

# A study to assess the effectiveness of structured teaching programme on knowledge regarding dengue fever among the adolescent children (15-17 years) in Hilton matriculation higher secondary school Chrompet chennai-44.

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## Abstract

**Objective:** Dengue fever is a mosquito-borne tropical disease caused by the dengue virus. Symptoms typically begin three to fourteen days after infection. Dengue is spread by several species of female mosquitoes of the Aedes type; principally an aegypti Treatment of acute dengue is supportive and includes giving fluid either by mouth or intravenously for mild or moderate disease. To assess knowledge level of adolescent children (15-17 years) regarding dengue fever, to assess knowledge level of adolescent children (15-17 years) regarding dengue fever, to assess the effectiveness of structured teaching programme regarding dengue fever among the adolescent children (15-17 years).

**Methods:** The population for the study includes the Adolescent Children (15-17 Years) in Hilton matriculation higher secondary school, Chrompet, and Chennai-44. The sample used for the study was 60 (sixty) adolescent Children (18-20 Years). In this study adolescent Children were selected by simple random technique by lottery method.

**Results:** paired 't' test value is 10.6. It is hypothesized that there is significant ( $p < 0.001$ ) in effectiveness of structured teaching programme among adolescent children (15-17 years). There will be significant difference between pre-test and post-test level of knowledge regarding dengue fever among the adolescent children (15-17 years).

**Keywords:** Disease, Infection, Immune deficiency, Dengue virus, Symptoms, Intravenous.

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## Introduction

Dengue fever is a mosquito-borne tropical disease caused by the dengue virus. Symptoms typically begin three to fourteen days after infection. This may include a high fever, headache, vomiting, muscle and joint pains, and a characteristic skin rash. Dengue is spread by several species of female mosquitoes of the Aedes type, principally an aegypti. The virus has five types; infection with one type usually gives lifelong immunity to that type, but only short-term immunity to the others. Subsequent infection with a different type increases the risk of severe complications. A number of tests are available to confirm the diagnosis including detecting antibodies to the virus or its RNA [1,2].

## Objectives

To assess knowledge level of adolescent children (15-17 years) regarding dengue fever mothers of under five children regarding asthma before structured teaching programme.

To assess knowledge level of adolescent children (15-17 years) regarding dengue fever mothers of under five children regarding asthma after structured teaching programme.

To assess the effectiveness of structured teaching programme regarding dengue fever among the adolescent children (15-17 years)

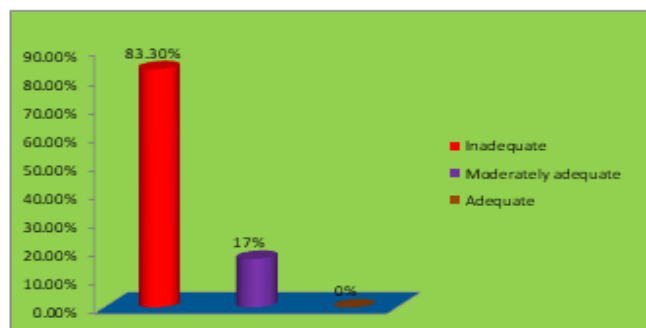
H1 There will be significant difference between pre-test and post-test level of knowledge regarding dengue fever among the adolescent children (15-17 years) [3].

**Table 1.** The pre-test knowledge level of adolescent children (15-17 years) regarding dengue fever.

Pre-test knowledge	Number	%
Inadequate (50 and below)	50	83.3
Moderately adequate (51-75%)	10	17
Adequate (76-100%)	NIL	NIL

The Table 1 and Figure 1 reveals the pre-test knowledge level of adolescent children regarding dengue fever among the adolescent children (15-17 years). 50 (83.3%) had inadequate

knowledge and majority of them 10 (17%) had moderately adequate knowledge, none of them had adequate knowledge [4].



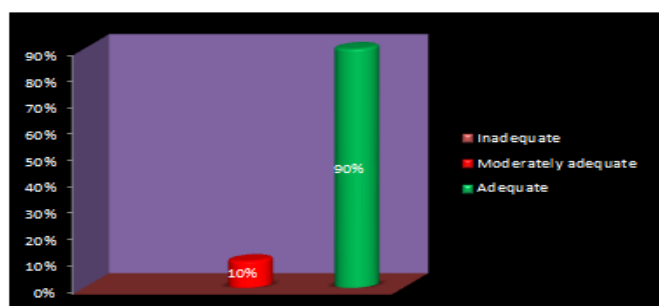
**Figure 1.** knowledge level of adolescent children.

