Assess The Knowledge Regarding Prevention And Control of Chikungunya Among B.Sc. Nursing Students In Rajasthan: A Descriptive Study.

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Abstract

Introduction: In India, the complaint was first reported in Calcutta in 1963. Chikungunya contagion which is a vector- born nascence contagion belongs to the family of Togoviridae. The Chikungunya contagion so called CHIKV is an enveloped positive stage RNA contagion. Helpers Aegypti is a ménage vessel breeder and an aggressive day bite. Chikungunya is transmitted substantially by the mosquito Aides Aegypti, Culex, and Mansonia. Symptom starts suddenly with fever, chills, headache, nausea, puking, arthralgia (joint pain), and rash. Chikungunya infection was verified by rear transcriptase- polymerase chain response.

Methodology: The exploration approach for the study was the Survey approach. Samples were named by Stratified arbitrary slice fashion with and help of assessment Performa to assess knowledge on the Prevention & Control of Chikungunya fever. In the study aggregate of 80 B.Sc. Nursing scholars were named.

Results: In the present study male75(60) and female25(20). The present study was conducted among 80B.Sc. Nursing scholars. The study mean knowledge score (12.15), with a standard of knowledge scores(11.5), and standard divagation(6.18). Chi-square value between knowledge score of B.Sc. Nursing scholars and the named variable Age (5.26), studying in class(22.41), gender(0.06), and source of information(22.24).

Conclusion: In the last decade, CHIKV has re-emerged as a major trouble to global public health. Starting around late 2009 – 2010 in India, which continued to circulate and caused the massive outbreak in India in 2016, CHIKV has demonstrated its capability to spread and infect large proportions of the population. There's a veritably good chance that CHIKV will continue to spread unless measures are taken to ameliorate the recognition of the complaint, control the vectors

responsible for the transmission, and fleetly communicate epidemiological information to vector control.

Keywords: Keywords: knowledge, Prevention & Control, Chikungunya Fever.

Introduction

Chikungunya (Chikv) is an alphavirus usually vectored by aedes aegypti and aedes albopictus mosquitoes [1]. Chikv originated in Tanzania and is most closely related to o'nyongnyong virus, which originated in Uganda [2]. Chikv is a small, enveloped virus with a single-stranded, positive-senserna genome approximately 12 kb long, which is divided into two open reading frames. The first section comprises the four non-structural proteins (nsp1, nsp2, nsp3, and nsp4) that are responsible for viral replication inside the host cell cytoplasm. The second open reading frame encodes the structural proteins (capsid, envelope 3 (e3), envelope 2 (e2), 6k, and envelope 1 (e1)). Chikv can be

Classified into three genetic lineages based upon sequences of the e1 gene [3]. During the last outbreak in India and other south-east Asian countries, the epidemic spread rapidly and affected many communities with an attack rate as high as 40%–60%.[4] chikungunya re-emerged in India in December 2005 after a gap between epidemics of 32 years.[5] this particular outbreak was caused by the central/east African genotype [6] and infected around

1 400 000 people in India in 2006. It was estimated that some areas had attack rates of 45%.[7] official figures from the government of India indicated that 1.39 million suspected chikungunya cases were identified from 152 districts.[8]

Methodology

A survey research approach study was done among b.sc. Nursing scholars of jaipur. In the present study, age, studying in class, gender, religion, source of information, area of residence, and family income(per month). Were demographic variables. The study was conducted among the study was B.Sc. Nursing scholars who are studying in devi institute of nursing Jaipur Rajasthan. In the present study, 80 subjects were named by a stratified randomization testing fashion. Ethical concurrence was attained from the concerned authority. The study actors were assured that the attained findings would be habituated for the exploration purpose only.

Results

Table 1: chi-square value showing an association between knowledge score and selected variable among of B.Sc. Nursing students.

