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Research Article



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A descriptive study to assess the knowledge and attitude regarding dengue among OPD clients in selected hospitals at Aurangabad, with view to develop an information booklet.

Mr. Chetan A. Biradar, MSc (N)\*, Mr. Ravikumar Goted, M.Sc (N), Mr. Siddivinayak Sudke, Mr. Deepak Rathod

\*Assist Professor, MGM Mother Teresa College of Nursing, Aurangabad. Associate Professor, SSUP Nursing College, Aurangabad. Nursing officer, Navi Mumbai, MNP. Community Health Officer.

\*Corresponding Author E- mail: Chetan.biradar086@gmail.com

#### **Abstract**

Wellness and Illness are the two states of the life. Wellness status that the health and it characterized by optimal function and absence of disease and abnormality, where the illness status that unhealthy and it prevents your body and mind from working normally. **Research Methodology:** Research approach: A descriptive research approach. Research design: Descriptive study design. Setting of the study: Selected nursing colleges at Aurangabad. Sample: 190 first year Basic B.Sc nursing students. Sampling technique: Non-probability purposive sampling technique. The criteria for sample selection: Inclusion criteria: Students who are studying in Basic B.Sc nursing 1st year. **Exclusion criteria:** Students who are not available during data collection. **Method of developing tool:** The tool used for the study was modified VAK questionnaire. **Description of tool:** Tool consists of two parts: Section A: Demographic characteristics. The study Result revealed that Majority 73(73%) OPD clients had average knowledge in selected hospitals at Aurangabad. Majority 62(62%) OPD clients had favorable attitude regarding dengue in selected hospitals at Aurangabad. rxy=1.01, ( - 1>rxy>1) of OPD clients, hence there was positive correlation between knowledge & attitude scores of OPD clients, since there was positive correlation, rxy=1.01, rxy=1.0

## **Keywords:**

## **Introduction**

## "SMALL BITE, BIG THREAT".

Wellness and Illness are the two states of the life. Wellness status that the health and it characterized by optimal function and absence of disease and abnormality, where the illness status that unhealthy and it prevents your body and mind from working

normally. The one of the cause of illness that is communicable disease which spread from one person to another through the various method including contact with blood or body fluids, breathing in an airborne or being bitten by insects. The communicable disease are spread by vectors , vectors are the organism typical a biting insect or tick that transmitted a disease or a parasite from one animal to another , one of the vector born disease is dengue<sup>1</sup>.

Viruses are tiny agents that can infect a variety of living organisms, including bacteria, plants, and animals. Like other viruses, the dengue virus is a microscopic structure that can only replicate inside a host organism. The dengue viruses are members of the genus Flavivirus in the family *Flaviviridae*. Along with the dengue virus, this genus also includes a number of other viruses transmitted by mosquitoes and ticks that are responsible for human diseases<sup>2</sup>.

#### **Background of the Study:**

The current medical nursing literature reflects the prevalence of dengue is high among community people Dengue is believed to infect 50 to 100 million people worldwide in a year. The mortality is 1-5% without treatment and less than 1% with treatment. Severe disease (dengue hemorrhagic fever, Dengue shock syndrome) carry a mortality of 26%. The incidence of dengue in increased 30fold between 1960 and 2010. This increase is believed to be to be due to multiple factors like, rapid urbanization, population growth, increase is believed international travel from endemic areas and lastly global warming. The geographical distribution is around the equator mainly affecting Asia and pacific regions.

## **Materials and Methods**

#### Objectives of the study

- 1. To assess the knowledge regarding dengue among OPD clients.
- 2. To assess the attitude regarding dengue among OPD clients.
- 3. To find out co-relation between knowledge and attitude regarding dengue among OPD clients.
- 4. To find out association between knowledge with social demographic variables.
- 5. To find out association between attitude with social demographic variables.
- 6. To develop an information booklet.

## Research methodology

Research approach: A Descriptive approach

**Research Design:** Descriptive study design.

**Research Setting:** The study was conducted in selected hospitals at Aurangabad.

### **Population**

The population refers to the entire group of persons or subjects that is having some common characteristics.

