Study to assess the effectiveness of Planned Teaching Programme (PTP) on knowledge regarding occurrence and management of Swine Flu among the urban community of age group 15-55 Years of Boileauganj, Shimla in the year 2015.

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ABSTRACT

Swine flu is an infectious disease of the respiratory tract caused by the swine influenza virus (H1N1, H3N2, and H3N1) causing millions of deaths across the world. People show symptoms of high-grade fever, aching muscles, decreased thirst, anorexia, rapid breathing, sore throat, dry cough. It may manifest mild illness or in some people it may result in life-threatening conditions like pneumonia, acute bronchitis, worsening of chronic conditions, respiratory failure, and death. The severity of effects depends on individual factors such as the specific strain of the swine flu, age, general health status, and presence of co-existing conditions such as cancer or diabetes. The five most affected nations were the United States, Russia, Turkey, China, and India. The first swine flu virus in India was reported in May 2009. The effect of pandemics can be lessened if the preparation is made ahead of time. Swine flu can be prevented by vaccination, the use of masks and gloves while handling infected pigs, vaccination, and quarantining of infected pigs. The main aim of the study was to assess the effectiveness of the Planned Teaching Programme on the knowledge regarding occurrence and management of Swine Flu among the urban community of age group 15-55 years of Boileauganj, Shimla in the year 2015. Evaluative approach was adopted using the descriptive design. The sample size was 30 people of Urban people of Boileauganj, Shimla. They were selected using a convenience sampling method. Ethical approval was taken from the concerned departments. The structured tool consisting of socio-demographic variables and knowledge questionnaire was prepared with extensive search from various sources and validated by various experts. After conducting the pre-test, Planned Teaching Programme was administered to the participants. Then post-test was conducted using the same questionnaire. Statistical analysis of the acquired data was done by using descriptive statistics and inferential statistics. Result: The results of the present study reveal that in the pre-test people having correct answers were 50.40% and incorrect answers were 49.60%. After administering the planned teaching program, the people with correct answers were 74.60% and the incorrect ones were 24.40%. The study findings showed that the mean post-test knowledge score was higher than the mean pre-test knowledge score. Hence, it can be concluded that the planned teaching program was effective in improving the knowledge of the urban community of Boileauganj.

Keywords: Effectiveness, Planned Teaching Programme (PTP), Knowledge, Prevention, Swine Flu

1. INTRODUCTION

Swine flu is an infectious disease caused by Swine Influenza Virus. It is also called as pig flu, hog flu. It is commonly found in pigs and people who have frequent close contact with pigs, farmers or veterinarians. The H1N1 is one type of swine flu and other forms of swine flu include H3N2 flu and H3N1 flu. The virus was first identified in Mexico in April 2009 and termed as novel H1N1 flu. The swine flu in humans can be a mild illness or in some people it may result in serious or even life threatening complications such as pneumonia, acute bronchitis, worsening of chronic conditions, respiratory failure and death. Flu pandemic is a natural event that caused people died across the world mid century in 1957. A pandemic of swine flu infected more than 45 million people in northern America, killing 70000 people and 2 million deaths across the world. Even years later, from 1968 to 1969, pandemic of influenza in Hong Kong affecting over 50 million people causing 33,000 deaths and causing about 3900 dollars in expenses in 1976. During an average year in a country like United States, there are approximately 50 million cases of influenza which kill about 36000 people. Most patients affected are part of groups at risk as extremely young people, old age, sick people pregnant women.
The five most affected nations were the United States, Russia, Turkey, China and India. The surge in Russia continues again in 2009 and 119 new swine flu deaths reported boosting their total death count by 72% in just seven days. Turkey felt again with 101 new swine flu deaths increasing their death count by 52%. Total count in China increased by 55% with the addition of 96 new confirmed deaths. In India, 8.2% new cases of swine flu found and 48 new deaths reported.[5]

The reported cases of swine flu in India are Maharashtra with total 3590 confirmed cases and 195 deaths, New Delhi with 3364 swine flu cases and 46 deaths, Tamil Nadu, 1526 confirmed cases and 6 deaths. Karnataka in 13922 cases and 112 deaths. Kerala with 797 cases of swine flu.[6]

It can spread while talking, singing, sneezing and coughing and when person is in direct contact with the person infected with swine flu. It shows the symptoms after three to seven days. Fever, lethargy, lack of appetite, running nose, sore throat, nausea, vomiting, diarrhea and coughing are some of the symptoms of this flu.[7]

The effect of pandemic can be lessened if preparation is made ahead of time. So to avoid swine flu gathering of people should be avoided. Swine flu can be prevented by vaccination, the use of masks and gloves when handling infected pigs, vaccinating and quarantining infected animals.

