



A Study to Assess The Effectiveness of Planned Health Education Programme On Control and Prevention of Chikungunya Among Adults Of selected Rural Area Narambai in Puducherry

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ABSTRACT

A community based cross sectional study was conducted among the elderly residing in the selected rural community in puducherry from October 2018 to September 2019. Data was collected by interview method done by pre-designed and pre-tested interviewer questionnaire. The participant who was willing to participate in the study was given the questionnaire proforma and was asked to fill the questionnaire before and after the educational intervention and the results were analyzed. The study involved a total of 98 families who successfully answered all the baseline and follow up questionnaire. A total of 62 % males and a total of 38% females participated in our study and a total of 20.45 % increase in knowledge regarding chikungunya was reported after the post intervention. This study concludes that health education is an effective tool for improving knowledge, attitude and practice regarding prevention and control of chikungunya.

Keywords: Chikungunya, Dengue, illness, rural

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INTRODUCTION

Chikungunya fever is caused by an alpha-virus that is transmitted to humans through mosquito bites. It is characterized by a non-specific illness including high fever, severe joint pain, muscle pain, headache, nausea, fatigue, and rash in infected individuals. Most of the patients recover from the acute illness in 1–2 weeks, and some individuals continue to suffer from chronic joint pain which can persist for months to years following infection. Historically, chikungunya virus (CHIKV) has circulated in Africa, Asia, and the Indian and Pacific Ocean Islands.² In 2013, the virus spread to the Americas and caused outbreaks in countries that harbor the vectors, *Aedes aegypti* and *Aedes albopictus*.²⁻⁴ In India epidemic of Chikungunya fever was reported during 60s & 70s; 1963 (Kolkata), 1965 (Pondicherry and Chennai in Tamil Nadu, Rajahmundry, Vishakapatnam and Kakinada in Andhra Pradesh; Sagar in Madhya Pradesh and Nagpur in Maharashtra) and 1973 (Barsi in Maharashtra). Subsequently in 2008, 2009, 2010, 2011 and 2012, 95091, 73288, 48176, 20402 and 15977 suspected Chikungunya fever cases with nil death were reported. During 2013, 18840 suspected Chikungunya cases were reported.

A study to assess the effectiveness of planned health education program on control and prevention of chikungunya among adults of selected rural area of Narambai in Puducherry.

- ❖ Assess the knowledge on control and prevention of Chikungunya among adults
- ❖ Assess the practice on control and prevention of Chikungunya among adults
- ❖ Educate the adults on control and prevention of Chikungunya
- ❖ Evaluate the effectiveness of planned health education on control and prevention of Chikungunya

MATERIALS AND METHODS

A community based cross sectional study was conducted among the elderly residing in the selected rural community in puducherry from October 2018 to September 2019. Data was collected by interview method done by pre-designed and pre-tested interviewer questionnaire. The participant who was willing to participate in the study was given the questionnaire proforma and was asked to fill the questionnaire before and after the educational intervention and the results were analyzed. The following points were covered under the headings:

- ❖ General information
- ❖ Knowledge about Chikunguniya
- ❖ Preventive practices against Chikunguniya
- ❖ Management of Chikunguniya.

RESULTS

The study involved a total of 98 families who successfully answered all the baseline and follow up questionnaire. A total of 62 % males and a total of 38% females participated in our study and a total of 20.45 % increase in knowledge regarding chikungunya was reported after the post intervention.

