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A Study to Assess the Effect of Planned Teaching on Knowledge and Self-Reported Practices Regarding Home Care Management of Chikungunya Among Patients From Selected Hospitals of Sangli, Miraj, Kupwad Corporation Area

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Article Info

ABSTRACT:

Introduction: The present study was carried out to evaluate the effectiveness of planned teaching on knowledge and self-reported practices regarding home care management of chikungunya. The objectives were 1. To assess the pretest and post-test knowledge and self-reported practices score and compare between pre-test and post-test knowledge and self-reported practices score regarding home care management of chikungunya.

Methodology: A pre-experimental one group pre-test post-test design and quantitative approach was used for the study. Non-probability purposive sampling method was used.60 patients were selected. Structured knowledge questionnaire was used to assess the knowledge score. Checklist was used to assess self-reported practices.

Result: The mean score of pretest knowledge was 5.78, S.D. is 3.263 and the post-test was 13.33, S.D. is 3.74 and t – value is 22.4366 and p – value is $0.00001 < 0.05$. The mean score of pretest self- reported practices was 4.61, S.D. was 1.7572 and the post mean was 9.66, S.D. is 1.5367 and t – value is 20.0376 and p – value is $0.00001 < 0.05$

Conclusion: Planned teaching on knowledge and self- reported practices regarding home care management and self-reported practices of chikungunya among patients was effective.

Keywords: Knowledge, Self-Reported Practices, Home Care, And Chikungunya.

1. Introduction

Chikungunya is a viral disease transmitted by mosquitoes, primarily Aedes aegypti and Aedes albopictus. The virus was first identified in Tanzania in 1952 but has since spread to other parts of the world, including Asia, Europe, and the Americas. Chikungunya infection causes fever, joint pain, rash, and other symptoms, and can lead to long-term joint pain in some cases. The incidence of chikungunya has been on the rise in recent years, with large outbreaks occurring in several countries. control measures rely on mosquito control and management of symptoms. Chikungunya is a major public health concern in India, with frequent outbreaks reported from different parts of the country. The disease was first reported in India in 1963. India has experienced several large-scale outbreaks of chikungunya in recent years. In 2006, an outbreak in the state of Andhra Pradesh affected over 1.5 million people. Another major outbreak occurred in 2016, affecting several states in the country, including Karnataka, Maharashtra, and Tamil Nadu.

Some of the key research findings on chikungunya in India include. Several studies have investigated the prevalence and incidence of chikungunya in different parts of India. For example, a study conducted in Kerala found that the seroprevalence of chikungunya was around 32%, indicating that a large proportion of the population had been exposed to the virus [1] There is currently no specific treatment for chikungunya, but researchers have identified several potential treatments that could be effective against the virus. For example, a study conducted in Tamil Nadu found that a combination of antiviral drugs was effective in reducing viral load in patients with chikungunya. [2,8] Several vaccines for chikungunya are currently in development, and some have shown promising results in clinical trials. A phase 2 trial of a live-attenuated chikungunya vaccine conducted in India found that the vaccine was safe and induced a strong immune response in participants [3] Chikungunya is known for its debilitating joint pain, which can persist for several months after the acute phase of the disease. A study conducted in Mumbai found that chikungunya patients had significantly higher levels of pain, disability, and depression compared to healthy controls, and that these symptoms were associated with a lower quality of life [4]

Need for the study.
Joint pain associated with chikungunya is often to make humans body weaker and can vary in duration. Home remedies are playing important role to reduce pain and to help people live normal life. Home management like prevention and home remedies are very helpful in chikungunya. supportive care is the mainstay of treatment for the disease. Home care management can play a critical role in ensuring that patients receive appropriate supportive care, such as hydration, pain management, and fever control, to help alleviate symptoms and improve outcomes. [1]

Public health impact: Chikungunya is a significant public health concern in many parts of the world, including Asia, Africa, and the Americas. With the continued spread of the disease and the potential for future outbreaks, research is needed to develop effective strategies for the management of chikungunya in the home setting. Patient-centred care: Home care management of that is tailored to their specific needs. This can improve patient satisfaction and help to ensure that patients receive the care they need to manage their symptoms and recover from the disease. Home care management strategies can provide patient-centred care, tailored to the individual needs of patients. This approach can improve patient satisfaction, adherence to treatment, and overall health outcomes chikungunya can provide patients with more personalized and individualized care.[3,7]

Statement
"A Study to Assess the Effect Of Planned Teaching On Knowledge And Self-Reported Practices Regarding Home Care Management Of Chikungunya Among Patients From Selected Hospitals Of Sangli, Miraj, Kupwad Corporation Area''

Objectives
1) To assess the existing knowledge and self-reported practices score regarding home care management of chikungunya.
2) To assess the post-test knowledge and self-reported practice score regarding home care management of chikungunya.
3) To compare between pre-test and post-test knowledge and self-reported practices score regarding home care management of chikungunya.

