ✓ தோலில் தடிப்பு ஏற்படுதல் , ✓ முட்டிவலி , ✓ தசை பிடிப்பு , ✓ வாயிலும் மூக்கிலும் ரத்தக்கசிவு ஏற்படுதல் , ✓ தோலில் சின்னசின்ன ரத்த புள்ளிகள் இவற்றில் எது இருந்தாலும் உடனடியாக மருத்துவரை அணுக வேண்டும். <p>வீட்டிலேயே டெங்கு காய்ச்சலால் பாதிக்கப்பட்ட குழந்தைகளை பராமரிக்கும் முறைகள்:</p> <ul style="list-style-type: none"> ✓ தேவையான அளவு ஓய்வு , ✓ குழந்தையின் தலையில் ஈரத்துணி போடுதல் உடல் முழுவதும் ஈரதுணியால் குளிர்ந்த நீரில் துடைத்தல் , ✓ அதிக அளவு நீர் அருந்துதல் 	கற்பித்தல்	கவனித்தல்		டெங்கு காய்ச்சலால் பாதிக்கப்பட்ட குழந்தையை கவனிப்பது எப்படி

வ. எண்	நேரம்	குறிக்கோள்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு	கற்பிக்கும் காரணிகள்	மதிப்பீடு
			<p>உடலின் நீரிழப்பு தன்மையை தடுத்தல்:</p> <ul style="list-style-type: none"> ✓ அதிக அளவு நீர் அருந்துதல் ✓ பழச்சாறு குடித்தல் , ✓ எளிதில் செரிக்கக்கூடிய உணவு கொடுத்தல் <p>பாதுகாப்பு முறைகள்:</p> <ol style="list-style-type: none"> 1. கொசு மருந்துகள் உபயோகித்தல் 2. உடல் முழுவதும் மூடிய வண்ணம் உள்ள மேலாடைகள் 3. கொசு வலைகள் படுக்கை அறையில் உபயோகித்தல் 4. ஜன்னல்களில் கொசுவலை அடித்தல் 5. குளிர்சாதன படுக்கையறை வசதிகள் அமைத்தல் 	கற்பித்தல்	கவனித்தல்		

வ. எண்	நேரம்	குறிக்கோள்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடு	கற்பவர் செயல்பாடு	கற்பிக்கும் காரணிகள்	மதிப்பீடு
9	2 நிமிடம்	டெங்கு காய்ச்சலால் ஏற்படும் பின் விளைவுகள் என்ன	<p>டெங்கு காய்ச்சலால் ஏற்படும் பின் விளைவுகள்:</p> <ul style="list-style-type: none"> ✓ கல்லீரல் பாதிப்பு ✓ சிறுநீரக பாதிப்பு ✓ மூளை தசைகள் பாதிப்பு ✓ ரத்த வாந்தி ✓ ரத்த கசிவு நோய் ✓ ரத்த அணுக்கள் சிதைவு ✓ இருதய உறைகளில் கிருமிகள் 	கற்பித்தல்	கவனித்தல்		டெங்கு காய்ச்சலால் ஏற்படும் பின் விளைவுகள் என்ன

முடிவுரை :

தற்போது டெங்கு காய்ச்சல் உலக சுகாதாரத்தை அச்சுறுத்துகிற மனித இனத்தில் தோன்றிய கொசுக்களினால் பரவக்கூடிய தோற்று நோயாகும் டெங்கு காய்ச்சலை குணப்படுத்த குறிப்பிடும்படியான மருத்துவ சிகிச்சைகள் இல்லாததால் டெங்கு வைரஸ் பரவுவதை தடுப்பதற்கும் , கட்டுப்படுத்துவதற்கும் இருக்கிற ஒரே வழி என்னவென்றால் டெங்கு காய்ச்சலின் அடையாளங்கள் மற்றும் அறிகுறிகளை ஆரம்பத்திலேயே கண்டறிந்து குழந்தைகளை மருத்துவ சிகிச்சைக்குட்படுத்த வேண்டும். .மேலும் பொது மக்களின் மத்தியில் சுற்றுச்சூழல் மேலாண்மை முறைகளை குறித்த விழிப்புணர்வை அதிகரித்து , நோய் பரப்பும் கொசுக்களை எதிர்த்து போராட வேண்டும் .

INFORMED CONSENT

Investigator : G.SHANMUGA KANI

Name of Participant :

Age/sex :

Date :

Name of the institution: ICH and HospitalforChildren,Egmore,Chennai-08

Title : “A study to assess the effectiveness of structured teaching programme on knowledge regarding prevention of dengue fever in children among mothers in paediatric medical wards at Institute of Child Health and Hospital for Children, Egmore,Chennai-08”.

Documentation of the informed consent : (legal representative can sign if the participant is minor or competent).

- I _____ have read/it has been read for me, the information in this form. I was free to ask any questions and they have been answered.
- I have read and understood this consent form and the information provided to me.
- I have had the consent document explained in detail to me.
- I have been explained about the nature of my study.
- My rights and responsibilities have been explained to me by the investigator.
- I agree to cooperate with the investigator
- I have not participated in any research study at any time.
- I am aware of the fact that I can opt out of the study at any time without having to give any reason.
- I hereby give permission to the investigators to release the information obtained from me as a result of participation in this study to the regulatory authorities, government agencies and Institutional ethics committee. I understand that they are publicly presented.
- My identity will be kept confidential if my data are publicly presented.
- I am aware that I have any question during this study; I should contact the concerned investigator.

Signature of Investigator

Date

Signature of Participants

Date

INFORMATION TO PARTICIPANTS

- Title** : “A study to assess the effectiveness of structured teaching programme on knowledge regarding prevention of dengue fever in children among mothers in paediatric medical wards at Institute of Child Health and Hospital for Children, Egmore, Chennai-08”.
- Name of the Participant** :
- Date** :
- Age/sex** :
- Investigator** : G.SHANMUGA KANI
- Name of the institution** : ICH and Hospital for Children, Egmore, Chennai-08.
- Enrolment No** :

You are invited to take part in this study. The information in this document is meant to help you decide whether or not to take part. Please feel free to ask if you have any queries or concerns.

You are being asked to Cooperate in this study being conducted in selected Paediatric Medical wards in ICH at Chennai.

What is the Purpose of the Research (explain briefly)

This research is conducted to : “A study to assess the effectiveness of structured teaching programme on knowledge regarding prevention of dengue fever in children among mothers in paediatric medical wards at Institute of Child Health and Hospital for Children, Egmore, Chennai-08”.

We have obtained permission from the Institutional Ethics Committee.

Study Procedures

- Study will be conducted after approval of ethics committee
- A written formal permission will be obtained from authorities of Director of ICH, Chennai, to conduct study.
- The purpose of study will be explained to the participants.
- The investigator will obtain informed consent.
- The investigator will assess the knowledge regarding prevention of dengue in children among mothers in selected paediatric medical wards before the structured teaching programme using a Modified standardized scale.
- It will be taught by the investigator daily.

- The STP will be explained and demonstrated as a group to them with the help of lecture.
- Following that the knowledge gaining by STP will be assessed after 20 days.

Possible benefits to other people

The result of the research may provide benefits to change in future mother's knowledge regarding prevention of dengue fever in children by means of structured teaching programme.

Confidentiality of the information obtained from you

You have the right to confidentiality regarding the privacy of your personal details. The information from this study, if published in scientific journals or presented at scientific meetings, will not reveal your identity.

How will your decision not to participate in the study affect you?

Your decisions not to participate in this research study will not affect your activity of daily living, medical care or your relationship with investigator or the institution.

Can you decide to stop participating in the study once you start?

The participation in this research is purely voluntary and you have the right to withdraw from this study at any time during course of the study without giving any reasons.

