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ASSESSMENT OF STRUCTURED TEACHING PROGRAMME ON LEVEL OF KNOWLEDGE AND KNOWLEDGE ON PRACTICE REGARDING MANAGEMENT OF DENGUE AMONG MIDDLE AGED WOMEN.

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INTRODUCTION

Dengue fever follows both primary and secondary infections, and is most frequently encountered in adults and older children. Onset of symptoms is characterized by a biphasic, high-grade fever lasting for 3 days to 1 week. Severe headache (mainly retrobulbar), lassitude, myalgia and painful joint, metallic taste, apetite loss, diarrhea, vomiting, and stomachache are the other reported manifestations. Dengue is also known as breakbone fever because of the associated myalgia and pain in joints. patients with DF, 50–82% report with a peculiar cutaneous rash.The initial rash is the result of capillary dilatation, and presents as a transient facial flushing erythema, typically occuring before or during the first 1–2 days of fever. The second rash is seen at 3 days to 1 week following the fever, and presents as a asymptomatic maculopapular or morbilliform eruption. Sometimes, individual lesions may merge and present as widespread confluent erythematous areas with pinpoint bleeding spots and rounded islands of sparing, giving a typical appearance of “white islands in a sea of red. The cutaneous rash is usually asymptomatic, and pruritis is reported only in 16-27% cases.Bleeding episodes are infrequently seen in DF, although epistaxis and gingival bleeding, substantial menstruation, petechiae/purpura, and gastrointestinal tract (GIT) hemorrhage can occur.

A study on dengue management is crucial because while dengue fever is a manageable disease with supportive care, the lack of a specific antiviral treatment and the potential for severe complications necessitate ongoing research and improvement in clinical practices, public awareness, and vector control. Public awareness campaigns are essential to educate people about dengue prevention, recognizing warning signs, and seeking timely medical attention.

The mainstay of therapy for DSS is the rapid restoration of circulating plasma volume. There is a lack of consensus on the optimal choice of intravenous fluids. Historically, the management guidelines by WHO, first proposed in 1975, recommended initial volume replacement with crystalloid solutions, followed by colloids for patients with refractory shock. As DSS entails the leakage of small plasma proteins, colloid preparations with larger molecular weights may offer a theoretical advantage. Colloids stay in circulation longer and increase the colloid oncotic pressure, thus drawing extravasated fluid back into circulation. It has been proposed that much larger volumes of crystalloids need to be infused than colloids in order to achieve the same degree of resuscitation, and this may subsequently lead to fluid overload or pulmonary edema.

Oral rehydration therapy is recommended for patients with moderate dehydration caused by high fever and vomiting. Patients with known or suspected dengue fever should have their platelet count and hematocrit measured daily from the third day of illness until 1-2 days after defervescence. Patients with clinical signs of dehydration and patients with a rising hematocrit level or falling platelet count should have intravascular volume deficits replaced under close observation. Those who improve can continue to be monitored in an outpatient setting, and those who do not improve should be admitted to the hospital for continued hydration. This study assessed structured teaching programme on level of knowledge and knowledge on practice regarding management of dengue among middle aged women.

METHODOLOGY

VARIABLE UNDER THE STUDY

INDEPENDENT VARIABLE : Structured teaching program

DEPEPENDENT VARIABLE : Middle aged womens

3.4 POPULATION :
Population is an aggregate of totaliy of all subject that possess a set of specification.
Target population is the people in selected rural area.
Accessible population for the present study is selected from middle aged women.
3.5 SAMPLE
Married women above 30 years and 30 members. who full filled inclusion criteria.
3.6 SAMPLE CRITERIA
INCLUSION CRITERIA
Married womens who are all not having a general knowledge .
married womens who can able to read and write.

married womens above the age of 30 years.

EXCLUSION CRITERIA
married womens who are all not interested in the dengue management .
married womens above 40 years .
3.7 DESCRIPTION OF TOOL :
The researcher had developed questionarire after the review of literature " a study to assess the knowledge of Dengue management among married women above 30 years of age married women in pallavarmedu.
SELECTION OF INSTRUMENTS AND TOOLS
DEMOGRAPHIC VARIABLE
The demographic variable which includes age , gender, religion, place of residence ,types of family, education of the father, education of husband, occupation of father, occupation of husband.
SECTION – B
KNOWLEDGE QUESTIONNAIRE
It contain twenty multiple choose questions to regarding knowledge on dengue , correct one mark answers carries one mark and wrong answers carries zero mark . The possible maximum score is 20 and minimum score is 0.
SCORING INTERPRETATION
LEVEL OF KNOWLEDGE

S.NO	LEVEL OF KNOWLEDGE	SCORE
1.	Inadequate knowledge	0-7
2.	Moderate knowledge	8-14
3.	Adequate knowledge	15-20

VALIDITY
Validity refers how well an instrument as measures what is intended to measure . The content of the instrument was validated by two experts in the field of nursing.
DATA COLLECTION PROCESS:
- The main study was conducted by the researcher through formal written permission from , higher authority prior to data collection.
- As per the inclusion criteria the samples were selected for data collection .The data collection period was four days . The researcher assured and given confidentiality for the data.
- The purpose sampling technique used for data collection .
- Each samples were interviewed with demographic ,variable , knowledge and selfstructure questions as per inclusion criteria and in a private room collected data for each sample . We spent 30 minutes for the sample .
- Finally at the end of the days were we completed data collection procedure with 30 samples. After that we proceed for data analysis.