The target population- in the present study the target population \ is OPD clients in selected hospitals at Aurangabad.

**Sample:** The sample of present study comprised of OPD clients who are having above 20 years of age.

**Sample size**: The sample size for the study was 100 OPD clients are having fever and above 20 years of age.

#### **Criteria for selecting the sample:**

The samples were selected based on the following inclusion and exclusion criteria.

#### **Inclusion Criteria:**

OPD clients who are

J	Able to read and solve questionnaires
J	Available at time of data collection.
J	Having above 20 years of age.
J	Having fever.

#### **Exclusion Criteria:**

J	Those who are not willing to participate in our
	study.

Those who are having below 20 years of age.

## **Development of the tool:**

The structured knowledge questionnaire and attitude scale were—developed to assess the knowledge and attitude regarding dengue among OPD clients in selected hospitals at Aurangabad.

The steps followed to develop tool were:

#### **Description of the tool:**

It consisted of two parts:

**Section I:** It included the selected personal and sociodemographic data which includes, age, gender

religion, type of family, educational status, family income per month, , place of residency, previous knowledge regarding prevention of dengue.

**Section II:** Structured knowledge questionnaire consist 30 questions. A blue print was prepared on the following areas viz,

- ➤ Part A: anatomy and physiology and introduction of dengue fever -4 questions,
- Part B: disease aspect (cause and risk factor)-9 questions,
- ➤ Part C : disease clinical feature 8 questions,
- ➤ Part D : disease investigation, treatment & complication-09 questions,

There were four options to choose, from which the participants have to choose one best option and tell it. A score value of one (1) was allotted to each correct response.

# Description of Structured modified 5 pointlikert Scale:

A modified 5 point Likert scale was prepared after extensive review of literature. There were twenty five (25) statements on attitude of OPD clients regarding dengue. There were five alternative response columns; strongly agree, agree, uncertain, disagree and strongly

disagree. Statements were scored as: 5 score for strongly agree: 4 score for agree; 3 score for uncertain; 2 score for disagree and 1 score for strongly disagree.

**Tool III:** A modified 5 point Likert scale regarding dengue includes 25 statements.

## **Tool III consists of one parts**

**Section III:** A modified 5 point Likert scale regarding blood donation.

- ➤ Part A: 07statements related to Behavioural domain
- ➤ Part B: 09 statements related to Psychological domain.
- **Part C:** 09statements related to General domain.

#### **Procedure for the data collection:**

The research investigator took formal permission obtained from the medical officer of Rajnagarmahanagarpalikaaroygya Kendra and Jay bhavaninagarmahanagarpalikaaroygya Kendra Aurangabad, to collect data for the main study. The main study was conducted from 17<sup>th</sup> February to 20<sup>th</sup> February 2018 (Annexure1).

# **Results**

Section I: Distribution of OPD clients characteristics according to their socio demographic variables Table 1: Frequency & percentage distribution of OPD clients according to their socio demographic variables.

			n=100
Sl.	Demographic variables	Frequency	Percentage
No		f	(%)
1.	Age (in years)		
	a) 20-30	54	54
	b) 31-40	24	24
	c) 41-50	17	17
	d) 51 and above	05	05
2.	Gender		
	a) Male	43	43
	b) Female	57	57
3.	Religion		
	a) Hindu	52	52
	b)Muslim	21	21
	c) Christian	14	14
	d)Others	13	13

4.	Type of family		
	a) Nuclear	39	39
	b) Joint	49	49
	c) Extended	12	12
5.	<b>Educational qualification</b>		
	a) Illiterate	08	08
	b) Primary education	50	50
	c) Higher secondary	34	34
	d) Graduation and above	08	08
6.	Family income/		
	Month (in rupees)		
	a) Less than Rs5000	40	40
	b) Rs.5,001-10,000	19	19
	c)Rs 10,001-15,000	31	31
	d) Rs.15,001 and above	10	10
7.	Place of residency		
	a) Rural	21	21
	b) Urban	79	79
8.	Duovious Imamladas usasudina		
	Previous knowledge regarding		
	prevention of dengue fever. a) Yes	58	58
	<ul><li>a) Yes</li><li>b) No</li></ul>	42	42
	U) INU		