Your Privacy in the research will be maintained throughout study. In the event of any publications or presentation resulting from the research, no personally identifiable information will be shared.

Signature of Investigator

Signature of Participants

Date

Date

CERTIFICATE OF PLAGIARISM

This is to certify that the dissertation work titled, “**A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING PREVENTION OF DENGUE FEVER IN CHILDREN AMONG MOTHERS IN PAEDIATRIC MEDICAL WARDS AT INSTITUTE OF CHILD HEALTH AND HOSPITAL FOR CHILDREN, EGMORE, CHENNAI-08**” of the candidate **Mrs.G.SHANMUGA KANI** for the partial fulfillment of M.Sc. Nursing Programme in the branch of CHILD HEALTH NURSING has been verified for plagiarism through relevant plagiarism checker. We found that the uploaded thesis file from introduction to conclusion pages and rewrite shows _____% of Plagiarism (_____% uniqueness) in this dissertation.

RESEARCH GUIDE

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சுய ஒப்புதல் படிவம்

ஆராய்ச்சி தலைப்பு : கற்பித்தல் மூலம் டெங்கு காய்ச்சல் தடுப்பு முறைகளை
தாய்மார்கள் தெரிந்து கொண்டது பற்றிய ஆய்வு

ஆய்வாளர் பெயர் : கோ. சண்முக கனி

பங்கேற்பாளர் பெயர் :

தேதி :

வயது/பால் :

- ஆய்வாளர் மேற்கொள்ளும் ஆராய்ச்சியில் பங்கேற்க யாருடைய கட்டாயமுமின்றி முழுமனதுடனும் சுயநினைவுடனும் சம்மதிக்கிறேன்.
- ஆய்வாளர் மேற்கொள்ள போகும் பரிசோதனைகளை மிக தெளிவாக விளக்கிக்கூறினார்.
- எனக்கு விருப்பமில்லாத பட்சத்தில் ஆராய்ச்சியிலிருந்து எந்நேரமும் விலகலாம் என்பதையும் ஆய்வாளர் மூலம் அறிந்து கொண்டேன்.
- இந்த ஆராய்ச்சி ஒப்புதல் கடிதத்தில் உள்ள விவரங்களை நன்கு புரிந்து கொண்டேன். எனது உரிமைகள் மற்றும் கடமைகள் ஆராய்ச்சியாளர் மூலம் விளக்கப்பட்டது.
- நான் ஆராய்ச்சியாளருடன் ஒத்துழைக்க சம்மதிக்கிறேன். எனக்கு ஏதேனும் உடல்நலகுறைவு ஏற்பட்டால் ஆராய்ச்சியாளரிடம் தெரிவிப்பேன்.
- நான் வேறு எந்த ஆராய்ச்சிலும் தற்சமயம் இடம்பெறவில்லை என்பதை தெரிவித்துக்கொள்கிறேன்.
- இந்த ஆராய்ச்சியின் தகவல்களை வெளியிட சம்மதிக்கிறேன். அப்படி வெளியிடும்போது என் அடையாளம் வெளிவராது என்பதை அறிவேன்.
- எனக்கு இந்த ஒப்புதல் கடிதத்தின் நகல் கொடுக்கப்பட்டது.

ஆய்வாளர் கையொப்பம்

தேதி

பங்கேற்பாளர் கையொப்பம்

தேதி

ஆராய்ச்சி தகவல் தாள்

ஆராய்ச்சி தலைப்பு : கற்பித்தல் மூலம் டெங்கு காய்ச்சல் தடுப்பு முறைகளை தாய்மார்கள் தெரிந்து கொண்டது பற்றிய ஆய்வு

ஆய்வாளர் பெயர் : கோ. சண்முக கனி

பங்கேற்பாளர் பெயர் :

தேதி :

வயது/பால்

- ஆய்வாளர் மேற்கொள்ளும் ஆராய்ச்சியில் பங்கேற்க யாருடைய கட்டாயமுமின்றி முழுமனதுடனும் சம்மதிக்கலாம். இதில் பங்கேற்பதன் நோக்கம்.
 - இந்த ஆராய்ச்சியில் தகவல்களை தெரிந்து கொள்வதற்காகவும். அதனை பயன்படுத்துவதற்காக மட்டும் தான்.
 - இந்த ஆராய்ச்சியின் நோக்கம், கற்பித்தல் மூலம் டெங்கு காய்ச்சல் தடுப்பு முறைகளை தாய்மார்கள் தெரிந்து கொண்டது பற்றிய ஆய்வு.
 - ஆராய்ச்சி மேற்கொள்ளும் முறை :இந்த ஆராய்ச்சியில் கற்பித்தல் மூலம் டெங்கு காய்ச்சல் தடுப்பு முறைகளை தாய்மார்கள் தெரிந்து கொண்டது பற்றிய ஆய்வு
 - இதனால் ஆய்வாளருக்கான பயன்: இந்த ஆய்விற்குப்பின் கற்பித்தல் மூலம் டெங்கு காய்ச்சல் தடுப்பு முறைகளை தாய்மார்கள் தெரிந்து கொண்டது பற்றிய ஆய்வு கற்று தந்ததன் தாக்கத்தினை அறியலாம்.
 - இதனால் பங்கேற்பாளருக்கான பயன் இந்த ஆய்வு கற்பித்தல் மூலம் டெங்கு காய்ச்சல் தடுப்பு முறைகளை தாய்மார்கள் தெரிந்து கொண்டது பற்றிய ஆய்வு கற்றுதந்ததன் தாக்கத்தினை அறியலாம். ஆராய்ச்சியில் பங்கேற்கவில்லை என்றாலும், உங்களின் சராசரி வாழ்கைமுறையில் எந்த வித மாற்றமும் ஏற்படாது என்பதை தெரிவிக்கிறேன்.
 - இந்த ஆராய்ச்சியில் பங்கேற்க விருப்பம் இல்லை என்றால் உங்களின் முழுமனதுடன் நீங்கள் இந்த ஆராய்ச்சியில் இருந்து விலகி கொள்ளலாம் என்பதை தெரிவிக்கிறேன்.
 - இந்த ஆராய்ச்சியில் உங்களின் தகவல்களை பாதுகாப்பாக வைத்துக்கொள்கிறேன் என்பதை தெரிவிக்கிறேன்.
 - இந்த ஆராய்ச்சியின் தகவல்களை வெளியிடும் போது, உங்களை பற்றிய அடையாளங்கள் வெளிவராது என்பதை உறுதி கூறுகிறேன்.

ஆய்வாளர் கையொப்பம்
தேதி

பங்கேற்பாளர் கையொப்பம்
தேதி

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CERTIFICATE FOR ENGLISH EDITING

This is to certify that the dissertation work topic titled, "A Study to assess the Effectiveness of Structured Teaching Programme regarding Prevention of Dengue Fever in Children Among Mothers at Institute of Child Health and Hospital for Children, Egmore, Chennai-08" done by G. Shanmuga Kani M.Sc. (N) II year student, College of Nursing, Madras Medical College, Chennai – 03 has been edited and validated for English language appropriateness.

Signature

PLACE: Kovilpatti.

DATE: 26/06/19.

G. Senthil Kumaran
26/06/19.

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கோவில்பட்டி – 628 503.

CERTIFICATE FOR TAMIL EDITING

This is to certify that the dissertation work topic titled, “A Study to assess the Effectiveness of Structured Teaching Programme regarding Prevention of Dengue Fever in Children among Mothers at Institute of Child Health and Hospital for Children,Egmore,Chennai-08” done by **G. Shanmuga Kani M.Sc. (N) II year student,** College of Nursing, Madras Medical College, Chennai – 03 has been edited and validated for Tamil language appropriateness.

