

EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME REGARDING THE MANAGEMENT AND PREVENTION OF AVIAN FLU (H5N1) AMONG ADULTS AGED (30-50 YEARS)

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Abstract

The rising non-communicable disease burden, the persistent threat of infectious disease outbreaks and an increased risk of violence and injuries are key public health concerns in urban areas. The population that the intervention is intended to study and take conclusions from is known as the target population. A target population, also referred to as a target audience, is a group of people with particular characteristics that may be effectively defined to distinguish them from the general population. Research gap refers to an area or topic within a field of study that has not yet been extensively researched or is yet to be explored. It is a question, problem or issue that has not been addressed or resolved by previous research.

Keywords Teaching Programs, Adults.

INTRODUCTION

Structured teaching is a method of organizing and delivering the curriculum and student activities in a way that supports learning and skill development. Structured teaching is especially useful for students with autism, as it helps them to gain independence and confidence. Structured teaching uses a specific framework that includes physical structure, schedules, work systems, and visual strategies. An insight community typically consists of a specific group of stakeholders, often customers, who are invited to join a private online platform to engage in ongoing market research activities related to a company or brand and its products or services.

"The H5N1 virus is a real and present danger, and a vaccine could be one of the most effective tools for preventing further spread," the authors wrote. "However, without broad public support, vaccine uptake will likely remain insufficient to stem the tide of the virus". Relative to Democrats, Republicans and Independents were significantly less likely to support vaccination and dietary changes (Republican adjusted odds ratio [aOR], 3.51 for vaccination and 1.56 for dietary modifications; independent aOR, 2.69 and 1.43, respectively). Rural residents, who are more likely to work or live near livestock operations, were less likely to accept public health measures than their urban peers, including vaccination (33.3% vs 39.8%, respectively) and dietary changes (38.9% vs 45.8%). "This hesitation reflects broader societal trends in which people are often unwilling to alter their behaviours in response to health risks," the researchers noted. This study assessed Effectiveness of structured teaching programme regarding the management and prevention of Avian Flu (H5N1) among adults aged (30-50 years)

METHODOLOGY

The research design of a study spells out the basic strategies that the researcher adopts to develop accurate and interpretable evidence. It is the overall plan for how to obtain answers to the questions being studied and how to handle some of the difficulties encountered during the research process.

A Quasi-experimental design (One-group pre-test post-test design) was adopted for conducting this study to assess the effectiveness of structured teaching programme regarding the management and prevention of Avian Flu (H5N1) among aged (30-50 years) in selected community area Pallavarmedu, Kanchipuram.

SETTING:

The physical location and condition in which data collection takes place in this study (polit and hunger 2008) The study will be conducted for adults in Community area Pallavarmedu, Kanchipuram.

POPULATION:

Population is an aggregate of totality of all subjects that possess a set of specification (Polit and Hunger 2004). The target population of the present study will be Adult (30-50 years) who fulfills the inclusion criteria. Accessible population, the study comprised of all adult present at community area Pallavarmedu, Kanchipuram.

VARIABLES:

INDEPENDENT VARIABLES:

The independent variable of present study was Structured Teaching Programme.

DEPENDENT VARIABLE:

The dependent variable of the present study was regarding the management and prevention of Avian flu.

SAMPLE:

The sample is a group of people who have been selected from a larger population to provide data to researcher. The sample comprised of 50 adults in community setting.

SAMPLING TECHNIQUE:

Sampling technique is the process of selecting the study sample for the research for this study the research will adopts Convenience Sampling techniques.

CRITERIA FOR SAMPLING SELECTION:

INDEPENDENT CRITERIA:

Adult who were,

- at the age group of 30-50 years.
- willing to participate.

EXCLUSION CRITERIA:

Adult who were,

- exposed to similar kind of study.
- individual who are not available in the study at the time of data collection.

CONTENT VALIDITY OF THE TOOLS:

Validity refer show well an instrument as measures what it is intended to measure.

The content of the instrument was validated by two experts in the field of nursing.