PLAN FOR DATA ANALYSIS
Data analysis enables the researcher to organize summarize evaluate interpret and communicate numerical information. Data analysis was done by using quantitative and inferential statistics .

RESULTS

TABLE:1 Frequency and percentage distribution of middle aged women based on demographic variables.

S. NO	DEMOGRAPHIC VARIABLE	FREQUENCY (F)	FREQUENCY (%)
1.	Age in years		
	a)Above 25 years	12	40%
	b)Above 35 years	10	33.3%
	c)others	08	26.6%
2.	Gender		
	a)male	0	0%
	b)female	30	100%
3.	Education		
	a)12th standard	15	50%
	b)others	15	50%
4.	Place of residence		
	a)rural	09	30%
	b)Uurban	21	70%
5.	Religion		
	a)hindu	19	63.3%
	b)muslim	05	16.6%
	c)Christian	03	10%
	d)others	03	10%
6.	Types of family		
	a)nuclear family	13	43.3%
	b)joint family	16	53.3%
	c)extended family	01	3.3%
7.	Education of father		
	a)SSLC	09	30%
	b)HSC	04	13.3%
	c)Degree course	08	26.6%
	d)others	09	30%
8.	Education of husband		
	a)SSLC	10	33.3%
	b)HSC	05	16.6%
	c)Degree course	02	6.6%
	d)others	08	26.6%
9.	Occupation of father		
	a)Daily wages	10	33.3%
	b) farmer	10	33.3%
	c)private employee	02	6.6%
	d) government employee	08	26.6%
10.	Occupation of husband		
	a)daily wages	07	23.3%
	b)farmer	20	66.6%
	c)private employee	02	6.6%
	d)government employee	01	3.3%

The depicts frequency and percentage distribution of demographic variable among middle aged women based on demographic variables. This table consists of age, gender, place of residence , education, religion, types of family , education of father, education of father, occupation of husband, occupation of father.

TABLE :2 Frequency and percentage distribution of pre test and post test level of knowledge regarding dengue management.

S.NO	LEVEL OF KNOWLEDGE	PRE TEST (f)	PRE TEST (%)	POST TEST (f)	POST TEST (%)
1.	Inadequate knowledge (0-7)	07	23.3%	4	13.4%
2.	Moderate knowledge (8-14)	20	66.7%	8	26.6%
3.	Adequate knowledge	03	10%	18	60%

TABLE 3: Comparison between pre test and post test level of knowledge regarding dengue management.

DESCRIPTIVE STATICTICS	LEVEL OF KNOWLEDGE PRE TEST	LEVEL OF KNOELEDGE POST TEST	LEVEL OF KNOWLEDGE (N=30) DIFFERENCE PRE AND POST TEST	t-value
Mean	9.77	14.9	5.13	t-9.45 df=29 significant
Standard deviation	0.625	0.838	0.213	t-9.45 df=29 significant

(N=30)

The finding in the above table describe a comparison between the pre test and post test knowledge levels regarding dengue management among 30 participants . The mean pre test and post test score was 9.9 with a standard deviation of 0.625, including a lower and more varies level of knowledge before the intervention. Following the role play , the post test mean score increased to 14.9, with a standard deviation of 0.838. this shows animprovement in knowledge and a slight decrease in variability among participants. The mean difference between the pre test and post test score was 5.13. the calculated t-value was 9.45 with degree of freedom (df)=29, the critical t-value at $p<0.05$ is +-2.009. since the calculated t-value (9.45) is greater than the critical t-value (2.009), the result is highly significant. Hence H1 hypothesis is accepted. This suggests that the educational intervention was effective in improving the participants knowledge regarding the dengue management.

Table 4: Association between post test level of knowledge regarding dengue management and selected demographic variables among middle aged women.