Signature

Dr. G. Santhanamariammal
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To coordinate with V. Um. Chy. H. Prasad 4/5/18

From
G. Shanmugakani,
M.Sc Nursing I year student,
College of Nursing
Madras Medical College
Chennai-600 003.

Director and Superintendent
Institute of Child Health and
Hospital for Children
Egmore, Chennai - 600 008

To
Director,
Institute of Child Health and Hospital for Children,
Egmore,
Chennai-600 008.

Through
Principal,
College of Nursing,
Madras Medical College,
Chennai-600 003.

Respected Sir,

SUB; College of Nursing, Madras Medical College, Chennai -03
M.Sc Nursing I year student- requesting permission to conduct study-reg

I request you to kindly permit me to do the dissertation work on "A study to assess the effectiveness of structured teaching programme on knowledge regarding prevention of dengue fever in children among mothers in medical wards at Institute of Child Health and Hospital for Children, Egmore, Chennai-08".

Thanking you

Yours faithfully


(G.SHANMUGAKANI)

Forwarded
A. Delin
02/05/18

PRINCIPAL
COLLEGE OF NURSING
MADRAS MEDICAL COLLEGE
CHENNAI - 600 003.
PLACE : Chennai-03
DATE : 2.5.18

SPECIALITY GUIDE

PRINCIPAL


2/5/18

From

G.Shanmugakani,
M.Sc Nursing I year student,
College of Nursing,
Madras Medical College,
Chennai-600 003.

To

Head of the Department,
Medical Ward,
Institute of Child Health and Hospital for Children,
Egmore,
Chennai-600 008.

Through ,

Principal,
College of Nursing,
Madras Medical College,
Chennai- 600 003.

Respected Sir,

SUB ; College of Nursing, Madras Medical College ,Chennai – 03.
M.Sc Nursing I year – requesting permission to conduct study - reg

I request you to kindly permit me to do the dissertation work on “A study to assess the effectiveness of structured teaching programme on knowledge regarding prevention of dengue fever in children among mothers in medical wards at Institute of Child Health and Hospital for Children, Egmore, Chennai-08”.

Thanking you

Yours faithfully



(G.SHANMUGAKANI)

*Forwarded
Shanmugakani
03/05/18*

PRINCIPAL
COLLEGE OF NURSING
MADRAS MEDICAL COLLEGE
CHENNAI - 600 003.
PLACE : Chennai-03
DATE : 2.5.18

SPECIALITY GUIDE

PRINCIPAL



2/5/18

From
Shanmugakani.G
M.Sc Nursing I year student,
College of Nursing
Madras Medical College
Chennai-600 003.

To
The Class Co-ordinator
IIIrd year B.Sc Nursing
College of nursing
Madras medical college
Chennai-600 003.

Through
Principal,
Collège of Nursing
Madras Medical College
Chennai-600 003.

Respected Sir,


SUB: College of Nursing, Madras Medical College, Chennai-03.

M.Sc Nursing IIIrd year student- requesting permission to conduct study-reg

I request you to kindly permit me to do the Project work on " A study to assess the knowledge regarding First Aid among IIIrd year B.Sc Nursing Students ,College of Nursing Chennai-03".

Thanking you

Yours faithfully


(SHANMUGAKANI.G)

Forwarded
Delivered
01/05/18

PRINCIPAL
COLLEGE OF NURSING
MADRAS MEDICAL COLLEGE
CHENNAI - 600 003.

PLACE : chennai -03

DATE : 01/06/2018



**INSTITUTIONAL ETHICS COMMITTEE
MADRAS MEDICAL COLLEGE, CHENNAI 600 003**

EC Reg.No.ECR/270/Inst./TN/2013
Telephone No.044 25305301
Fax: 011 25363970

CERTIFICATE OF APPROVAL

To
G. Shanmuga Kani,
M.Sc. Nursing I Year,
College of Nursing,
Madras Medical College,
Chennai 600 003.

Dear G. Shanmuga Kani,

The Institutional Ethics Committee has considered your request and approved your study titled **"A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING PREVENTION OF DENGUE FEVER IN CHILDREN AMONG MOTHERS IN PEDIATRIC MEDICAL WARDS AT INSTITUTE OF CHILD HEALTH AND HOSPITAL FOR CHILDREN, EGMORE, CHENNAI - 08" - NO.31072018.**

The following members of Ethics Committee were present in the meeting hold on **24.07.2018** conducted at Madras Medical College, Chennai 3

- | | |
|---|----------------------|
| 1. Prof.P.V.Jayashankar | :Chairperson |
| 2. Prof.R.Jayanthi,MD.,FRCP(Glasg) Dean,MMC,Ch-3 | : Deputy Chairperson |
| 3. Prof.Sudha Seshayyan,MD., Vice Principal,MMC,Ch-3 | : Member Secretary |
| 4. Prof.N.Gopalakrishnan,MD,Director,Inst.of Nephrology,MMC,Ch | : Member |
| 5. Prof.S.Mayilvahanan,MD,Director,Inst. of Int.Med,MMC, Ch-3 | : Member |
| 6. Prof.A.Pandiya Raj,Director, Inst. of Gen.Surgery,MMC | : Member |
| 7. Prof.Shanthy Gunasingh, Director, Inst.of Social Obstetrics,KGH | : Member |
| 8. Prof.Remam Chandramohan,Prof.of Paediatrics,ICH,Chennai | : Member |
| 9. Prof. Susila, Director, Inst. of Pharmacology,MMC,Ch-3 | : Member |
| 10.Prof.K.Ramadevi,MD., Director, Inst. of Bio-Chemistry,MMC,Ch-3 | : Member |
| 11.Prof.Bharathi Vidya Jayanthi,Director, Inst. of Pathology,MMC,Ch-3 | : Member |
| 12.Thiru S.Govindasamy, BA.,BL,High Court,Chennai | : Lawyer |
| 13.Tmt.Arnold Saulina, MA.,MSW., | :Social Scientist |
| 14.Thiru K.Ranjith, Ch- 91 | : Lay Person |

We approve the proposal to be conducted in its presented form.

The Institutional Ethics Committee expects to be informed about the progress of the study and SAE occurring in the course of the study, any changes in the protocol and patients information/informed consent and asks to be provided a copy of the final report.

Member Secretary - Ethics Committee

To coordinate with Dr. Rema Prasad on medical wards
A. Shanmugakani
12/1/19

DIRECTOR AND SUPERINTENDENT
INSTITUTE OF CHILD HEALTH AND
GOVT. HOSPITAL FOR CHILDREN
EGMORE, CHENNAI-600 008.

REQUISITION LETTER

From

Shanmugakani.G,
M.Sc (N) II year Student,
College of Nursing,
Madras Medical College,
Chennai-600 003

28.01.2019

To

Head of the Department,
Department of Medicine,
Institute of Child Health and Hospital for Children ,
Egmore,
Chennai-600 008

Through

Principal,
College of Nursing,
Madras Medical College,
Chennai-03.

Respected Sir/ Madam,

Sub: College of Nursing - Madras Medical College, Chennai-3- M.Sc(N) II Year Student- Dissertation - Requesting permission to conduct research study in Paediatric Medical Wards at Institute of Child Health and Hospital for Children -Regarding

I, Shanmugakani.G.M.Sc Nursing II year student have to conduct the research study for the fulfillment of M.Sc (N) programme. My topic is "A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING PREVENTION OF DENGUE FEVER AMONG MOTHERS OF CHILDREN IN PAEDIATRIC MEDICAL WARDS AT INSTITUTE OF CHILD HEALTH AND HOSPITAL FOR CHILDREN ,EGMORE, CHENNAI -08" The data collection period is from 02.02.2019 to 04.03.2019 from 8 am to 4 pm. I assure that I will not disturb the routine activities of the Medical wards.