RELIABILITY:

The reliability was established by inter-rater method to assess the internal consistency of the tool. The score was $r=0.94$. Hence the tool was reliable and considered for proceedings.

DATA COLLECTION PROCESS:

The prior permission was obtained from the head of the organization. Chosen the selected community area. After obtaining consent from the study samples, the samples were selected by using Simple Random sampling technique. The researchers will collect the demographic data of the sample and administer the structure knowledge questionnaire on level of knowledge regarding the management and prevention of avian Flu. The samples were informed that the anonymity was maintained. The collected data was data analyzed by using descriptive and inferential statistics.

RESULTS

TABLE 1: Frequency and percentage distribution of demographic variables of Adults in community area (Pallavarmedu). (No=50)

| S.No | Demographic Profile | Components | Frequency | Percentage |
|------|------------------------|---|-------------------|------------------------|
| 1. | Age of the beneficiary | A) 30-35 years B) 35-40 years C) Above 40 years | 18 24 8 | 36% 48% 16% |
| 2. | Gender | A) Male B) Female | 22 28 | 44% 56% |
| 3. | Place of residence | A) Rural B) Urban | 48 2 | 96% 4% |
| 4. | Religion | A) Hindu B) Christian C) Muslim D) Others | 38 8 4 0 | 76% 16% 8% 0% |

| | | | | |
|----|--------------------------|------------------------|----|-----|
| 5. | Education | A) 10 th | 18 | 36% |
| | | B) 12 th | 16 | 32% |
| | | C) Illiterate | 16 | 32% |
| 6. | Occupation | A) Daily wages | 30 | 60% |
| | | B) Private employee | 11 | 22% |
| | | C) Government employee | 9 | 18% |
| 7. | Income per month | A) 10,000-15,000 | 36 | 72% |
| | | B) 15,000-20,000 | 12 | 24% |
| | | C) Above 20,000 | 2 | 4% |
| 8. | Number of family members | A) 4 members | 35 | 70% |
| | | B) 5 members | 5 | 10% |
| | | C) Less than 3 members | 10 | 20% |

The above table-1 depicts the demographic variables of adults in community area (Pallavarmedu). According to the age of the beneficiary, 24 (48%) were in the age 35-40 years, 18 (36%) were in the age of 30-35 years and 8 (16%) were in the age of above 40 years. According to the Gender, the Male and Female were 22 (44%) and 28 (56%) respectively. According to the place of residence, Rural and Urban were 50 (96%) and 2 (4%) respectively. According to the religion, 38 (76%) were in Hindu, 8 (16%) were in Christian and 4 (8%) were in Muslim. According to the education, 18 (36%) were in the 10th, 16 (32%) were in the both 12th and illiterate. According to occupation of the beneficiary, 30 (60%) were in daily wages, 11 (22%) were in private employee and 9 (18%) were in government employee. According to the income per month, 36 (72%) were earns 10,000-15,000 and 12 (24%) were earns 15,000-20,000 and 2 (4%) were earns above 20,000. According to the number of family members, 35 (70%) were in 4 members, 5(10%) were in 5 members and 10 (20%) were in less than 3 members.

TABLE 2: Comparison between pre-test and post-test level of knowledge regarding management and prevention of avian flu among adults.

| Descriptive statistics | Level of knowledge regarding management and prevention of avian flu(n=50) | | | t-value |
|------------------------|---|-----------|-----------------------|------------------------|
| | Pre-test | Post-test | Difference (post-pre) | |
| Mean | 8.98 | 15.16 | 6.18 | t=13.17 Significant |
| Standard deviation | 3.03 | 1.50 | 1.53 | |

The findings in the above table describe a Comparison between pre-test and post-test level of knowledge regarding management and prevention of avian flu among 50 participants. The mean pre-test score was 8.98 with a standard deviation of 3.03, indicating a lower and more varied level of knowledge before the intervention. Following Structured Teaching Programme, the post-test mean score increased to 15.16, with a reduced standard deviation of 1.50. This shows an improvement in knowledge and a slight decrease in variability among participants. The mean difference between the pre-test and post-test scores was 6.18. The calculated t-value was 13.17; the critical t-value at $p < 0.05$ is ± 2.009 . Since the calculated t-value (13.17) is greater than the critical t-value (2.009), the result is highly significant. Hence H1 hypothesis is accepted. This suggests that the structured teaching programmewas effective in improving the participants' knowledge regarding the management and prevention of avian flu.