The table 1 indicates Majority of the subjects 54(54%) belongs to the age group 20-30 yrs,57(57%) were female, 52(52%) belongs to the Hindu religion, 49(49%) belongs to joint family, 50(50%) belongs to primary education, 40(40%) are having less than 5000 rupees as a family income, 79 (79%) were resident in

urban area, 58(58%) are having previous knowledge regarding prevention of dengue fever.

Section II: Analysis and interpretation of knowledge and attitude scores regarding dengue in selected hospitals at Aurangabad.

Table 2: Mean, Median, Mode, Standard deviation and Range of knowledge Scores of OPD clients regarding dengue.

#### n=100

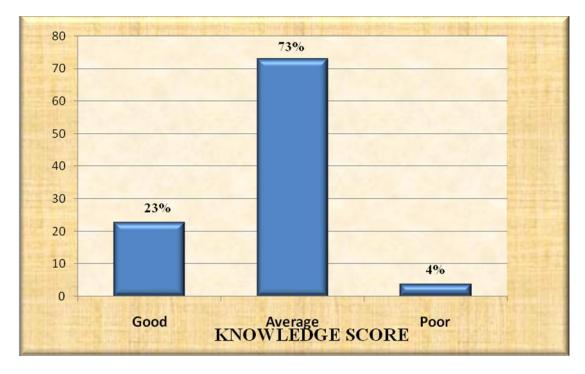
Mean	Median	Mode	Standard deviation	Range
13.7	15	15	0.42	18

Table 2 Reveals that overall mean knowledge score is 13.7, median 15, mode 15, standard deviation 0.42 and range is 18.

Table 3: Distribution of frequency and percentage of knowledge scores of OPD clients regarding dengue in selected hospitals at Aurangabad.

n= 100			
Knowledge			
Score	Frequency		
Good	23	23%	
(21 to 30)			
Average	73	73%	
(11 to 20)			
Poor	04	04%	
(0 to 10)			

Table No 3: Revealed that among majority of OPD clients 73(73%) had an average knowledge, 23(23%) had good knowledge, 4(4%) had poor knowledge score.



Graph 9: Column graph showing percentage of knowledge scores of OPD clients regarding dengue.

Table 4: Mean, Median, Mode, Standard deviation and Range of Attitude Scores of OPD clients regarding dengue.

n=100

Mean	Median	Mode	Standard deviation	Range
87.55	87	82	12.72	58

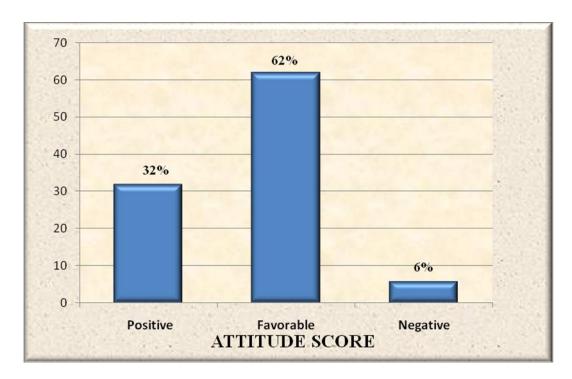
Table 4 Reveals that OPD clients mean Attitude score was is 87.55 median was 87, mode was 82, standard deviation was 12.72 and range is 58.

Table No 5: Frequency and percentage distribution of attitude scores of OPD clients regarding dengue in selected hospitals Aurangabad.

n = 100

Attitude			
Score	Frequency	Percentage	
Positive	31	31%	
(91 to 124)			
Favorable	66	66%	
(58 to 90)			
Negative	03	03%	
(25 to 57)			

Table No 5: Revealed that in majority of OPD clients had a favourable Attitude, 66 (66%) had positive Attitude, 31(31%) had negative Attitude 03(03%) score



Graph 10: column graph showing the percentage distribution of attitude scores of OPD clients regarding dengue.