Hypothesis
H0 – There is no significant difference in pre-test and post-test knowledge and self-reported practice score after planned teaching programme.
H1 – There is significant difference in pre-test and post-test knowledge and self-reported practice score after planned teaching programme.

2. Research and Methodology

A quantitative research approach was adapted for this study pre-experimental one group pre-test post-test design was used for this study. This study was conducted in selected hospitals in Sangli, Miraj, Kupwad corporation area. 60 patients were selected with using non- probability purposive sampling method. Who fulfilled the inclusion criteria.
Structured knowledge questionnaire was used to assess the pre- and post- test knowledge score. Checklist was used to assess the pre and post-test. self-reported practice score.
The content validity of the tool was done 20 experts from the concerned field. Also, the tool was found reliable. The reliability coefficient 'r' value for structured knowledge questionnaire was calculated to 0.98, which is greater than 0.7. Hence the tool was found to be reliable. The 'r' value for Self-reported practices was calculated 0.84, which is greater than 0.7. Hence the tool was found to be reliable. The tool comprised of demographic details. structured knowledge questionnaire consisting of 19 questions regarding home care management of chikungunya and 12 questions included in checklist.
An informed consent was obtained from patients after brief explanation about the study. The analysis was done with SPPS 24 version, the t test was used to compare the pre and post test results.

3. Research Finding and Discussion

Table no 1: Frequency and percentage distribution of demographic variables. n=60.

Sr. No.	Demographic Variables		Frequency	Percentage
1.	Age in years	18-22	9	15%
		23-27	12	20%
		28-32	8	13%
		33-37	16	27%
		38 and above	15	25%
		Male	26	43%

2.	Gender	Female	34	57%
3.	Residency	Rural	9	15%
		Urban	51	85%
4.	Do you have any knowledge of chikungunya?	Yes — Internet	9	15%
		Mass Media	7	12%
		Print Media	1	2%
		No	43	71%
5.	Have you suffered from in the past?	Yes	7	12%
		No	53	88%

Table No.1. showed that maximum samples (27 %) belong to the group above 33-37 years. 57% sample belongs to female gender. 85% sample belongs to urban area .71% samples had not received any information on knowledge and self-reported practices regarding home care management of chikungunya.

Table no 2: Frequency and percentage distribution of pre-test and posttest knowledge score regarding home care management of chikungunya. n=60

	Level of Knowledge	Frequency	Percentage
Pre- test	Good (14 to 19)	2	3%
	Average (7 to 13)	16	27%
	Poor (0 to 6)	42	70%
Post test	Good (14 to 19)	34	56%
	Average (7 to 13)	49	32%
	Poor (0 to 6)	7	12%

The above table showed that, in Pre-test most of the patients 34 (56%) have good knowledge, 19 (32%) has average knowledge and 7 (12%) have poor Knowledge regarding home care management of chikungunya among patients. And Posttest most of the patients 34 (56%) have good knowledge, 19 (32%) has average knowledge and 7 (12%) have poor Knowledge regarding home care management of chikungunya among patients.

Table no:3: frequency and percentage distribution of pre-test and posttest Self-reported practices score regarding home care management of chikungunya. n=60

	Self-Reported Practices Score	**Frequency**	**Percentage**
Pre- test	Correct (1)	277	38%
	Incorrect (0)	443	62%
Post test	Correct (1)	580	81%
	Incorrect (0)	140	19%

The above table showed 277 (38%) self- reported practices had correct practices regarding home care management of chikungunya among patients according to their pre- test. 443 (62%) self-reported of the patients has incorrect practices regarding home care management of

chikungunya among patients according to their pre- test. Moreover, 580 (81%) self- reported had correct practices regarding home care management of chikungunya among patients according to their post- test and 140 (19%) self- reported had incorrect practices regarding home care management of chikungunya among patients according to their post- test.