TABLE 3: Association between pre-test and post-test regarding management and prevention of avian flu among adults with their demographic variable.

| S. NO | DEMOGRAPHIC VARIABLE | LEVEL OF KNOWLEDGE | X ² (df) | T VALU | SIGNIFICANC E |
|-------|----------------------|--------------------|---------------------|--------|---------------|
|-------|----------------------|--------------------|---------------------|--------|---------------|

| | | INADEQUATE | | MODERATELY ADEQUATE | | ADEQUATE | | P Value | E | |
|---|---------------------------------|------------|----|---------------------|-----|----------|-----|--|--------------|-----------|
| | | F | % | F | % | F | % | | | |
| 1 | Age of the beneficiary | | | | | | | X²=13.269 (df)=4 P= 0.0003 | 9.49 | NS |
| | A) 30-35 years | 0 | 0% | 3 | 6% | 15 | 30% | | | |
| | B) 35-40 years | 0 | 0% | 7 | 14% | 17 | 34% | | | |
| | C) Above 40 years | 2 | 4% | 3 | 6% | 3 | 6% | | | |
| 2 | Gender | | | | | | | X²=7.993 (df)=2 P= 0.0047 | 5.99 | NS |
| | A) Male | 1 | 2% | 10 | 20% | 11 | 22% | | | |
| | B) Female | 1 | 2% | 3 | 6% | 24 | 48% | | | |
| 3 | Place of residence | | | | | | | X²=0.664 (df)=2 P= 0.4152 | 5.99 | S |
| | A) Rural | 2 | 4% | 12 | 24% | 34 | 68% | | | |
| | B) Urban | 0 | 0% | 1 | 0% | 1 | 2% | | | |
| 4 | Religion | | | | | | | X²=4.3359 (df)=6 P= 0.037 | 12.56 | S |
| | A) Hindu | 1 | 2% | 8 | 16% | 29 | 58% | | | |
| | B) Christian | 1 | 2% | 3 | 6% | 4 | 8% | | | |
| | C) Muslim | 0 | 0% | 2 | 4% | 2 | 4% | | | |
| | D) Others | 0 | 0% | 0 | 0% | 0 | 0% | | | |
| 5 | Education | | | | | | | X²=6.5446 (df)=4 P= 0.0105 | 9.49 | S |
| | A) 10 th | 2 | 4% | 5 | 10% | 11 | 22% | | | |
| | B) 12 th | 0 | 0% | 6 | 12% | 10 | 20% | | | |
| | C) Illiterate | 0 | 0% | 2 | 4% | 14 | 28% | | | |
| 6 | Occupation | | | | | | | X²=2.3137 (df)=4 P= 0.1282 | 9.49 | S |
| | A) Daily wages | 2 | 4% | 9 | 18% | 19 | 38% | | | |
| | B) Private employee | 0 | 0% | 2 | 4% | 9 | 18% | | | |
| | C) Government employee | 0 | 0% | 2 | 4% | 7 | 14% | | | |
| 7 | Income per month | | | | | | | X²=7.1124 (df)=4 P= 0.0077 | 9.49 | S |
| | A) 10,000-15,000 | 2 | 4% | 9 | 18% | 25 | 50% | | | |
| | B) 15,000-20,000 | 0 | 0% | 2 | 4% | 10 | 20% | | | |
| | C) Above 20,000 | 0 | 0% | 2 | 4% | 0 | 0% | | | |
| 8 | Number of family members | | | | | | | X²=3.708 (df)=4 P= 0.0542 | 9.49 | S |
| | A) 4 members | 2 | 4% | 9 | 18% | 24 | 48% | | | |
| | B) 5 members | 0 | 0% | 0 | 0% | 5 | 10% | | | |

| | | | | | | | | | | |
|--|------------------------|---|----|---|----|---|-----|--|--|--|
| | C) Less than 3 members | 0 | 0% | 4 | 8% | 6 | 12% | | | |
|--|------------------------|---|----|---|----|---|-----|--|--|--|

NS: NotSignificant, S: Significant

P<0.05 = Significant, >0.05 = Not significant.

