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EFFECT OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE REGARDING PREVENTION OF SELECTED WATER BORNE DISEASES AMONG WOMEN

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ABSTRACT: Water pollution has become a cause of worry due to the contamination of underground water resources, excessive exploitation of water resources, and pollution of river water by industrial effluent and waste. About 1.8million children dies each year due to water related diseases only.Present study was conducted to assess the effectiveness of planned teaching programme on knowledge regarding prevention of selected water borne diseases According to, Medical Research, study conducted on Seroepidemiology of water-borne hepatitis. Throughout Indiathere are many water-borne diseases like hepatitis haveoccurred like epidemics. Research article state that in 1980 it is reported that thehepatitis 'A', was an epidemic on the evidence of enterically transmitted non-A, &B hepatitis.

Keywords- Knowledge,Water borne diseases, diarrhea, cholera, typhoid, hepatitis.

INTRODUCTION

Water pollution has become a cause of worry due to the contamination of underground water resources, excessive exploitation of water sources, and pollution of river water by industrial effluent and waste. About 1.8 million children's dies each year due to water related diseases only. As per WHO reported around 1.8 million people dies annually due to water borne diseases. The World Bank reported that twenty one percent of communicable diseases are occur due to contamination of water in India.[1]

The main cause of Water-borne Disease is it spread through contaminated water. Pathogenic microorganism andparasitic organisms are responsible for several diseases. Such infectious pathogens survive and spread in to the environment by different strategies. Mainly the diseases are spread through water.[2]

The state Maharashtra constantly struggling to prevent water borne diseases like gastroenteritis etc . In 2015 it is reported that More than five thousand people were hospitalized due to water borne diseases .[3]

Hepatitis A virus (HAV) infection is one of the important cause of hepatitis in developing countries. It is transmitted through orofecal route either by direct or by consumption of contaminated water/ food. They cause major health problem .hepatitis A is most common form of acute form of acute viral hepatitis in the world. Major geographical differences in endemicity of hepatitis A are closely related to hygienic and sanitary conditions. Approximately 1.5 million clinical cases of hepatitis A occur worldwide annually but the rate of infection is probably as much as 10 times higher.[4]

Typhoid is a global health problem. An estimate of annual typhoid incidence rate of 493.5 cases per 100,000 person per years has been reported from India. Due to Choleramillions of people dies within hours if not treated. Cholera is an acute diarrheal disease.[5]

Diarrhea remained the leading killer , and about sixty percent death occurs due to diarrhea,diarrhoeal diseases remain and important cause of mortality and morbidity among children particularly in low and middle income countries. Diarrhea is responsible for 5% of all deaths in children.[6]

Intestinal worm infestation are widely prevalent in tropical and subtropical countries and occurs where there is poor sanitation. Soil- transmitted helminth (STH) infections from the most important group of intestinal worms

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affecting two billion people worldwide and the main species which infect are Ascarislimbricoides, (round worms), Trichuriasistrichiura, (whip worms) and Nectar Americanos / Ancylostomaduodenale (hook worm) According to World health Organization(WHO), globally there are 1221 – 1472 million cases of Ascariasis, 750 – 1050 million cases of Trichuriasis and 740 – 1300 million cases of hook worm infestation.[7]

OBJECTIVES OF THE STUDY

1. To evaluate the knowledge regarding prevention of selected water borne diseases.
2. To evaluate the effect of PTP on knowledge.
3. To find association pre-test knowledge score with demographic variables.

REVIEW OF LITERATURE:

A study was conducted by Bodzewan Emmanuel fonyuy And Mr. Lange Innocent in 2013. Descriptive cross-sectional study design was used to conduct the study. The study was related to prevention and practices of water Borne Diseases within Households in the Bamendankwe . Researcher adopted 120 young adults, Finding of this study was 59% respondents prevent water borne diseases by treating water by using chlorine before drinking and 33% prevent it by regular hand washing, and 17% participants says that by using clean and safe drinking water, water borne diseases can be prevented.[8]

A study was conducted by N. Srilaxmi, and S. Gomathi. A descriptive study was conducted in a urban area of Israelpet, Guntur district among mothers of under five children in December 2016.Among the 72 mothers had inadequate knowledge on water borne diseases and its prevention, followed by 56 mother had moderately adequate knowledge and only few mothers had adequate knowledge, and most of the mothers had 100 (66.7%) moderately adequate practices, followed by 30 (20%) had inadequate practices and only 20 (13.3%) mothers had adequate practices on prevention of selected water borne diseases. Both knowledge and practices of mothers had significant association with the age and educational background at $p<0.05$ levels.[9]