With due respect, I request your good self to kindly permit me to conduct this study in Medical wards at Institute of Child Health and Hospital for Children .

Thanking you,


Signature of HOD
(Research)

Forwarded
Abhinav
01/02/19
PRINCIPAL
COLLEGE OF NURSING
MADRAS MEDICAL COLLEGE
CHENNAI - 600 003.

Yours faithfully,


(SHANMUGAKANI.G)

Handwritten signature in pink ink, dated 13/8/18.

REQUISITION FORM

From

SHANMUGAKANI.G,
M.Sc (N) I year Student,
College of Nursing,
Madras Medical College,
Chennai-600 003

To

Head of the Department,
Department of Medicine,
Institute of Child Health and Hospital for children ,
Egmore,
Chennai-600 008

Through

The Principal,
College of Nursing,
Madras Medical College,
Chennai-03.

Respected Sir/ Madam,

Sub: College of Nursing - Madras Medical College, Chennai-3- M.Sc(N) I Year Student- Dissertation - Requesting permission to conduct pilot study in Paediatric Medical Wards at Institute of Child Health and Hospital for Children -Regarding

I, M.Sc Nursing I year student have to conduct the pilot study for the fulfillment of M.Sc (N) programme. My topic is **"A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING PREVENTION OF DENGUE FEVER AMONG MOTHERS OF CHILDREN IN PAEDIATRIC MEDICAL WARDS AT INSTITUTE OF CHILD HEALTH AND HOSPITAL FOR CHILDREN ,EGMORE, CHENNAI -08"** The data collection period is from 06.08.2018 to 12.08.2018 from 8 am to 4 pm. I assure that I will not disturb the routine activities of the Medical wards.

With due respect, I request your good self to kindly permit me to conduct this study in Medical wards at Institute of Child Health and Hospital for children .

Thanking you,

Handwritten signature in green ink, dated 13/8/18.
Signature of HOD

Yours faithfully,
Handwritten signature in blue ink.
(SHANMUGAKANI. G)

Place: Chennai-03

Date:

3/5/19

From

G.Shanmugakani
M.Sc (N) II year Student
College Of Nursing,
Madras Medical College,
Chennai-03.

To

The Director,
Institute of Child Health and Hospital for Children,
Egmore,
Chennai-03.

Through the proper channel,

Respected sir,

Sub: Statistical evidence regarding children with dengue for study prevention of dengue children permission -requested -regarding.

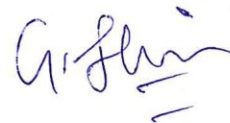
This is for you inform that I am undergoing MSC (N) I year course at College Of Nursing, Madras Medical College, Chennai 03 under Child Health Nursing speciality, has to submit a dissertation doing this curriculum.

As I am my topic for dissertation is “ **A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING PREVENTION OF DENGUE FEVER AMONG THE MOTHERS OF CHILDREN IN PAEDIATRIC MEDICAL WARDS AT INSTITUTE OF CHILD HEALTH AND HOSPITAL FOR CHILDREN, EGMORE, CHENNAI-08**”.I request you to kindly permission to get statistical data regarding the Cerebral Palsy from the Medical Record Department, Institute of child health and hospital for Children, Egmore, Chennai 08

I assure you that I will use the information only for my dissertation and not for any other purposes.

Thanking You

Yours Obediently,



Place: Chennai

Date: 23. 4 19

CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool constructed by **G. Shanmugakani** M.Sc., (Nursing) II year, College of Nursing, Madras Medical College which is to be used in his study titled, "A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING PREVENTION OF DENGUE FEVER IN CHILDREN AMONG MOTHERS IN PAEDIATRIC MEDICAL WARDS AT INSTITUTE OF CHILD HEALTH AND HOSPITAL FOR CHILDREN, EGMORE, CHENNAI-08" has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then he can proceed to do the research.

Signature with seal



BILLROTH COLLEGE OF NURSING
NO.2, METTUKUPPAM ROAD.
MADURAVOYAL,
CHENNAI-600 095

Name: MS. S. JAYASELVI

Designation: ASSOCIATE PROFESSOR

College: BILLROTH COLLEGE OF NURSING

Place: CHENNAI

Date: 29/1/2019

CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool constructed by G.SHANMUGAKANI, M.Sc., (Nursing) II year, College of Nursing, Madras Medical College which is to be used in her study titled, "A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING PREVENTION OF DENGUE FEVER IN CHILDREN AMONG MOTHERS IN PAEDIATRIC MEDICAL WARDS AT INSTITUTE OF CHILD HEALTH AND HOSPITAL FOR CHILDREN, EGMORE, CHENNAI-08" has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.

Signature with seal

DEPARTMENT OF NEPHROLOGY
INSTITUTE OF CHILD HEALTH AND
HOSPITAL FOR CHILDREN
MADRAS-600 008

Name:

Designation:


Place:

Date:

CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool constructed by G.SHANMUGAKANI, M.Sc., (Nursing) II year, College of Nursing, Madras Medical College which is to be used in her study titled, "A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING PREVENTION OF DENGUE FEVER IN CHILDREN AMONG MOTHERS IN PAEDIATRIC MEDICAL WARDS AT INSTITUTE OF CHILD HEALTH AND HOSPITAL FOR CHILDREN, EGMORE, CHENNAI-08" has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.

Signature with seal


உருது குறுவை கீகீ காசு பரிஷி II
சுனாகிரியர், Dr. G.K. ஜைகரன்
அரசு குழந்தைகள் நல மருத்துவ
எடிபியூ. சென்னை 600 008

Name: Dr. G. K. Jaikaran

Designation: Associate Professor of Paediatric

Place: Chennai - 08

Date: 10/01/19

செவிலியர் கல்லூரி, சென்னை மருத்துவக் கல்லூரி,
சென்னை-600003.



டெங்கு காய்ச்சல் மற்றும் தடுப்புமுறைகள்
பற்றிய விளக்க கையேடு



ஆராய்ச்சியாளர்

தீருமதி.கோ.சண்முககனி,

இரண்டாமாண்டு முதுநிலை மாணவி, செவிலியர் கல்லூரி,
சென்னை மருத்துவக் கல்லூரி, சென்னை-600 003.

முன்னுரை

டெங்கு காய்ச்சல் என்பது ஏடிஸ் (Aedes) எனப்படும் பேரினத்தைச் சேர்ந்த இனங்கள் இந்த நோய் வரக் காரணியாகும். நோயின் நுண்மத்தால் பாதிக்கப்பட்ட ஏடிஸ் வகைக் கொசுக்களால் குறிப்பாக ஏடிஸ் பெண் கொசுக்களால் இந்நோய் பரவுகிறது ஆனால் இது ஒருவரிடம் இருந்து மற்றொருவருக்கு நேரடித் தொடர்பின் மூலம் பரவுவதில்லை.

வரையறை:

இந்தியாவில் டெங்கு நோய் முதன் முதலாக 1812 இல் பதிவு செய்யப்பட்டது.கடந்த 10-15 ஆண்டுகளில் மருத்துவமனை சேர்க்கை மற்றும் இறப்பு விகிதத்திற்குக்கான காரணங்களில் முக்கிய காரணமானது டெங்கு காய்ச்சல் தான். டெங்கு ரத்தகசிவு காய்ச்சல் மிகவும் தீவிரமானது மற்றும் இறப்பு விகிதம் சுமார் 5% ஆகும். இதில் பதினைந்து வயதிற்கு குறைவான குழந்தைகளுக்கு 90 சதவிகிதம் பாதிப்பு ஏற்பட்டுள்ளது.

டெங்கு கொசு பார்ப்பதற்கு கருப்பு நிறமாகவும் உடம்பு மற்றும் கால்களில் வெள்ளை நிற கோடுகளை உடையதாகவும் இருக்கும்.இவை ஒரு நாளைக்கு 100-200 மீட்டர் வரை பறக்கும் திறமன் கொண்டது.