**Table 2.** The post-test knowledge level of adolescent children (15-17 years) regarding dengue fever.

Post-test knowledge	No	%
Inadequate (50 and below)	0	0
Moderately adequate (51-75%)	6	10
Adequate (76-100%)	54	90

The Table 2 reveals Post-test knowledge level of adolescent children (15-17 years) regarding dengue fever in (Figure 2). None of them had inadequate knowledge, 6 (10%) had

moderately adequate knowledge, and majority of them 54 (90%) had adequate knowledge [5].



**Figure 2.** The effectiveness teaching programme regarding adequate knowledge.

**Table 3.** The effectiveness of structured teaching programme regarding management dengue among adolescent children (15-17 years).

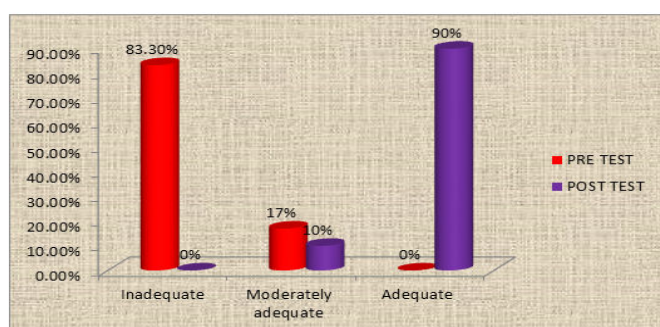
S. no	Knowledge	Pre test						Post test					
		Inadequate		Moderately adequate		Adequate		Inadequate		Moderately adequate		Adequate	
		(50 and below)		(51-75%)		(76-100%)		(50 and below)		(51-75%)		(76-100%)	
		N	%	N	%	N	%	N	%	N	%	N	%

*A study to assess the effectiveness of structured teaching programme on knowledge regarding dengue fever among the adolescent children (15-17 years) in Hilton matriculation higher secondary school Chrompet chennai-44.*

1	Over all knowledge on management and prevention of HIV infection among adolescent children (18-20 years)	50	83.3	10	17	0	0	0	0	6	10	54	90
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The Table 3 and Figure 3 reveals the effectiveness of structured teaching programme regarding dengue fever among adolescent children (15-17 years). 50(83.3%) had inadequate knowledge and majority of them 10(17%) had moderately adequate

knowledge, none of them had adequate knowledge in pre-test. In post none of them had inadequate knowledge, 6 (10%) had moderately adequate knowledge and majority of them 54(90%) had adequate knowledge regarding dengue fever [6-8] (Table 4).



**Figure 3.** The Knowledge difference among pre-test and post-test.

**Table 4.** The mean and standard deviation of pre and post test knowledge

Variables	Pre test knowledge		Post test knowledge	Effectiveness	(Paired) 't' value		
Knowledge	MEAN	SD	MEAN	SD	MEAN	SD	10.6
	14.6	3.5	19.5	3.2	5.9	4	

## Conclusion

The study was conducted to assess the effectiveness of structured teaching programme regarding dengue fever among adolescent children (15-17 years) the discussion was based on the objectives, and hypothesis. With regard to pre-test and post-test level of adolescent children (15-17 years). The pre knowledge level of adolescent children regarding dengue fever among the adolescent children (15-17 years). 50 (83.3%) had inadequate knowledge and majority of them 10 (17%) had moderately adequate knowledge, none of them had adequate knowledge. In post-adolescent children (15-17 years) regarding dengue fever none of them had inadequate knowledge, 6 (10%) had moderately adequate knowledge, and majority of them 54 (90%) had adequate knowledge. The overall paired 't' test value is 10.6. It is hypothesized that there is significant ( $p < 0.001$ ) in effectiveness of structured teaching programme among adolescent children (15-17 years). There will be

significant difference between pre-test and post-test level of knowledge regarding dengue fever among adolescent children (15-17 years).

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