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Original Research Article

Effectiveness of Planned Teaching Programme (PTP) Regarding Prevention and Management of Swine Flu in Terms of Knowledge among Rural Population

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ABSTRACT

Background: Influenza viruses cause annual epidemics and occasional pandemics that have claimed the lives of millions.
Aim & Objectives: To evaluate the effectiveness of planned teaching programme regarding prevention and management of swine flu in terms of knowledge among rural population residing at selected area of Ambala Haryana. Conceptual framework adopted for the study was based on Denel Stufflebeam Model.
Material & Methods: A Quasi-experimental pre test and post test design was adopted in the present study to accomplish the objectives. Convenience sampling technique was used to select sample subjects. The sample consisted of 200 rural population from Mullana village. The pre test assessment of knowledge of the rural population was carried out using the structured knowledge questionnair followed by the administration of PTP. On 14th day the post test was conducted using the same structured knowledge questionnaire. The collected data was analyzed by using descriptive and inferential statistics.
Results: The paired "t" value of rural population {"t"(199) = 44.50 ($p \leq 0.05$)} was found to be statistical significant at 0.05 level of significance.
Conclusion: Thepl anned teaching programme was found to be effective in terms of enhancing the knowledge of rural population regarding prevention and management of swine flu.

Keywords: Planned Teaching Programme, Prevention and Management, Swine Flu, Knowledge, Rural Population.

INTRODUCTION

Swine Flu virus can kill human race. This infection is a pandemic. Outbreaks are common in pigs year round and infection in humans is a result of close contact with infected animals. A flu is a deadly disease which occurs, when a new influenza virus emerges for which people have little or no immunity and no vaccine. The disease spreads easily from one person to another person cause serious illness, and can spread across the country and even worldwide in a very short span of time. [1]

Prevalence of swine flu is highly contagious and has spread very fast to 191 countries, starting from America to Europe, Asia to Africa. Number of confirmed cases and death in India were 7374 and 225 respectively. Whereas as globally 2, 96,471 and 3,486 respectively as 18th September, 2009 statistical record. The virus was first identified in Mexico on 18th march,2009 and

termed as novel H1 N1 flu since it is mainly found infecting people and exhibits two main surface antigens H1 (hem agglutinins type 1) and N1 (neuraminidase type 1). It affects the respiratory tract irrespective of the age, commonly children and adults, on 21st June 2009. [2]

Several researches show that H1N1 virus infection is a significant health care problem because of the high percentage of the population affected and the serious consequences of uncontrolled influenza (H1N1) virus and also the highest rate of illness occurred in overcrowded area. [3]

Previous studies showed that television, news channels and newspaper are found to be the most common source from which common public get knowledge of swine flu. Lack of awareness regarding key focus areas like Hand washing as a preventive measure and Swine flu being spread by eating pork are serious concern. The role of the mass media is very important to create the awareness about swine flu in the community as most of the participants got knowledge of swine flu through mass media. Health education sessions, seminars, workshops for creating awareness in all areas of urban as well as rural masses can be made more effective by involving Public Health Professionals to develop communication messages closely related to the pandemic situation to target the information needs of the public. High concern did not translate into a higher compliance with precautionary recommendations, possibly due to the low level of knowledge about the disease among the public. [4]

MATERIALS AND METHODS

The present study was conducted in Ambala District with the approval of Institutional ethical committee of the M.M University. A written and informed consent was obtained from the rural population. A Quasi-experimental pre test and post test design was adopted in the present study. The sample of 200 rural population were selected from Mullana village by using convenience sampling technique. The inclusion criteria were rural population of Age group of 18-55 years, those who were able to read & write in Hindi. Those who were mentally challenged were excluded. The reliability of structured knowledge questionnaire was calculated using Kuder Richardson 20 (KR_{20}) and it was 0.75. Data was collected from 1st December, 2015 to 27th January, 2016. The rural population was divided into 40 groups, having 5 rural people in each. Planned teaching programme was provided to 3 groups having 15 rural people (5 rural people in each group) each day in three sessions. On the first day, pre-test to assess knowledge regarding prevention and management of swine flu was conducted followed by administration of Planned teaching programme of duration 30-45 minutes to the rural population on the same day and post-test was later conducted on 14th day for each of the group based on their pre-test dates. Statistical analysis was performed by using SPSS 20.0. The data was analysed using both descriptive and inferential statistics i.e., mean, median and standard deviation and "t" test and one way ANOVA.

RESULTS

Description of sample characteristics: Table 1 indicates the sample characteristics of study participants. Less than half of rural population (38.5%) was in 39-48 year age group. Maximum of rural population (74%) was females. Less than half of rural population education (36%) was up to higher secondary, less than half of rural populations (39.5%) were homemaker. Less than half of rural population monthly income family (32.5%) was 10,001-15,000. More than half of rural populations (63.5%) were from joint family. Majority of rural population (93%) were Hindu. Almost all rural population (99%) had not seen any person infected with swine flu. Maximum of rural population (76%) had not received any information about swine flu. Very few (9.5%) source of rural population had

information through Newspaper/ magazines/ books.