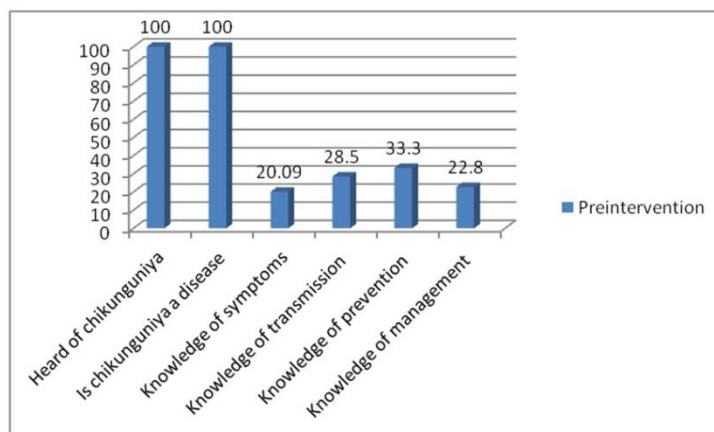


Fig 1 Pre Intervention Result

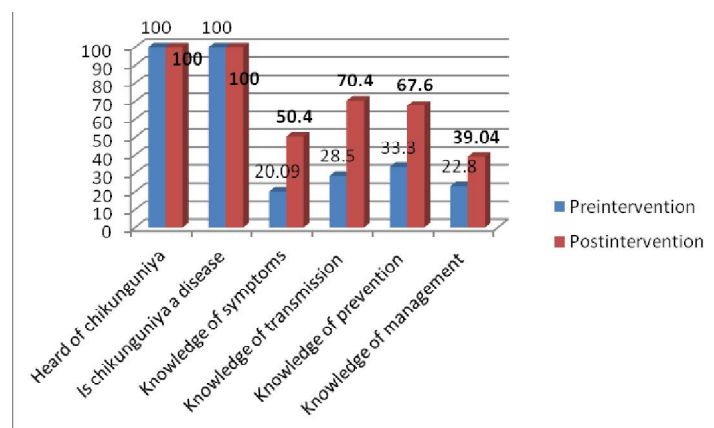


Fig 2 Post Intervention Result in Respect with Pre Intervention

Figure no. 1 and 2 and table no. 1 showing different variables and responses in pre and post intervention period. In this study after education intervention a total of 100 % of the participants have heard about chikungunya and knew that it was a disease. There was a total of 30.31 % increase in knowledge about symptoms of chikunguniya, while a 41.9% increase in the knowledge of transmission of chikunguniya infection. About the knowledge of prevention of chikunguniya disease, there was an increase of 34.3% and an increase of 16.24% was seen in relation to the knowledge about management of Chikunguniya.

DISCUSSION

Chikunguniya is a self-limiting viral disease with recovery as the expected outcome but in some cases persistent joint pain requires long duration of treatment. Aedes mosquito breeding in artificial collection of water (water holding containers, tyres, broken shells and disposed off items that hold water) is the principal vector. No specific treatment or vaccine is available for chikunguniya so mosquito control measures comprise the main stay of management. The present study focusing on the importance of health education in prevention of chikunguniya reported a significant increase in scientific knowledge of symptoms, transmission, prevention and management post intervention which could bring forth changes in attitude and behavior for improved health and environment thereby reducing the prevalence of chikunguniya. In this study all of the respondents had heard about chikunguniya and knew it was a disease, however, less than one third of the participants knew about its symptoms, spread, treatment and

prevention. The best way to prevent chikungunya is to protect yourself from mosquito bites. Use insect repellent, wear long-sleeved shirts and pants, treat clothing and gear, and take steps to control mosquitoes indoors and outdoors.

CONCLUSION

Integrated vector management by elimination of breeding sites, use of anti-adult and anti-larval measures and personal protection comprise of the mainstay in control of chikungunya epidemic. For this community mobilization and empowerment is of utmost importance. The general population should be sensitized about the mechanisms of transmission, symptoms, prevention and management of the disease. This study concludes that health education is an effective tool for improving knowledge, attitude and practice regarding prevention and control of chikungunya. Therefore, it is recommended that future campaigns should involve more aggressive IEC/BCC activities pertaining to symptoms, transmission, management and prevention of chikungunya should be done in schools and colleges and in local communities so that the knowledge is translated into practice and the likelihood of infection is reduced to a level where it no longer remains a public health problem.

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