S. No.	Selected variable	Below-median	Above Median	Df	Obtained Chi-Square value (X^2)	Table value of Chi-square
1.	**Age (in Years)**					
	17-20	26	06			
	21-24	30	09	3	5.26[N.S.]	7.81
	25-28	03	04			
	Above 29	01	01			
2.	**STUDYING IN CLASS**					
	B. Sc . Nursing 1st Year	12	08			
	B. Sc . Nursing 2nd Year	19	01			7.81
	B. Sc . Nursing 3rd Year	03	17	3	22.41[S.]	
	B. Sc . Nursing 4th Year	08	12			
3.	**GENDER**					
	Male	32	28	1	0.06[N.S]	3.84
	Female	10	10			

4.	SOURCE OF INFORMATION					
	Health personal	22	11			
	Mass Media Approach	01	20			
	Individual Approach	14	09	3	22.24 S	7.81
	None	02	01			

S = SIGNIFICANT   NS = NON SIGNIFICANT

Data are given in table no. shows that the computed chi-square value (5.26) between selected variable scores and age was found to be statically not significant at 0.05 level of significance for df (3). Hence, the selected variable is independent of age, and the researcher failed to reject the null hypothesis.

The computed chi-square value (22.41) between the selected variable and studying in class was found to be statistically significant at 0.05 level of significance for df (3). Hence, the selected variable was studying in class has an impact on regarding prevention and control of Chikungunya fever, and the researcher failed to accept the null hypothesis.

The computed chi-square value (0.06) between the selected variable and gender was not found to be statistically significant at 0.05 level of significance for df Hence, the selected variable was independent of gender, and the researcher failed to reject the null hypothesis.

The computed chi-square value (22.24) between the selected variable and source of information was found to be statistically significant at 0.05 level of significance for df (3). Hence, the selected variable was a study in class that has an impact on regarding prevention and control of Chikungunya fever, and the researcher failed to accept the null hypothesis.

Table 2: Mean, Median, and standard deviation of knowledge scores among B.Sc. Nursing students. The table shows that the mean knowledge score is 12.15median of the knowledge score is 11.5& the standard deviation is 6.18.

N= 80

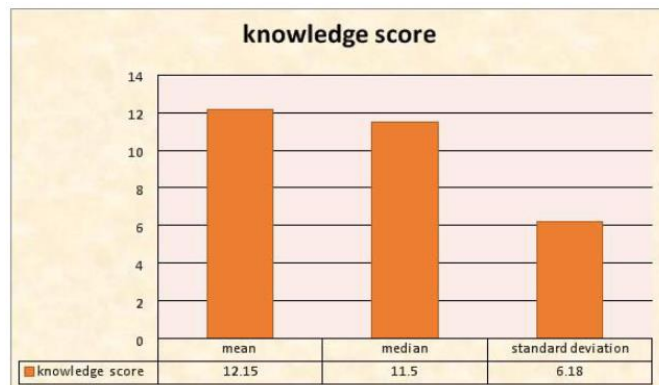| Types of scores	Mean	Median	SD
Knowledge pre-test	12.15	11.5	6.18

Figure 1: Colum graph showing the distribution of mean, median, and standard deviation.

Discussion

The majority of samples were aged 21-24 years (48.75%), followed by 17-20 years (38.75%). All class was selected for equal strength of students. The majority of samples were male (75%) and female (25%). The majority of religions are Hindu (72.5%) and then Muslim (27.5%). The majority of source of information was the health personnel (41.25%) and then the individual approach (27.5%). The majority of the sample were having rural areas 63(78.75%) and then 17(21.25%) in urban areas. The majority of the sample were having their total monthly income of the family in Rs20, 001-30,000 (30%) and then equal

Rs10001-20,000&Above 30,001 (27.5%). The mean knowledge score (was 12.15), the median knowledge score (11.5), and the standard deviation (6.18). The chi-square value presents the association between the knowledge score of the sample and selected variables.

The calculated chi-square value between the knowledge score of B.Sc. Nursing students and the selected

variable: Age (5.26), studying in class (22.41), gender (0.06), and source of information (22.24).

Risk perceptions, attitudes, beliefs, and knowledge are important predictors of an individual's behavior toward mosquito-borne disease [9, 10]. The relationship between these variables and an individual's behavior can be explained and predicted by different theories of behavior change, such as the Health Belief Model, the Theory of Planned Behavior, and the Stages of Change Model [11].

Conclusion

In the last decade, chikv has reemerged as a major threat to global public health. Starting around late 2009–2010 in India, which continued to circulate and cause the Massive outbreak in India in 2016, chikv demonstrated its ability to spread and infect Large proportions of the population. There is a very good chance that chikv will continue to spread unless measures are taken to improve the recognition of the disease, To control the vectors responsible for the transmission, and to rapidly communicate epidemiological information to vector control.

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