A study was conducted by Mrs. R. Alli. In 2011.In this studyquasi experimental designed was adopted .and the study was conducted in the KADAPERI.. Hundred mothers were given education on management of diarrhoea with the help of flashcard, charts and hand-outs prepared in Tamil which was distributed to each mother. The result shows that the 57 mother had inadequate knowledge, 43mother had moderately adequate knowledge and none of the mothers had adequate knowledge with mean and standard deviation. It reveals that most of the mothers have got inadequate knowledge regarding management of diarrhoea.The improvement mean and standard deviation in the knowledge on management of diarrhoea was 9.74 with standard deviation of 5.34. The paired' test value overall score of knowledge is highly significant at $P<0.05$ level. There is no association between following demographic variable such as occupation, education, type of house and source of water.[10]

Methodology

In present study Quasi – experimental one group pre-test post-test design was used to assess the effectiveness of planned teaching programme regarding prevention of selected water borne diseases among women.The study was conducted in selected self-help group of Sangli, Miraj and Kupwad corporation area.Total 75 samples were selected by Non-probability convenient sampling method.24 structured questionnaire were administered. Pre – test was given on the first day followed with planned teaching programme and on seventh day post-test was administered.

RESULTS ANS DISCUSSION

TABLE NO. 1

FREQUENCY AND PERCENTAGE DISTRIBUTION OF SELECTED DEMOGRAPHIC VARIABLES

n=75

Sr.no.	VARIABLES	FREQUENCY	PERCENTAGE
1	**AGE IN YEARS**		

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	18-28	29	38.7
	29-39	17	22.7
	40-50	12	16
	51-60	17	22.7
2	**EDUCATION**		
	NO FORMAL EDUCATION	4	5.3
	PRIMARY EDUCATION	33	44
	SECONDARY & HIGHER EDUCATION	5	6.6
	GRADUATE & POST GRADUATE	33	44
3	**TYPE OF FAMILY**		
	JOINT	47	62.7
	NUCLER	28	37.3
4.	**MONTHELY FAMILY INCOME**		
	BELOW RS. 5000/-	8	10.7
	RS. 5001- 10000/-	43	57.3
	RS. 10001- 20000/-	20	26.7
	RS. MORE THAN 20001/-	4	5.3

Table No.1 Shows that, in age maximum samples (38.7%) belongs to the age group of 18-29 years.

In education maximum samples (44%) having primary education and graduate and post graduate.

In type of family maximum sample (62.7%) were from joint family.

In family income maximum samples (57.3%) having family income from Rs. 5001to 10000.

SECTION-II

TABLE 2:

Frequency and Percentage distribution of pre-test and post-test level of knowledge score.

n=75

KNOWLEDGE GROUP	SCORE	PRE-TEST		POST-TEST	
		Frequency	%	Frequency	%
POOR	0-8	22	29.3		

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AVERAGE	9-16	50	66.7	19	25.3
GOOD	17-24	3	4	56	74.7

Table 2: Shows that there is significant change in knowledge score after the post test. It shows that the planned teaching programme was effective.

SECTION-III

Table no 3.

Comparison between mean of pre-test and post-test knowledge score

n=75

KNOWLEDGE	MEAN	S.D.	T value	P value
Pre-test	10.21	2.97	20.653	0.000
Post-test	17.32	2.652		

Table no 3 : shows the pre-test average knowledge mean score was 10.21 with standard daviation of 2.97. the post-test average knowledge score was 17.32 with the standard daviation of 2.652. the paired 't' test value of the 't' test was 20.653 with 'p' value 0.000 here 'p' value less than 0.05 shows the significant difference in the pre-test & post-test average knowledge scores, so the planned teaching programme was effective .

SECTION IV

Table no 4

Association of demographic variables with pre-test knowledge score.

n=75

Sr.no.	**VARIABLES**	**TEST**	**r Value**	**P Value**	**REMARK**
1	**AGE**	Fisher's Exact test			
			3.951	0.694	Not significant
2	**EDUCATION**				
			10.34	0.208	Not significant
3	**TYPE OF FAMILY**	Pearson chi-square			
			3.575	0.167	Not significant
4.	**MONTHELY FAMILY INCOME**				
			6.862	0.288	Not significant

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- The data presentation in above table shows that, there is no significant association between any demographic variables.

CONCLUSION

- The analysis and interpretation on 75 adult women was done. Analysis was carried out based on the pre-defined objectives of the study and hypothesis.
- Frequency and percentage distribution was used to explain the demographic variables.
- Effectiveness of planned teaching program was evaluated by comparing mean of pre-test & post-test knowledge score which shows that the planned teaching program was effective in increasing knowledge among women regarding prevention of selected water borne diseases.
- Hence H0 (null hypothesis) is rejected and H1 (Research hypothesis) is accepted.
- A 'Fisher's Exact Test' & Pearson Chi-Square test was used to determine the association between pre-test knowledge score with demographic variables and knowledge score was done on calculated p value (0.05) , where it resulted that there is no significant association between pre-test knowledge score and other demographic variables

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