Section III: Analysis and interpretation of data to find out co-relation between knowledge and attitude score of OPD clients regarding dengue .

 $H_{03}$ : There will be significant correlation between knowledge and attitude scores of OPD clients regarding dengue.

Table 6: correlation between knowledge and attitude scores

#### n=100

Test	Cal value	Table value	DF	Inference
Karl's Pearson's Correlation Coefficient	1.01	0.195	98	High positive correlation

Table 6 Reveals that Pearson's correlation value computed between knowledge and attitudes scores of OPD clients towards dengue is 1.01 greater than table

value, hence significant correlation between knowledge and attitude scores. Hence  $H_{01}$  was accepted.

Section IV: Analysis and interpretation of data to find out the association between the knowledge among OPD clients of selected hospitals at Aurangabad with selected socio-demographic variable.  $H_{01}$ :- There will be significant association between knowledge scores regarding dengue fever among the students of selected hospitals in Aurangabad and selected socio demographic variable.

Table No 7: Association between knowledge score regarding dengue among OPD clients of selected hospitals in at Aurangabad with selected socio-demographic variables.

					n=	100		
SNo	Socio varia	o-demographic bles	Good	Average	Poor	Chi- ssquare Cal	Tab	d f
1	Age(	in years)						
	a)	20-30	03	36	15			
	b)	31-40	01	19	04	3.09	12.59	6
	c)	41-50	01	14	02			
	d)	51 and above	00	03	02			
2	Gend	ler						
	a)	Male.	02	32	09	0.073	5.99	2
	b)	Female	02	43	12			
3	Relig	gion						
	a)	Hindu.		36	14			
	b)	Muslim.	02	17	02	7.08	12.59	6
	c)	Christian.	02	08	06			
	d)	Others.	00	10	02			
			00					
4	Type	of family.						
	a)	Nuclear.	01	28	10	1.40	9.49	4
	b)	Joint	02	38	09			
	c)	Extended	01	08	03			
5	Educ	ation of status						
	a)	Illiterate.	01	06	01			
	b)	Primary.	02	39	09	4.46	12.59	6
	c)	Secondary.	00	26	08			
	d)	Degree/master	00	06	02			
	degre	ee and above.						

6.	Family income in rupees /month.								
	a)	Less than 5000.	00	24	16				
	b)	5001 to 10000.	01	14	04	12.49	12.59	6	
	c)	10001 to 15000.	03	25	03				
	d)	15001 & Above.	00	08	02				
7	Place	e of residency							
	a)	Rural.	03	65	11				
	b)	urban.	01	10	10	11.63*	5.99	2	
	Prev	ious knowledge	e						
8.	regai	ding prevention o	f						
	deng	ue fever.							
	a)	Yes.	04	40	14	1.45	5.99	2	
	b)	No.	03	33	06				

<sup>\*(</sup>p < 0.05)

Table 07 Reveal that, The calculated chi-square value for age in years, gender, religion, type of family ,education status, Family income in rupees /month, previous knowledge regarding prevention of dengue fever, are lesser than the tabulated value hence

hypotheses is rejected for the above demographic variables whereas the calculated chi-square value for , place of residency is greater than tabulated value hence hypothesis is accepted for the above.

Table No 08: Association between Attitude score regarding dengue among OPD clients of selected hospitals in at Aurangabad with selected socio-demographic variables.

					n=100			
SlNo	Socio varia	o-demographic bles	Positive	Favorable	Negative	Chi- ssquare Cal	Tab	d f
1	Age(	in years)						
	e) (	20-30	09	44	01			
	f)	31-40	13	10	01	15.44*	12.59	6
	g)	41-50	08	08	01			
	h)	51 and above	01	04	00			
2	Gend	ler						
	c)	Male.	30	11	02	55.99 <sup>*</sup>	5.99	2
	d)	Female	01	55	01			
3	Relig	gion						
	e)	Hindu.		41	01			
	f)	Muslim.	10	10	01	21.64*	12.59	6
	g)	Christian.	10	04	00			
	h)	Others.	10	11	01			
			01					
4	Type	of family.						
	d)	Nuclear.	10	28	01	36.26*	9.49	4
	e)	Joint	12	37	00			
	f)	Extended	09	01	02			