Table 1: Frequency and percentage distribution of rural population as per their sample characteristics N=200

Sample characteristics	f	%
1. Age		
a) 18-28	20	10
b) 29-38	75	37.5
c) 39-48	77	38.5
d) 49-55	28	14
2. Gender		
a) Male	52	26
b) Female	148	74
3. Educational status		
a) Primary	39	19.5
b) Secondary	43	21.5
c) Higher secondary	72	36
d) Graduate	38	19
e) Post graduate and above	8	4
4. Occupation		
a) Government job	17	8.5
b) Private Job.	44	22
c) Self employed	39	25.35
d) Homemaker	79	39.5
e) Student	21	10.5
5. Monthly income of the family (Rs)		
a) 2000-5000	32	16
b) 5001-10,000	40	20
c) 10,001-15,000	65	32.5
d) >15,000	63	31.5
6. Type of family		
a) Nuclear family	64	82
b) Joint family	127	63.5
c) Single Parent family	5	2.5
d) Extended family	4	2
7. Religion		
a) Hindu	189	93
b) Muslim	2	1
c) Sikh	9	4.5
8. Have you ever seen any infected person with swine flu		
a) Yes	2	1
b) No	198	99
9. Received any information about swine flu		
a) Yes	48	24
b) No	152	76
If yes, source of information		
a) Radio programs	14	7
b) Television programs	19	9.5
c) Newspaper/ magazines/books		
d) Family members/relatives/friends	15	7.5
e) Health personnel		

More than half (65%) of rural population had average knowledge in pretest. Whereas as in posttest half (50%) of rural population in good knowledge in posttest as shown in (figure 1).

Table 2 revealed that the mean pre-test knowledge score was (11.86) and mean post-test knowledge score of rural population was (21.47) with the mean difference at 9.60. The computed t value (44.50) was found to be statistically significant at 0.05 level of significance from which it can be inferred that PTP was effective in increasing knowledge of rural population regarding prevention and management of swine flu.

Table 3 showed that the computed't' value (26.63) for the area of concept of swine flu, (10.19) for the area of etiology of swine flu (18.46) for the area of mode of transmission / incubation period of swine flu, (32.14) for the area of sign and symptom/ diagnostic evaluation of swine flu, (29.16) for the area of management / preventive measure and complication of swine flu was found to be statistically significant at 0.05 level of significance. This indicated that the difference between the pre-test and post-test knowledge score in each area was a true difference and not by chance, therefore it can be inferred that PTP was effective in enhancing the knowledge of rural population regarding prevention and management of swine flu in all the areas.

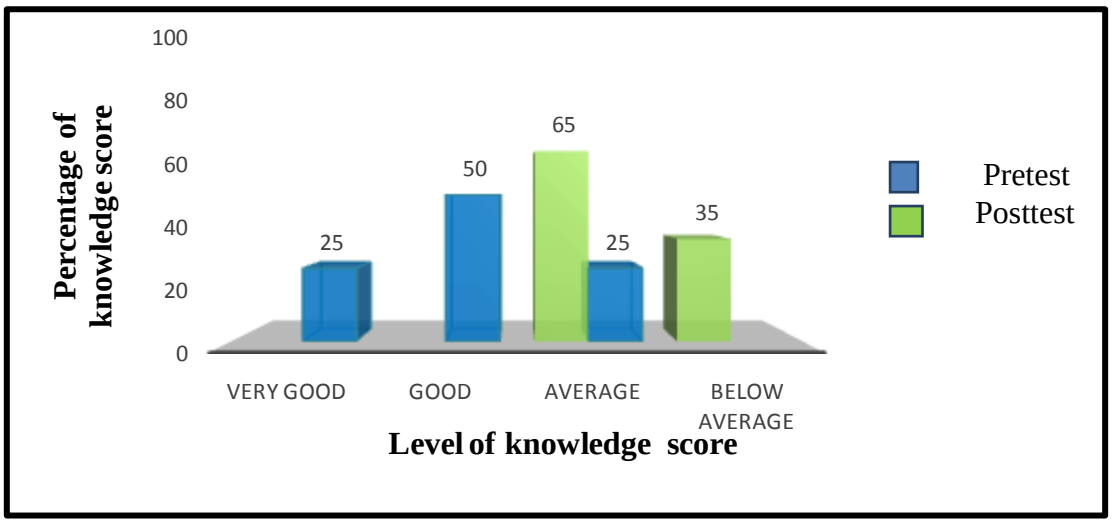

Figure: 1 Bar graph showing level of pretest and posttest knowledge

Table 2: Mean, mean difference, standard deviation of difference, standard error of mean difference and "t" value of mean pre-test and post-test knowledge Score of rural population

Knowledge score	Mean	MD	SDD	SEMD	"t"	p value
Pretest	11.86					
Posttest	21.47	9.60	3.052	0.216	44.50	0.001*

N=200''t'' (199) = 1.98 (P≤0.05) *Significant $^{NS:-}$ Non significant

Table 3 :Area wise Mean, Mean difference, standard deviation of difference, standard Error and "t" value of pretest and posttest knowledge score Of rural population N=200