The above depicts that there is a significant difference in the level of knowledge regarding the management and prevention of Avian flu with their demographic variable (Place of the residence, Religion, Education, Occupation, Income of the month and number of the family members) P<0.05

DISCUSSION:

Gabriella Di Giuseppe et al., (2023),

A survey of knowledge, attitudes and practices towards avian influenza in an adult population of Italy. This cross-sectional survey was conducted in the geographic area of Naples (Italy). A two-stage cluster sampling technique was employed to draw the required sample. In the area surveyed there were 40 schools and each school was considered a cluster. A response rate of 67% was achieved. Those in higher socioeconomic classes were more likely to identify the modes of transmission and the animals' vehicles for AI. Those older, who knew the modes of transmission and the animals' vehicles for AI, and who still need information, were more likely to know that washing hands with soap before and after touching raw poultry meat and using gloves is recommended to avoid spreading of AI through food.

In the present study, the demographic variables of adults in community area (Pallavaram). According to the age of the beneficiary, 24 (48%) were in the age 35-40 years, 18 (36%) were in the age of 30-35 years and 8 (16%) were in the age of above 40 years. According to the Gender, the Male and Female were 22 (44%) and 28 (56%) respectively. According to the place of residence, Rural and Urban were 50 (96%) and 2 (4%) respectively. According to the religion, 38 (76%) were in Hindu, 8 (16%) were in Christian and 4 (8%) were in Muslim. According to the education, 18 (36%) were in the 10th, 16 (32%) were in the both 12th and illiterate. According to occupation of the beneficiary, 30 (60%) were in daily wages, 11 (22%) were in private employee and 9 (18%) were in government employee. According to the income, 36 (72%) were in 10,000-15,000 and 12 (24%) were in 15,000-20,000 and 2 (4%) were in above 20,000. According to the number of family members, 35 (70%) were in 4 members, 5 (10%) were in 5 members and 10 (20%) were in less than 3 members.

Saifur Rehman et al., (2022) Several public health strategic actions are required for effective avian influenza (AI) prevention and control, as well as the development of a communication plan to keep undergraduate students sufficiently informed on how to avoid or reduce exposure. The results indicated that appropriate knowledge was obtained by 76.94% of students; significantly higher levels were seen in Faculty of Veterinary Medicine students as compared to the other two faculties (p<0.05). 72.89% of students documented positive attitudes; veterinary medicine students had significantly more positive attitudes than other faculties (p<0.05). Proactive behaviours were observed in 56.90% of students. The aggregate scores for KAPs were 6.93 ± 0.77 (range: 0-9) for knowledge, 7.6 ± 1.25 (range: 0-10) for attitude, and 9.1 ± 1.5 (range: 0-12) for practice.

From the above discussion, the study revealed that the effectiveness of avian flu is partially significant.

The finding of the study serves as a basis for the nursing professional and the students to conduct further studies in different aspects of avian flu. The nursing researcher can do various studies to find out the effectiveness of avian flu. It focuses on understanding the disease's impact on human health, particularly in vulnerable populations and developing effective management and prevention strategies.

CONCLUSION:

The main conclusion of this present study was to assess the effectiveness of structured teaching programme regarding the prevention and management of Avian Flu (H5N1) among adults aged (30-50 years) in selected community area Pallavaram, Kanchipuram. Avian influenza, often referred to as bird flu, poses a significant public health threat due to its potential for causing severe illness and mortality in humans. While human-to-human transmission is uncommon, the World Health Organization (WHO) considers the virus a potential pandemic threat. Preventive measures, such as avoiding contact with infected birds and practicing good hygiene will reduce the risk of infection. The excavated results support revealed that there was a significant difference in the effectiveness of management and prevention of Avian flu.

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