டெங்கு நோய் கட்டுப்படுத்தப்படக்கூடிய முக்கிய பொது சுகாதார பிரச்சினைகளில் ஒன்றாகும்.டெங்கு நோய் குறித்த கல்வித் திட்டங்கள் சமூக அறிவை அதிகரிக்கும். ஆகவே டெங்கு பற்றி நாம் நிறைய விஷயங்களை தெரிந்து கொள்ள வேண்டிய கட்டாயத்தில் இருக்கிறோம்.

தங்களுக்கு தேவையான தகவல்களை இதில் குறிப்பிட்டுள்ளேன்.

டெங்கு விழிப்புணர்வு



டெங்கு காய்ச்சல்:-

- என்றால் என்ன?
- வரக் காரணங்கள் என்ன?
- வராமல் தடுப்பது எப்படி?
- அறிகுறிகள் என்ன?
- சரி செய்வது எப்படி?



டெங்கு என்றால் என்ன?



டெங்கு எனப்படுவது ஒருவகை வைரஸ் கிருமி. இது கொசுக்கள் மூலம் மனிதர்களுக்கு பரவி நோயுண்டாக்குகிறது



டெங்கு கொசு

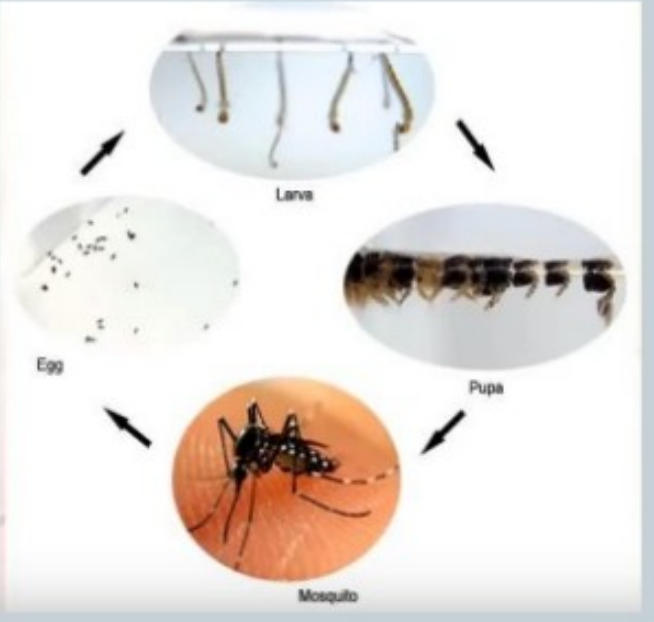
ஏடிஸ்

உஷார் - உஷார்
நான்தான் டெங்கு கொசு
 ஏடிஸ் எஜிப்தி (Aedes Aegypti)

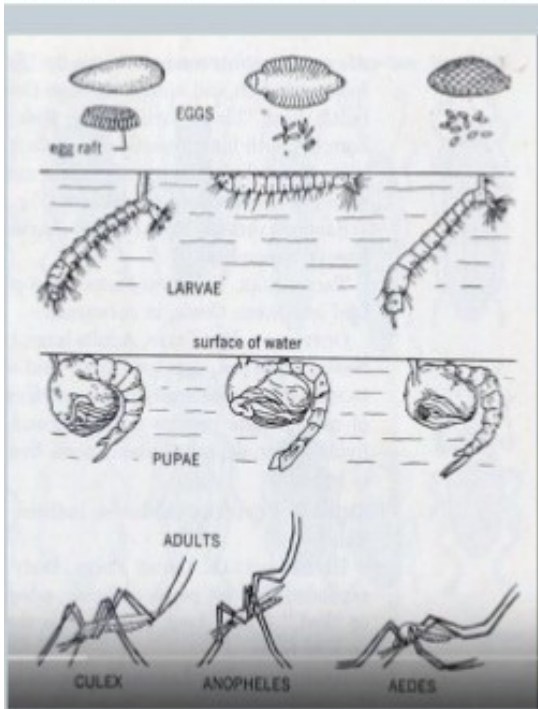


- ✿ கருப்பு நிற வெள்ளை கோடுகள் (Zebra Line) உடல் நோற்றத்தூய்மை அறிகுறிகள்
 - ✿ பசும் நொடிகளில் அழிபெயர்
 - ✿ காலை மற்றும் மாலை வேளைகளில் அழிபெயர்
 - ✿ விடமுண்டி தேவைவிடாத பொருட்களான காலிட்ரீன், நொங்கும் நீர், ஆறிய பொருட்களில் அழிபெயர் உஷார் - உஷார்
- விழிப்புணர்வுக்காக

கொசு



டெங்கு கொசு (ஏடிஸ்) உருவாகும் நிலை?



கொசுக்கள் உற்பத்தியாகும் இடங்கள்



கிணர் தொட்டிகள் உடைந்த பாத்திரங்கள், பாட்டில், தேங்காய் சீர்தட்டை, ஆட்டுக்கல் போன்ற பொருட்களில் தேங்கியிருக்கும் நீரில் உற்பத்தியாகிறது. எனவே அவற்றில் நீர் தேங்காமல் பாத்துக் கொள்ள வேண்டும் மற்றும் தேவையற்ற பொருட்களை அகற்ற வேண்டும்.

டெங்கு கொசு உருவாகும் இடம் 1

கொசுக்கள் உற்பத்தியாகும் இடங்கள்



குடம் வாளி



மூடாத தொட்டிகள்



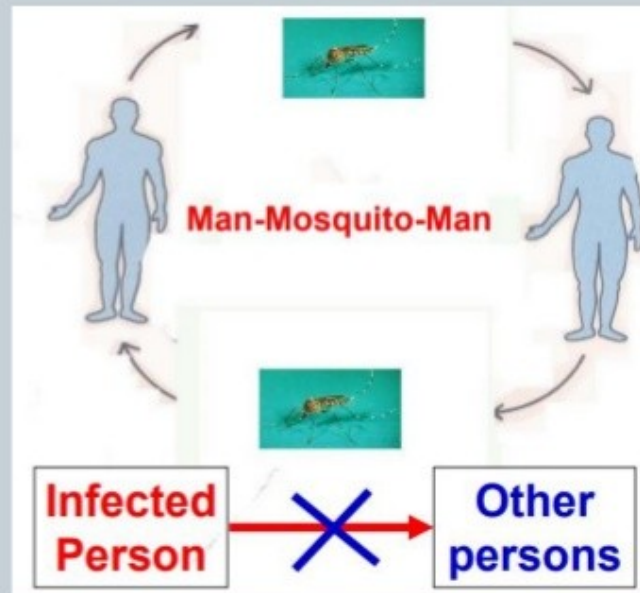
டெங்கு கொசு உருவாகும் இடம் 2



டெங்கு கொசு உருவாகும் இடம் 4



டெங்கு எப்படி பரவுகிறது?