2. OBJECTIVES
• To assess the knowledge regarding occurrence and management of swine flu among the urban community of Boileauganj, Shimla.
• To assess the effectiveness of Planned Teaching Programme on knowledge regarding occurrence and management of swine flu among the urban community of Boileauganj, Shimla.
• To find out the association of knowledge score with the selected demographic variables.

3. METHODOLOGY
In this study evaluative research approach and descriptive research design were used to collect the data from the sample size of 30 urban people who were residing in Boileauganj who were available for the study and were willing to participate.

Convenience sampling technique was used to select the study sample and self-structured knowledge questionnaire was used to collect the data from subjects. The tool comprised of two sections- Section A had questions related to socio-demographic variables (age, religion, educational status, and occupation), while Section B consisted of questions consisting of 37 knowledge items related to swine flu.

To ensure the content validity of the tool, it was submitted to ten experts (Nursing experts from Nursing Colleges and doctors from department of Community Medicine).

Ethical approval was sought from the concerned authorities of Indira Gandhi Medical College and Hospital, Shimla. An informed consent was obtained from the participants (urban people of Boileauganj) before administering the tool. Confidentiality and privacy of the collected data was maintained. After taking pre-test, the Planned Teaching Programme was administered and post-test was conducted after that.

Data was analyzed by using descriptive and inferential statistics i.e. frequency and percentage distribution, mean percentage, median and chi square to determine the association between knowledge with selected variables.

4. RESULT
The present study findings showed that in professional qualification, most of the participants 15(50%) were in the age group of 15-25 years, most, i.e. 20(66.7%) were educated upto 10+2, most 14(46.7%) were students. In the present study maximum number of people of age group 15-25 years had more knowledge than other age groups.

In pre-test knowledge score percentage of correct answers was 50.40% and percentage of incorrect answers was 49.60%. In post-test percentage of correct answers was 74.60% and incorrect was 25.40%.

There was a significant increase in the post-test knowledge of the urban people of Boileauganj after administering the Planned Teaching Programme (PTP).

Association of pre-test knowledge score was found to be significant with age, educational status and occupation.

Table 1: Findings related to assessment of knowledge regarding swine flu among urban people of Boileauganj. N=30

<table>
<thead>
<tr>
<th>Assessment of knowledge scores</th>
<th>Pre-test</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response (N=30)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correct</td>
<td>50.40%</td>
<td>74.60%</td>
</tr>
<tr>
<td>Incorrect</td>
<td>49.60%</td>
<td>25.40%</td>
</tr>
</tbody>
</table>

Maximum=30 Minimum=0
Table 1 depicts that in pre-test it is found that 50.40% had correct answers and 49.60% had incorrect answers. In post-test, maximum participants had 74.60% had correct answers and 25.40% had incorrect answers.

5. CONCLUSION
The present study findings indicate that planned teaching programme played an important role in improving knowledge regarding swine flu, its occurrence and management among the urban people of Boileauganj, Shimla. Target population was both males and females of age group 15-55 years. Health education is a process of assisting people to learn positive health approaches and preparedness for flu pandemics. The nurse plays an important role in disease prevention and health promotion and can contribute a lot in morbidity and prevention due to worldwide pandemics.

6. ACKNOWLEDGEMENT
It is a great privilege to express my special gratitude to the Medical Superintendent, Nursing Superintendent, Principal of Indira Gandhi Medical College and Hospital, Shimla, Principal of Sister Nivedita Government Nursing College, Shimla and Chief Medical Officer of Boileauganj Shimla for granting me the permission to conduct my research study and thus facilitating the execution of the study.

I wish to extend my heartfelt thanks with much appreciation to my study subjects for their willingness and full cooperation in participating in my research study and for their honest information without which it would have been impossible to complete this study.

7. REFERENCES