Area	Pretest Mean	Posttest Mean	M_D	SD_D	SE_{MD}	"t" value	p value
PTP group (n=200)							
Concept	1.98	3.96	1.98	1.051	0.074	26.63	0.001*
Etiology	1.09	1.58	0.490	0.680	0.048	10.19	0.001*
Mode of transmission / incubation period	1.25	2.21	0.965	0.739	0.52	18.46	0.001*
Sign and symptom / diagnostic evaluation	3.91	6.09	2.89	1.27	0.090	32.14	0.001*
Management/ preventive measure and complication	4.36	7.64	3.27	1.588	0.112	29.16	0.001*

''t'' (199) = 1.98 (P≤0.05) * Significant $^{NS:-}$ Non significant

Table 4: One way ANOVA and t value showing association of post-test Knowledge score with selected Sample characteristics N=200

	Knowledge score		
Sample characteristics	**df**	**F/t value**	**p value**
1. Age			
a) 18-28 b) 29-30 c) 39-48 d) 49-55	3/196	2.111	0.100 ^{NS}
2. Gender			
a) Male b) Female	198	1.95	0.553 ^{NS}
3. Educational status			
a) Primary b) Secondary c) Higher secondary d) Graduate e) Post graduate and above	4/195	1.100	0.358 ^{NS}
4. Occupation			
a) Government job. b) Private Job. c) Self-employed d) Home maker e) Student	4/195	0.746	0.561 ^{NS}
5. Monthly income of the family (Rs)			
a) 2000-5000 b) 5001-10,000 c) 10,001-15,000 d) >15,000	3/196	1.631	0.183 ^{NS}
6. Type of family			
a) Nuclear family b) Joint family c) Single Parent family d) Extended family	3/196	3.775	0.012*
7. Religion			
a) Hindu b) Muslim c) Sikh	2/197	1.606	0.203 ^{NS}
8. Have you ever seen any swine flu infected person			
a) Yes b) No	198	1.059	0.291 ^{NS}
9. receive any information about swine flu			
a) Yes b) No	198	1.417	0.158 ^{NS}
If yes, source of information			
a) Radio programs b) Television programs c) Newspaper/ magazines/books d) Family members/relatives/friends e) Health personnel	2/45	0.877	0.423 ^{NS}

*significant (p≤0.05) Not significant (p≥0.05)

Table 4 shows that ANOVA/t values showing association of posttest knowledge scores of rural population were independent of these sample characteristics except for type of family (0.012) denotes that these have associated with knowledge score.

DISCUSSION

The planned teaching programme was effective in enhancing the knowledge of rural people. In present study, the mean posttest knowledge was significantly higher than mean pretest knowledge score regarding prevention and management of swine flu. Among rural population at 0.001. Similar findings were reported in a quasi-experimental study conducted by Komalavalli et al in 2009 to assess the effectiveness of education programme in terms of knowledge among rural population this study concluded and clearly highlighted that the educational programme was effective in improving knowledge of mothers in vaccination for flu and thus improving the children survival. [5]

The result of study revealed that (65%) rural population had average knowledge, (60%) had moderately favorable attitude and (50%) had average expressed practices similar findings were reported in a study conducted by Gupta, Kumar Rajiv et al in 2014 among rural population in Jammu region to assess knowledge, attitude and expressed practices regarding prevention and management of swine flu. findings show that overall knowledge score was (62.9%). more than (90%) had heard of swine flu, overall attitude score was 79.5% and the total expressed practices rate was (60%) towards prevention and management of swine flu. [6]

The planned teaching programme was effective enhancing the knowledge of rural people. Most (75%) of rural population had average knowledge in pretest whereas as half (50%) of rural population had good knowledge in posttest. More than half (65%) of rural population had average knowledge in pretest compared as (75%) of rural population. Whereas as half (50%) of rural population in good knowledge. Similar findings were reported in a quasi-experimental study conducted by Nandkumar R. Kakade S et al in 2012 to evaluate the effectiveness of structured teaching programme regarding preventive management of swine flu among the school going children. The study finding Reveals that in pre-test 18 (20%) student are had poor knowledge, the majority 31 (62%) had average knowledge and 9 (18%) had good knowledge regarding knowledge of swine flu and its protective measures. Where as in post-test majority 29 (58%) student had average knowledge, 16 (32%) had good knowledge and 5 (10%) student had poor knowledge regarding knowledge swine flu and protective measures. [7]

Retention of knowledge was not assessed in the present study. A follow up study of planned teaching program could be carried out to find out the effectiveness on terms of retention of knowledge. An experimental study to determine the expressed practices, Attitude on prevention and management of swine flu could be incorporated.

CONCLUSION

The planned teaching programme was effective in enhancing knowledge of rural population regarding prevention and management of swine flu.

Nursing personnel's working in the community should be equipped with adequate knowledge and skill to educate the rural population on breast Prevention and management of swine flu, community health nurses should conduct and organize teaching program to community members regarding healthy practices.

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