டெங்கு காய்ச்சலை தடுக்க

- வீட்டைச் சுற்றிலும் தண்ணீர் தேங்கவிடாதீர்கள். தெருவில் தண்ணீர் தேங்கியிருந்தால் சுகாதார ஊழியர்கள் வந்து அகற்றுவதற்குக் காத்திருக்காமல், நீங்களே தண்ணீரை அகற்றுங்கள்.
- கை, கால் முழுக்க மறைக்கும் பருத்தி ஆடைகளை அணியலாம். கொசு எதிர்ப்புக் களிம்பைப் பூசிக்கொள்ளுங்கள்.
- குடிநீரைக் காய்ச்சி வடிகட்டிக் குடியுங்கள்.
- டெங்குவைத் தவிர்க்கக் கொசு ஒழிப்பு ஒன்றே வழி. டெங்குவைப் பரப்பும் 'ஏடிஸ் எஜிப்டி' கொசு நன்னீரில் முட்டை இடும் என்பதால், கொசு வளர வாய்ப்பு இல்லாதவாறு சுகாதாரமாகச் சுற்றுச்சூழலைப் பராமரிக்க வேண்டும்.
- வீட்டுக்குள் கொசு வர முடியாதபடி ஜன்னல்களில் கொசு வலை பொருத்தலாம். வாசலில் நீண்ட திரைச்சீலைகளைப் பயன்படுத்தலாம். கொசுவத்தி, கொசு விரட்டி, ஸ்பிரே போன்றவையும் பயன் கொடுக்கும்.
- வீட்டுச் சுவர்கள் மீது 'டி.டி.டி.' மருந்தைத் தெளித்தால் கொசுக்கள் ஒழியும். வீட்டைச் சுற்றியும், தெருவோரச் சாக்கடையிலும் 'டெல்டாமெத்திரின்' மருந்தைத் தெளிப்பது பலன் கொடுக்கும். ஜன நெருக்கடி மிகுந்த குடியிருப்புகளில், 1000 கன அடி இடத்திற்கு 4 அவன்ஸ் 'கிரிசாலை'ப் புகையை செலுத்துவதும் கொசுக்களை விரட்ட உதவும்.
- இவை எல்லாவற்றுடன், சுற்றுப்புறச் சுத்தம் முக்கியம்!"

டெங்கு அறிகுறிகள்

கடுமையான தலைவலி, 104° வரை காய்ச்சல், சோர்வு, கடுமையான முட்டுவலி மற்றும் தசை வலி, உடல் வலி, கண்வலி, வாந்தி, உடலில் அரிப்பு இவை தான் டெங்குவின் அறிகுறிகள். இவற்றோடு சிலருக்கு ஈறுகளில் ரத்தக்கசிவும் பாதங்கள் மற்றும் உள்ளங்கைகள் சிவந்தும் இருக்கும்.



டெங்குக் காய்ச்சலின்

அறிகுறிகள்

காய்ச்சல்ப் பருவம்

திடீர்க் காய்ச்சல்

தலைவலி

வாய், மூக்குக்
குருதிப்போக்கு

தசை, மூட்டு
வலி

வாந்தி

தோற்
சினைப்பு

கடுமையான பருவம்

தாழ் குருதியழுத்தம்

நுரையீரல் உறை
நீரேற்றம்

வயிற்றில்
நீர்க் கோர்ப்பு

இரையகக் குடலியக்
குருதிப்போக்கு

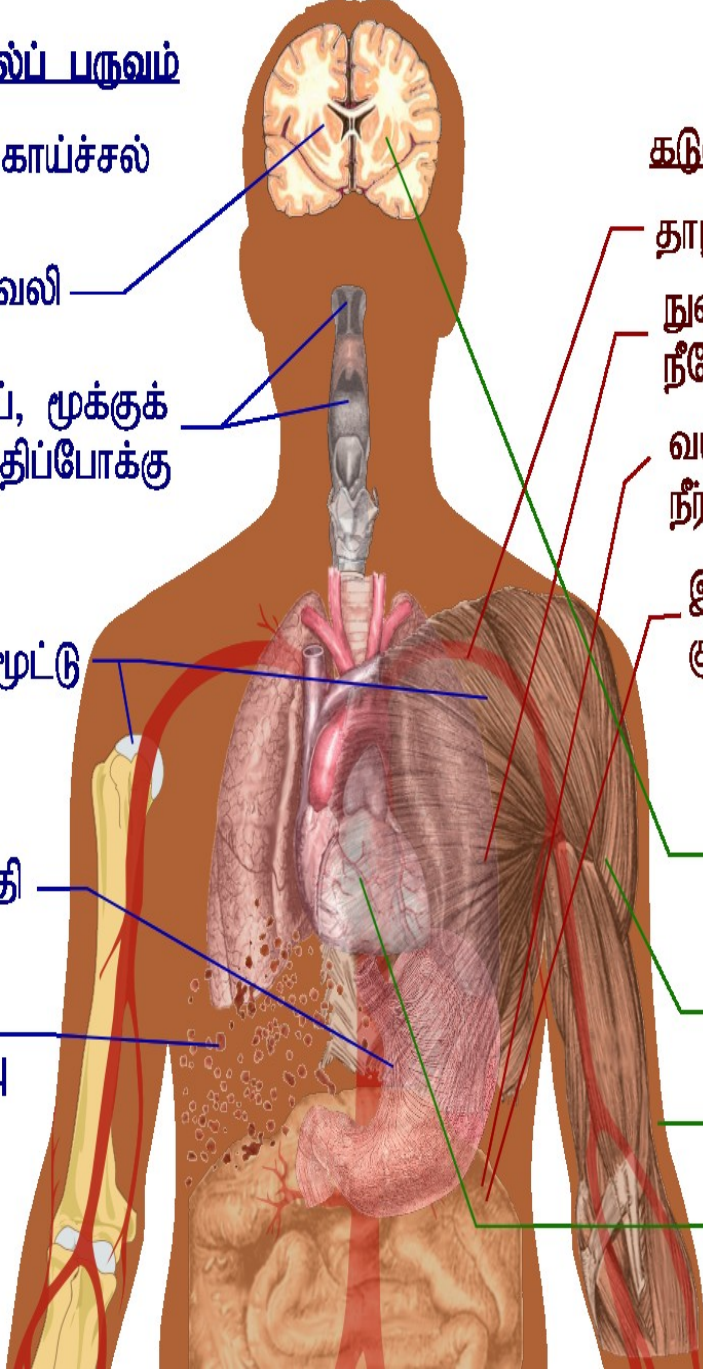
மீள்நிலைப் பருவம்

மாறுபட்ட
சுய உணர்வு

வலிப்பு

சொறி

தாழ் இதயத்துடிப்பு



காய்ச்சலா?

காய்ச்சலை ஏன் உடனடியாக கவனிக்க வேண்டும்?

- சாதாரணமாக ஏற்படும் சளி, காய்ச்சல் தானாகவே ஓரிரு நாட்களில் குணமாகிவிடும். ஆனால் மலேரியா காய்ச்சல், எலி காய்ச்சல், டெங்கு காய்ச்சல், டைபாய்டு காய்ச்சல் போன்ற காய்ச்சல்களுக்கு, உரிய மருத்துவ சிகிச்சை பெற வேண்டும். மருத்துவ சிகிச்சை தாமதமானாலோ சுயமாக மருந்துகள் சாப்பிட்டாலோ போலி மருத்துவரிடம் சிகிச்சை பெற்றாலோ உடல் நலம் கடுமையான பாதிப்புக்குள்ளாக நேரிடும்.
- எனவே, காய்ச்சல் கண்டவுடன் மருத்துவரிடம் சென்று முறையான சிகிச்சை பெறுவது மிக முக்கியமானதாகும். மேலும் மருத்துவரின் ஆலோசனைப்படி இரத்த பரிசோதனைகள் செய்து கொள்ள வேண்டும்.
- மருத்துவமனையில் உள்ளோயாளியாக அனுமதிக்க மருத்துவ ஆலோசனை வழங்கப்பட்டால் மருத்துவமனையில் தங்கி சிகிச்சை பெற வேண்டும்.