5	Education of status						
	e) Illiterate.	06	02	00			
	f) Primary.	14	35	01	11.41	12.59	6
	g) Secondary.	08	25	01			
	h) Degree/mas	ter 03	04	01			
	degree and above.						
6.	Family income in rupees						
	/month.						
	e) Less than 50	000. 10	30	00			
	f) 5001 to 100	00. 09	10	00	14.92*	12.59	6
	g) 10001 to 15	000. 09	21	01			
	h) 15001 & At	oove. 03	05	02			
7	Place of residency						
	c) Urban.	15	61	03			
	d) Rural.	16	05	00	25.45 <sup>*</sup>	5.99	2
	Previous knowledge						
8.	regarding preventi	•					
	dengue fever.						
	c) Yes.	12	44	02	$7.36^{*}$		
	d) No.	19	22	01		5.99	
	•						
							2

<sup>\*(</sup>p < 0.05)

Table 08 Reveal that The calculated chi-square value for age in years ,gender, religion, type of family, Family income in rupees /month, place of residency ,previous knowledge regarding prevention of dengue fever, are greater than the tabulated value hence hypotheses is accepted for the above demographic variables whereas the calculated chi-square value for , education status is lesser than tabulated value hence hypothesis is rejected for the above.

## **Discussion**

In the present study the result depicts that Majority 73(73%) OPD clients had average knowledge in selected hospitals at Aurangabad. These findings were supported by the findings of the study conducted by M. L. Sharma. who observed that Majority 62 (62%)had average knowledge among the staff nurse regarding dengue<sup>28</sup>. Regarding attitude score regarding Majority 62(62%) OPD clients had favorable attitude regarding dengue in selected hospitals at Aurangabad. These findings were

supported by the findings of the study conducted by M.L Sharma who observed that maximum 73 (73%) of staff nurse had positive attitude regarding dengue. Regarding correlation rxy= 1.01(- 1>rxy>1) of OPD clients hence there was positive correlation between knowledge & attitude scores of OPD clients, since there was positive correlation ,H<sub>03</sub> was accepted. These findings were supported by the findings of the study conducted by, Geetu Malholtra, Aman Yadav, Puja Dudeja, who observed that there was positive correlation between knowledge and attitude regarding dengue. Physical Regarding dengue.

#### **Conclusion**

- 1. The overall knowledge score of OPD clients regarding dengue was average in selected hospitals at Aurangabad.
- 2. The overall attitude score of OPD clients regarding dengue was favorable in selected hospitals at Aurangabad.

- 3. The test results revealed that, there was a positive correlation between the variables i.e. knowledge and attitude of regarding dengue in selected hospitals at Aurangabad.
- 4. The results revealed that there is association between knowledge scores of OPD clients and socio demographic variable in place of residency whereas there is no association between knowledge scores of OPD clients and socio demographic variable inage, gender religion, type of family educational status, family income per month, previous knowledge regarding prevention of dengue fever.
- 5. The results revealed that there is association between attitude scores OPD clients and socio demographic variable in age, gender religion, type of family educational status, family income per month, place of residency, previous knowledge regarding prevention of dengue fever, whereas there is no association between attitude scores OPD clients and socio demographic variable in educational status.

## **Recommendations**

Keeping in view the findings of the present study, the following recommendations were made:

- 1. A large scale study can be conducted to generalize the findings.
- 2. A similar study can be conducted in different hospitals on a large sample to find the effectiveness of the planned teaching programme on dengue.
- 3. An explorative study can be conducted regarding dengue among OPD clients in selected settings.
- 4. A comparative study can be conducted to find out the knowledge, attitude and regarding dengue among staff nurse.
- 5. Adequate educational program can be conducted organized in hospitals and community setting by using information booklet on blood dengue.

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