S. NO	DEMOGRAPHIC VARIABLE	LEVEL OF KNOWLEDGE (INADEQUATE MODERATE ADEQUATE)						X2 df
		F	%	f	%	f	%	
1.	Age in years a)Above 25years	1	3.3	3	10	4	13.3	X2= 4.0938* P=0.0430 df=2
	b)Above 35 years	3	10	3	10	6	20	

	c)others	0	0	2	6.6	8	26.6	
2.	Gender a) male b) female	0 10	0 33.3	0 8	0 26.6	0 11	0 36.5	X2=1.2222 P= 0.2689 df= 1
3.	Education a)12th standard b) others	1 3	3 10	4 4	13.3 13.3	10 8	33.3 26.6	X2=1.2222 P=0.2689 df= 1
4.	Place of residence a) rural b) urban	3 1	10 3	7 1	23.3 3	11 07	36.6 23.3	X2=1.8916 P=0.1690 df= 1
5.	Religion a)hindhu b)muslim c)Christian d)others	3 0 1 0	10 0 3.3 0	3 3 1 1	1 10 33.3 3.3	13 2 1 2	10 6.6 3.3 6.6	X2=6.0147* P=0.0142 df=3
6.	Types of family a)nuclear family)joint family c)extended family	2 2 0	6.6 6.6 0	3 4 1	10 13.3 3.3	8 10 0	26.6 33.3 0	X2=2.9006 P=0.0885 df=2
7.	Education of Father a)SSLC b)HSC c)degree course d)others	1 1 2 0	3.3 3.3 6.6 0	4 1 1 4	13.3 3.3 3.3 13.3	4 5 5 9	13.3 16.6 16.6 30	X2=5.1101* P=0.028 df=3
8.	Education of husband a)SSLC b)HSC	3 1	10 3.3	2 2	6.6 6.6	5 2	16.6 6.6	X2= 6.5833* P=0.0103 df=3

	C) degree course d)others	0 0	0 0	0 4	0 13.3	2 9	6.6 30	
9.	Occupation of father a)daily wages b)farmer c)private employee d)government employee	0 1 2 1	0 3.3 6.6 3.3	3 5 0 0	10 16.6 0 0	7 4 6 4	23.3 13.3 20 13.3	X2=10.1667* P=0.0014 df=3
10.	Occupation of husband a)daily wages b)farmer c)private employee d)government employee	1 2 0 1	3.3 6.6 0 3.3	1 1 0 0	3.3 3.3 0 0	5 5 2 0	16.6 16.6 6.6 0	X2=9.1637* P=0.0025 df= 3

*p<0.05, significant and *p<0.001, highly significant.
Showed that the was significant associated between level of knowledge and selected demographic variable, age, religion, education of father ,education of husband, occupation of father, occupation of husband, at p<0.06=5 level , Hence research hypothesis H2 was partially significant.

DISCUSSION

Data analysis shows that the frequency and percentage distribution of demographic variable among middle aged women based on demographic variable . the table consists of age, gender, type of family, religion, education, place of residence, education of father, education of husband. Occupation of father, occupation of husband.
Frequency and percentage distribution of pre test and post test level of knowledge regarding dengue management among middle aged women.

Data analysis shows that frequency and percentage distribution of demographic variable among middle aged women according to their level of knowledge 10(60%)were belong to adequate knowledge, 76.6(26.6%) were belong to moderate knowledge adequate knowledge ,23.3(13.3%) were belong to inadequate knowledge.
Comparison between pre test and post test level of knowledge regarding dengue management.
The finding reveled that the pretest and post test knowledge level regarding dengue management among 30 members . the mean pre test score was 9.9 with a standard deviation of 0.625, indicating a lower and more varied level ok knowledge before the intervention. Following the role play , the post test mean score increased to 14.9, with a standard deviation of 0.838. this shows an improvement in knowledge and a slight decreases invariability among participants. The mean difference between the pretest and post test score was 5.13. the calculated t-value was 9.45 with the degrees of freedom (df)=29, the critical t-value at p<0.05 is +_2.009 . since the calculated t-value (9.45) is grater than the critical t-value (2.009), the result is highly significant. Hence H1 hypothesis is accepted. This suggest that the educational intervention was effective in improving the participants knowledge regarding the dengue management .

Data analysis showed that there was significant associated between level of knowledge and selected demographic variable , age and location of residence at $p<0.05$ level , hence research hypothesis H2 accepted .

The finding of the present study are supported by several national or international studies that emphasize the importance of structured teaching programme in improving knowledge about dengue management among middle aged women.

Association between post -test level of knowledge and selected demographic variables.

The finding reveled a statistically significant association between the level of knowledge regarding dengue management and selected demographic variables such as age at $p<0.05$, while gender , place of residence , religion , types of family , education of father, education of husband, occupation of father . occupation of husband showed a highly significant association at $p<0.01$. that indicates this factor had on impact on the knowledge level of middle aged women. Hence the research hypothesis H2 was partially accepted .

This presents study reveled that the knowledge regarding dengue management among middle aged women at Kanchipuram . level of knoeledge 10(60%), were belong to adequate , 76.6(26.6%) were belong to moderate adequate knowledge . the results shows in this study that inadequate knowledge regarding.

CONCLUSION

The findings of this study have a significant implication of nursing practice ,education , administration, and research , particularly in community area knowledge among middle aged women through giving a role paly

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