அபாய அறிகுறிகள் :



பசி இல்லாமை



அதிக உடல் சோர்வு



தலைசுற்றல்



குறைந்த அளவு சிறுநீர் வெளியேற்றம்



குமட்டல் / வாந்தி



வயிற்றுவலி



வாய், பல் ஈறுகள் மற்றும் மூக்கில் இரத்தம் கசிதல்



மலம் கருப்பாக வெளியேறுதல்



மூச்சுவிட சிரமப்படுதல்



மயக்கம் ஏற்படுதல்

இவற்றில் ஏதேனும் ஒரு அறிகுறி இருந்தால், உடனடியாக மருத்துவமனைக்கு வரவும்.

கஞ்சி, பழச்சாறு, இளநீர், கூழ், உப்பு-சர்க்கரை கரைசல் (ORS) போன்ற திரவ உணவுகளை அதிகமாக உட்கொள்ள வேண்டும்.

டெங்கு நோய் உணர்வு



நோய் தாக்கப்பட்டு 3 முதல் 7 நாட்கள் வரை உடலில் நோய்கிருமிகள் பெருகி வளரும் காலம் வரை எந்த அறிகுறிகளும் தென்படாமல் இருந்து பின்னர் வெளிப்படலாம்.

டெங்குவால் என்ன பாதிப்பு உண்டாகிறது?



டெங்கு வைரஸ் ரத்தத்தில் உள்ள பிளேட்லெட்ஸ்களை வேகமாக அழித்து விடும். இதனால் ரத்தத்தின் உறையும் திறன் குறைந்து நுரையீரல், வயிறு, சிறுநீரகப்பாதைகள், பல் ஈறுகள் ஆகியவற்றில் ரத்தக்கசிவுக்கு காரணமாகிறது. தகுந்த சிகிட்சை பெறாமல் இருந்தால் இது உயிரிழப்புக்கு ஏதுவாகும்.

தடுப்பு மருந்துகள் உள்ளதா?

**ஆங்கில மருத்துவத்தில்
இதுவரை இல்லை. ஆரம்ப
நிலையிலேயே சிகிச்சை
பெற்றால் உயிரிழப்பைத்
தடுக்கலாம்**

சிகிச்சை என்ன?

டெங்கு போன்ற வைரஸ் காய்ச்சல்களுக்கு
தனியாக சிகிச்சை எதுவும் இல்லை.
ஆனால் இதன் பாதிப்புகளை குறைக்க தக்க
நடவடிக்கை எடுக்க உடனடியாக மருத்துவ
மனைக்கு கொண்டு செல்ல வேண்டும்.
ஐ .ஜி.எம் , எலிசா, பி.சி.ஆர் போன்ற
பரிசோதனைகள் மூலம் டெங்கு இருப்பது
உறுதியானால் மருத்துவரின் ஆலோசனை
பெறுவது அவசியம்.

டெங்கு நோய் ஏற்பட்டால் என்ன செய்வது?



பிளேட்லெட்ஸுகள் எண்ணிக்கை
வேகமாக குறைந்து உயிருக்கு
ஆபத்தை தவிர்க்க இரத்தம் ஏற்ற
வேண்டி வரலாம். ஆபத்து
இல்லையெனில் மருத்துவர்
ஆலோசனைப்படி வீட்டிலேயே
ஓய்வெடுத்துக் கொள்ளலாம். வாந்தி
பேதி ஏற்பட்டு நிலைமை மோசமானால்
மருத்துவமனையை நாடவும்.

டெங்கு காய்ச்சலின்போது என்ன சாப்பிட
வேண்டும்?



காய்ச்சல் காரணம் உடலில் நீர்
சத்து குறைவதை ஈடு செய்ய
அதிக அளவு இளநீர், கஞ்சி, உப்பு
சர்கரை கரைசல் போன்ற
நீராகாரம் எடுத்துக்கொள்ள
வேண்டும்

டெங்கு எவ்வளவு நாள் நீடிக்கும்?

ஏழு நாட்களில்
சரியாகிவிடும். மற்றபடி
சோர்வு ,உடல் வலி
முழுமையாக குறைய
இரண்டு வாரங்கள்
ஆகலாம்

டெங்கு- மூலிகை மகத்துவம்

அரசு மருத்துவமனைகளில்
சிகிச்சை பெற்று
வருபவர்களுக்கு சித்த மருத்துவ
முறையான பப்பாளி ஜூஸ்,
மலைவேம்பு ஜூஸ் மற்றும்
நிலவேம்பு கசாயம்
கொடுக்கும்படி சுகாதாரத்துறை
அறிவித்தது.



4. டெங்கு அறிகுறி இருந்தால் ?

பாதிக்கப்பட்ட நோயாளிக்கு காலை மற்றும் மாலை இரு வேளைகளிலும் பப்பாளி இலை சாறு, மலைவேம்பு இலை சாறு, நிலவேம்பு குடிநீர் கசாயம் (கொதிக்கவைக்காமல்) வழங்கப்படவேண்டும்.

சித்தமருத்துவத்தில் பப்பாளிஇலை சாறு குடித்தால் ரத்த தட்டு அணுக்கள் அதிகரிக்கும். நிலவேம்பு குடிநீர் டெங்கு வைரசை அழித்து காய்ச்சலை குணப்படுத்தும்



டெங்குவை தடுக்க வழி?



கொசு ஒழிப்பு முறை 1

வீட்டை சுற்றி எங்கும் தண்ணீர்
தேங்காமல் பார்த்துக்கொள்ளவும்.
திறந்த சிமென்ட் தொட்டிகள்,
முட்டை ஓடுகள், சிரட்டைகளை
அப்புறப்படுத்த வேண்டும்.

கொசு ஒழிப்பு முறை 2

வீட்டை சுற்றி எங்கும் தண்ணீர் தேங்காமல் பார்த்துக்கொள்ளவும்.



வீட்டுக்குள் கொசுவராமல் தடுக்க
ஜன்னல்களில் கொசுவலை பயன்
படுத்தலாம். கொசு வத்தி,
கொசுவிரட்டி, களிம்பு, ஸ்பிரே,
மின்சார கொசு கொல்லி பயன்
படுத்தலாம்.

கொசு ஒழிப்பு முறை 3

வேப்பிலை, நொச்சி, அரளி,
முடக்கத்தான் போன்ற
மூலிகைகளை கொளுத்தி
வீட்டை சுற்றி புகை மூட்டம்
போடுவோம்

கொசு ஒழிப்பு முறை 4

வேப்ப எண்ணெய்
மற்றும் கற்பூரம்



டெங்கு கொசுவை
ஒழிக்க ஒரு எளிய வழி...



டெங்கு வருமுன் தடுப்போம்!

விட்டிலுள்ள அனைவருக்கும்
முன்று நாள் தொடர்ந்து நில
வேம்பு கசாயம் கொடுப்போம்.
இது ஒன்றுதான் டெங்கு
காய்ச்சலுக்கு தடுப்பு மருந்து

நில வேம்பு



மலை வேம்பு



டெங்கு வருமுன் தடுப்போம்!

முடக்கத்தான்



அளரி



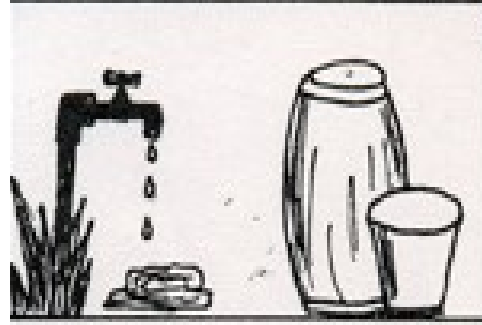
வேப்ப இலை



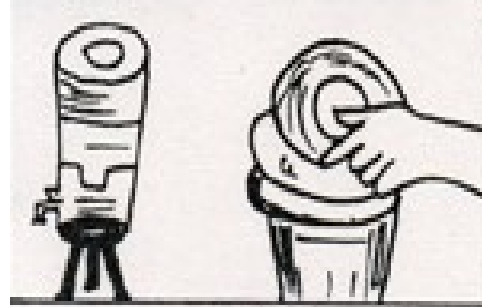
பப்பாளி



உங்க காய்ச்சலின் முன்னச்சரிக்கை நடவடிக்கைகள்



* தண்ணீரை நாட்கணக்கில் சேமித்து வைத்து பயன்படுத்துவதை பொதுமக்கள் தவிர்க்க வேண்டும்.