Table no 4: comparison between pre-test and post-test knowledge score. n=60

GROUP	Mean	S.D.	d. f.	Paired t- test	p- value
Pre- test	5.78	3.263	59	22.4366	0.00001 < 0.05
Post- test	13.33	3.74			

The above table shows that, according to knowledge level, the mean score of knowledge before giving planned teaching programme was 5.78, S.D. is 3.263 and the mean score of knowledge after giving planned teaching programme was 13.33, S.D. is 3.74 and t – value is 22.4366 and p – value is $0.00001 < 0.05$ (at 5 % level of significance).

Table no. 5: Comparison between pre-test and post-test self-reported practices score. n=60

GROUP	Mean	S.D.	d. f.	Paired t- test	p- value
Pre- test	4.61	1.7572	59	20.0376	0.00001 < 0.05
Post- test	9.66	1.5367			

According to self- reported practices, the mean score of self- reported before giving planned teaching programme was 4.61, S.D. is 1.7572 and the mean score of self- reported practices after giving planned teaching programme was 9.66, S.D. is 1.5367 and t – value is 20.0376 and p – value is $0.00001 < 0.05$ (at 5 % level of significance).

4. Discussion

The mean score of knowledge before giving planned teaching programme was 5.78, S.D. is 3.263 and the mean score of knowledge after giving planned teaching programme was 13.33, S.D. is 3.74 and t – value is 22.4366 and p – value is $0.00001 < 0.05$ (at 5 % level of significance).
The mean score of self- reported before giving planned teaching programme was 4.61, S.D. is 1.7572 and the mean score of self- reported practices after giving planned teaching programme was 9.66, S.D. is 1.5367 and t – value is 20.0376 and p – value is $0.00001 < 0.05$ (at 5 % level of significance).
It shows that highly significant difference is found between pre- test and post- test mean score of knowledge and self- reported practices regarding home care management and self-reported practices of chikungunya among patients. This clearly shows that the planned teaching regarding home care management and self-reported practices of chikungunya among patients had significant improvement in their level of knowledge and self- reported practices in the post-test. This reveals the planned teaching on knowledge and self- reported practices regarding home care management and self-reported practices of chikungunya among patients was effective.

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A similar study was conducted by Debora C. Kajeguka to Knowledge and practice regarding dengue and chikungunya: a cross-sectional study among healthcare workers and community in Northern Tanzania the finding of the study shows that 15.2% (n = 19) of community members had good knowledge regarding dengue, whereas 53.6%, (n = 67) of healthcare workers did. 20.3% (n = 16) of participants from lowland areas and 6.5% (n = 3) from highland areas had good knowledge of dengue (v2 = 4.25, P = 0.03). Only 2.4% (n = 3) of all participants had a good knowledge score for chikungunya. In the qualitative study, community members expressed uncertainty about chikungunya. Some healthcare workers thought that they were new diseases. conclusion There is insufficient knowledge regarding dengue and chikungunya fever among community members and healthcare workers. Health promotion activities on these diseases based on Ecological Health Mode components to increase knowledge and improve preventive practices should be developed. [5]

5. Conclusion

Home remedies are playing important role to reduce pain and to help people live normal life. Home management like prevention and home remedies are very helpful in chikungunya. supportive care is the mainstay of treatment for the disease. Home care management can play a critical role in ensuring that patients receive appropriate supportive care, such as hydration, pain management, and fever control, to help alleviate symptoms and improve outcomes. Study results showed that highly significant difference is found between pre- test and post- test mean score of knowledge and self- reported practices regarding home care management and self-reported practices of chikungunya among patients. This clearly shows that the planned teaching regarding home care management and self-reported practices of chikungunya among patients had significant improvement in their level of knowledge and self- reported practices in the post-test. This reveals the planned teaching on knowledge and self- reported practices regarding home care management and self-reported practices of chikungunya among patients was effective.

6. Recommendations

1. A similar study can be replicated on large sample to generalize the findings.
2. A similar type of home care management studies can be conducted for the other types of communicable diseases.
3. A similar study can be conducted by using other educational methods like self-instructional module.
4. Similar study can be conducted to assess the practices.

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7. References

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