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A study to assess the behaviour change communication on knowledge regarding control and preventive measures of malaria among womens in Vadapalani (West)

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Abstract

Malaria is a life threatening disease caused by parasites that are transmitted to people through the bites of infected female anopheles mosquitoes. We assessed community knowledge, attitude, and practices regarding malaria. The main objective of the study to assess the pre-test and post-test level of knowledge regarding control and preventive measures of malaria.

Methods: The sample was selected by Purposive sampling technique. There are 60 samples was taken in this study. Data analysis was done mainly using descriptive statistics test-chai square was applied.

Result: In pre test, knowledge score of women's regarding malaria. It revealed that 43(71.6%) women's had inadequate knowledge, and 17(28.3%) women's had moderately adequate knowledge about malaria. In post-test knowledge scores of women's regarding malaria. It revealed that 19(31.6%) women's had adequate knowledge, 37(61.6%) women's had moderately adequate knowledge, 4(6.6%) women's had inadequate knowledge about malaria.

Conclusion: The behaviour change communication is highly effective in post test knowledge score among women's.

Keywords: Behaviour change communication, Women's, KCP, Malaria

Introduction

Malaria is one of the most prevalent and widespread parasitic diseases in the world. Malaria in man is caused by four distinct species of malaria parasites i.e. plasmodium vivax, plasmodium flaciparum, plasmodium malaria and plasmodium ovale. Malaria continues to be a major killer and thecrippler disease in the malaria risk area. The disease affects all age group, especially the poor, the pregnant mothers and children under five years. The high risk groups are children under- five years of age. Malaria kills 3000 under five children every day through out the world.

In southeast Asia region, India contributes around 70% of total malarial cases and about 82% of the population are at risk of malaria infection. According to WHO Malaria Report, India has fourth highest number of malaria cases and deaths in the world malaria is highly endemic in southern region of India. Early case finding and treatment, vector control measures are some of the important strategies of malaria control under National Vector Borne Disease Control Programme. But some of the beliefs, customs and practice of malaria, are often related to culture, which can influence the effectiveness of malaria control strategies.

Prevention is better than cure. Prevention and information the key to prevent and control malaria. Malaria control programme was launched by WHO in 1948. By 1951 WHO was actively involved in malaria control projects, mainly in Asia. By 1955 the number of malaria cases world wide had dropped by at least one third. The world health assembly in 1955 has taken up malaria eradication programme as an international objective. This programme began to lose momentum because of major set backs. World health assembly again launched malaria control programme where eradication was an impracticable.

The risk of disease can be reduced by preventing mosquito bites through the use of mosquito nets and insect repellents, or with mosquito control measures such as spraying insecticides and draining standing water. Prevention of the disease through better knowledge and awareness is the appropriate way to keep the disease away and remain healthy. Studies pertaining to knowledge, attitude and practices showed that direct interaction with

community plays an important role in circumventing malaria problem. Community beliefs, perception, and attitude towards malaria symptom identification, treatment, prevention and control can influence efforts to address malaria and are often overlooked in control efforts.

A purpose of the study to assess

- 1) To assess the pre-test level of knowledge regarding control and preventive measures of malaria.
- 2) To assess the effectiveness of Behaviour change communication on control and preventive measures of malaria.
- 3) To find the association between post test level of knowledge regarding control and preventive measures of malaria among women's.

Methods and Materials

In present study, the study carried out on 60 samples. Purposive sampling technique was used. The purpose of the study was explained to the samples with written informed consent was obtained from them. The first part demographic data were collected was assessed using structured questionnaire. The second part it consists of knowledge questionnaire on malaria number of items was 25 questions. The total score for the entire item was 25. The data were analyzed using descriptive and inferential statistics. The sample characteristics were described using frequency and percentage. Chi-square used to associate the post test level of knee joint pain level with selected demographic variables.

Result and Discussion

Section A: Sample characteristics

Among 60 samples, most of them 23(38.3%) were 21-30 years, most of them 33(55%) were Hindu, most of them 58(96.6%) were unhygienic, most of them 52 (86.6%) were not cleaned, most of them 25 (41.6%) were having two children's, most of them 56(93.3%) were unemployed, most of them 31(51.6%) were completed secondary education.

Section B: pre-test and post-test level of knowledge scores of women's regarding control and preventive

measures of malaria

The present study results show in the pre-test, It revealed that 43(71.6%) women's had inadequate knowledge, and 17(28.3%) women's had moderately adequate knowledge about malaria.

Whereas in the post test, that 19(31.6%) women's had adequate knowledge, 37(61.6%) women's had moderately adequate knowledge, 4(6.6%) women's had inadequate knowledge about malaria.

Section C: Effectiveness of Behaviour change communication on control and preventive measures of malaria

Knowledge score	Mean	Sd	'T' Test Value
Pre test	8.33	4.50	t= 15.6 p=0.0001
Post test	18	1.68	s***

This study is supported by the author Godly C, *et al.* in (2018) [7]. Conducted a study on, attitude and practices regarding malaria among residents that results show the Overall 388 mothers were identified for enrolment into the study of which 377 (97.2%) were included in analyses. The majority of mothers slept under bed nets at home (95.8%) and wore long-sleeved clothes (83.8%) for malaria prevention. However, knowledge of malaria was limited: 44.6% were aware of malaria symptoms, 40.6% knew the malaria transmission route precisely, and 29.2% knew of mosquito breeding places. Staying overnight at a farm hut was significantly associated with having fever during the most recent pregnancy (adjusted odds ratio [AOR] 2.008, 95% confidence interval [CI]: 1.215–3.321) and a child having fever (AOR 3.681, 95% CI 1.943–6.972). Mothers' participating in a variety of malaria preventive actions was protective against fever in children (AOR 0.292, 95% CI: 0.136–0.650).

Section D: Association between post test level of knowledge regarding control and preventive measures of malaria among women

Demographic variables	Frequency numbers	Knowledge level			Chi-square
		Inadequate	Moderately adequate	Adequate	
Age of the women's					
21-30 years	60	-	8	15	□2=51.73 df= 9 s*
31-40 years		-	15	3	
41-50 years		1	13	1	
51-60 years		2	1	-	
Number of children's in the family					
1	60	-	10	6	□2=19.9 df= 9 S*
2		-	13	12	
3		2	11	1	
4		2	3	-	

S*= significant

Conclusion

The behaviour change communication found to be very effective in improving the knowledge among women's about malaria. The knowledge regarding malaria was improved by health teaching through behaviour change communication. Being as a nurses, our main responsibility is try to make our community people to free from malaria and provide knowledge about malaria. They considered malaria as serious health problem and their attitude towards treatment was prompt.

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