* சேமித்து வைக்கும் தண்ணீரை முறையாக முடி வைத்து பயன்படுத்த வேண்டும்.



* தண்ணீர் சேமிக்கும் தொட்டிகளை ஆரூ நாட்களுக்கு ஒருமுறை, உரிய மதித்து தெளித்து சுத்தம் செய்ய வேண்டும்.



* மழைநீர் தேங்க வாய்ப்புள்ள, பிளாஸ்டிக் வாடுகள், பழைய டயர்கள் போன்றவை சேராதபடி, பார்த்துக் கொள்ள வேண்டும்.



* வீட்டின் சுற்றுப்புறத்தை தூய்மையாக வைத்துக் கொள்ள வேண்டும்.



ஏழஸ் கொசுக்களை ஒழிப்போம்!
டெங்கு காய்ச்சல் வராமல் தடுப்போம்!



கொசுக்கள் உற்பத்தியாகும் இடங்கள்



சிமெண்ட் தொட்டிகள்



தண்ணீர் தொட்டி



ஆட்டுக்கல்



பிளாஸ்டிக் தட்டுகள், கப்புகள்



தேங்காய் ஓடுகள்

கொசுக்கள் உற்பத்தி ஆகாமல்
தடுப்பது மிக எளிது



டயர்கள்



குடம், வானி

கொசு உற்பத்தியாகும் இடங்களை அழிப்போம்!
தண்ணீர் தொட்டிகளை மூடி வைப்போம்!



திறந்த நீர் தொட்டி



காலி பெமிண்ட் டப்பா

சுகாதாரம் பேணிக் காப்போம்!



டிபர்கள்

கொசுக்கள் உற்பத்தி ஆகாமல் தடுப்போம்!
சுற்றுப்புறச் சூழலை தூய்மையோடு காப்போம்!

டெங்கு காய்ச்சலைக் குணப்படுத்தவும், தடுக்கவும் கீழ்க்கண்ட சித்த மருந்துகளைப் பயன்படுத்துவீர்
இயற்கையாகக் குணப்படுத்தும் பாரம்பரிய மருந்துகள்



(1) **பப்பாளி இலைச் சாறு**

புதிதாக பறித்த பப்பாளி இலைகளில் உள்ள காம்புகளை அகற்றிவிட்டு சிறிது தண்ணீர் ஊற்றி அரைத்து அல்லது கிடித்து வடிகட்டி 10 மில்லி வீதம் நாளொன்றுக்கு 4 முறை அருந்த வேண்டும். இவ்வாறு அருந்தினால், 5 நாட்களில் காய்ச்சல் தணிந்து விடும். காய்ச்சல் தணிந்த பிறகும் இதனை மேலும் 2 நாட்களுக்கு அருந்த வேண்டும். பப்பாளி இலைச்சாறு வீட்டில் தயாரிக்கப்படும் பாரம்பரிய மருந்தாகும்.



(2) **மலைவேம்பு இலைச் சாறு**

புதிதாக பறித்த மலைவேம்பு இலைகளுடன் சிறிது தண்ணீர் ஊற்றி அரைத்து அல்லது கிடித்து வடிகட்டி 10 மில்லி வீதம் நாளொன்றுக்கு கிரண்டு அல்லது மூன்று முறை அருந்த வேண்டும். இவ்வாறு அருந்தினால், 5 நாட்களில் காய்ச்சல் தணிந்து விடும். காய்ச்சல் தணிந்த பிறகும் இதனை மேலும் 2 நாட்களுக்கு அருந்த வேண்டும். மலைவேம்பு இலைச்சாறு வீட்டில் தயாரிக்கப்படும் பாரம்பரிய மருந்தாகும்.



(3) **நிலவேம்புக் குடிநீர்**

10 கிராம் நிலவேம்புக் குடிநீர் சூரணத்தை எடுத்து 100 மில்லி நீருடன் கலந்து கொதிக்க வைத்து பாதியாக சுருக்கி, வடிகட்டி 50 மில்லி வீதம் நாளொன்றுக்கு காலை மற்றும் மாலை இருவேளைகள் அருந்தி வரவும். ஒவ்வொரு முறையும் புதிதாக தயாரித்துக் கொள்ளவும். இதன் மூலம் காய்ச்சல் ஐந்து நாட்களில் தணிந்துவிடும். காய்ச்சல் தணிந்த பிறகும் இதனை மேலும் கிரண்டு நாட்களுக்கு அருந்த வேண்டும்.

நிலவேம்புக் குடிநீர் அனைத்து அரசு மருத்துவமனைகள், ஆரம்ப சுகாதார நிலையங்களில் உள்ள சித்த மருத்துவப் பிரிவுகளில் விலையேதுமின்றி கிடைக்கும்.



**ஏடிஸ் கொசுக்களை ஒழிப்போம்!
டெங்கு காய்ச்சல் வராமல் தடுப்போம்!**



- ☛ டெங்கு காய்ச்சல் டெங்கு வைரஸ் கிருமியால் ஏற்படும் ஒரு வகை வைரஸ் காய்ச்சல் ஆகும். டெங்கு காய்ச்சல் ஏற்பட்டாலே உயிரிழப்பு ஏற்படும் என்பது தவறான கருத்தாகும். டெங்கு காய்ச்சலை முழுமையாக குணப்படுத்த முடியும்.
- ☛ டெங்கு காய்ச்சல் ஏடிஸ் என்ற ஒரு வகை கொசுவினால் ஒருவரிடமிருந்து மற்றவருக்கு பரவுகிறது. ஏடிஸ் கொசு நல்ல தண்ணீரில் மட்டுமே உருவாகக் கூடியது. பகலில் கடிக்கக் கூடியது.
- ☛ பொதுமக்கள் தண்ணீர் சேமித்து வைத்துள்ள குடங்கள், சிமெண்ட் தொட்டிகள், டிரம்சுகள் போன்றவற்றை கொசு புகாத வண்ணம் நன்கு மூடி வைக்க வேண்டும்.
- ☛ தண்ணீர் சேமித்து வைக்கும் தொட்டிகளை வாரம் ஒரு முறை பிளிச்சிங் பவுடர் கொண்டு நன்றாகத் தேய்த்து கழுவி கொசு புகாதவாறு மூடி வைக்க வேண்டும்.
- ☛ மேலும் தங்கள் வீடுகளை சுற்றியுள்ள பகுதிகளில் கிடக்கும் பழைய டயர், தேங்காய் சிரட்டை, ஆட்டுக்கல், பிளாஸ்டிக் கப், பெயிண்ட் டப்பா போன்றவற்றை அகற்றிட வேண்டும்.
- ☛ காய்ச்சல் கண்டவுடன் அருகிலுள்ள அரசு மருத்துவமனையை உடனடியாக அணுக வேண்டும்.
- ☛ மருத்துவரின் மருந்து சீட்டு இல்லாமல் மருந்து மாத்திரைகளை வாங்கி உட்கொள்வதை அறவே கைவிட வேண்டும்.
- ☛ பகலிலும் சிறு குழந்தைகளை கொசு வலைக்குள் தூங்க வைக்க வேண்டும்.

**சுற்றுப்புறத்தை தூய்மையாக வைத்திருப்போம் !
காய்ச்சல் கண்டவுடன் அரசு மருத்துவமனையை அணுகுவோம் !!
டெங்குவை கட்டுப்படுத்துவோம் !!!**

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