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## “A Study to Evaluate the Effectiveness of Child-to-Child Approach on Prevention of Dengue Fever interms of Knowledge and Knowledge on Practice Among School Children at A Selected Private School, Coimbatore”.

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### Abstract

Dengue is one of the most important emerging viral disease of humans in the world afflicting humanity in terms of morbidity and mortality. The present quasi experimental (one group pre-test and post-test design) study aimed to evaluate the Effectiveness of child-to-child approach on prevention of dengue fever in terms of knowledge and knowledge on practice among school children, Coimbatore. Totally 90 school children studying at Podhanur St/. Joseph middle school, Coimbatore were selected by using disproportionate stratified random sampling technique. Self-administered structured questionnaire and check list was used to assess the level of knowledge and knowledge on practice regarding prevention of dengue fever. In pre-test majority of the samples had inadequate knowledge and knowledge on practice. In post-test most of them had adequate knowledge and knowledge on practice. The calculated paired ‘t’ test value of knowledge ( $t=34.99$ ) and knowledge on practice ( $t=31.21$ ) showed highly significant at  $p \leq 0.01$ , which revealed that child to child approach was effective in improving the level of Knowledge and Knowledge on practice regarding prevention of dengue fever among samples. The calculated Karl Pearson’s ‘r’ value ( $r=0.9$ ) of knowledge and knowledge on practice showed positive correlation. The chi square calculation showed that significant association found between level of knowledge and educational qualification of father and mother, significant association found between level of knowledge on practice and age, educational status of mother, type of family, any family members affected by dengue fever previously and source of information about dengue fever, except for the other demographic variables. Child to child approach is activity-oriented approach to create awareness among children on various aspects of health, nutrition and child care.

**Keywords:** Dengue fever, child to child approach, school children

### Introduction

United nation International Children’s Fund (2015) quoted that children are not only divine gifts, but also the mirror of a nation and hope of the world. Health of the school children is a key factor in school entry as well as continued participation and attainment in school. Among one of the leading priorities the worldwide is its commitment to ensure that every individual completes a quality primary school education. Children are major consumers of health care. In India, about 35 percent of total populations are children below 15 years of age. They are not large in number but vulnerable to various health problems and considered as special risk groups Parul Datta (2014) Sanjeet Johnson states that Health education is a major means for prevention and control of the National Dengue Control Program, and is delivered to communities and schools. We suggest the need for sustained routine education for dengue prevention and control, and the need for approaches to ensure the translation of knowledge into practice. While working in the community investigator observed that adolescents are more vulnerable to acquire dengue infection due to lack of proper knowledge and guidance. So the researcher felt the need to undertake this study to provide them education to improve

their knowledge so that can prevent future threat to country and world. Over the past 10-15 years, next to diarrheal disease and respiratory infection, dengue fever has become leading cause of hospitalization and deaths among children. Today dengue fever is considered one of the most important arthropod-borne viral disease in humans in terms of morbidity and mortality. So researcher felt that school children's should possess knowledge on some vector borne disease especially dengue fever and its prevention. Community awareness and participation is vital to prevent and control the spread of dengue fever.

**Materials and Methods:**

Quantitative experimental i.e. one group pretest and posttest design was adopted. After obtaining permission the Final study was conducted. Disproportionate stratified random sampling technique was used for selecting the sample size of 90 school students. Self-administered and self-structured questionnaire and checklist to assess the level of knowledge and level of knowledge on practice on prevention of dengue fever among school childrens. After assessment the child-to-child approach through role play was implemented to enhance their knowledge and practice. Post test was done.

**Ethical clearance**

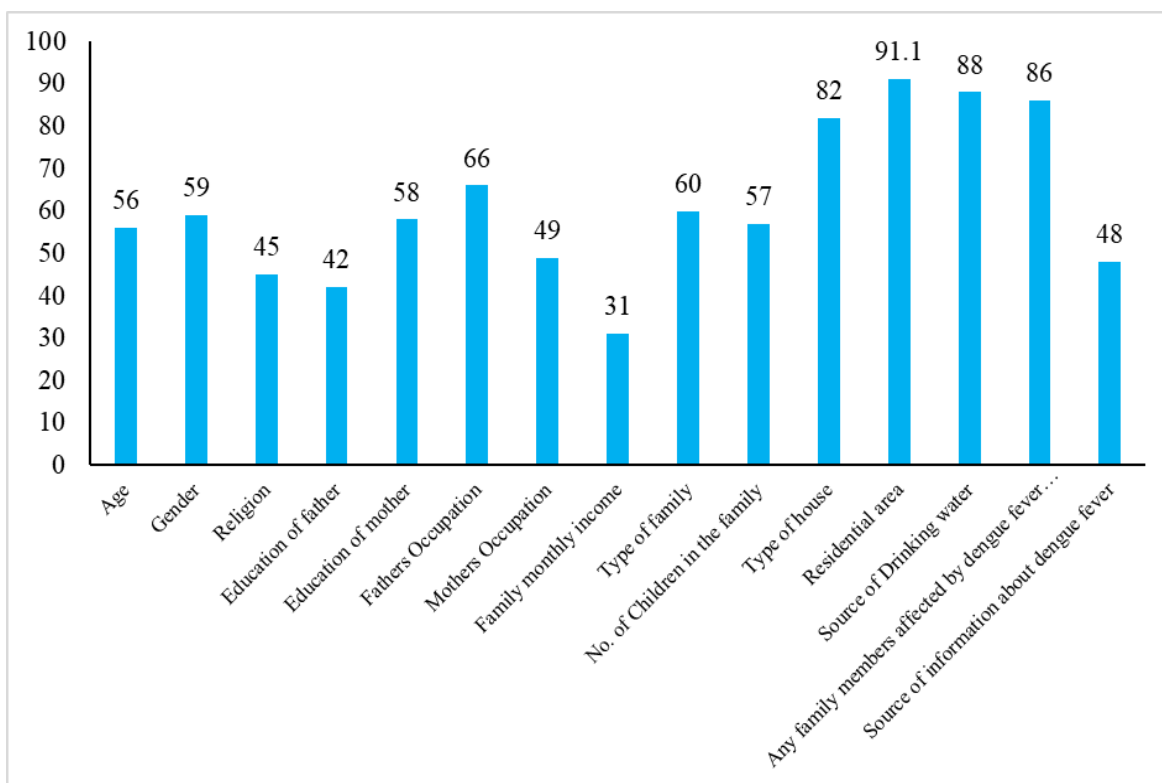
The study was approved by ethical committee members, after that Prior written permission was obtained from the Private school Head mistress. Verbal consent was obtained from the samples to conduct the study.

**Procedure of data collection**

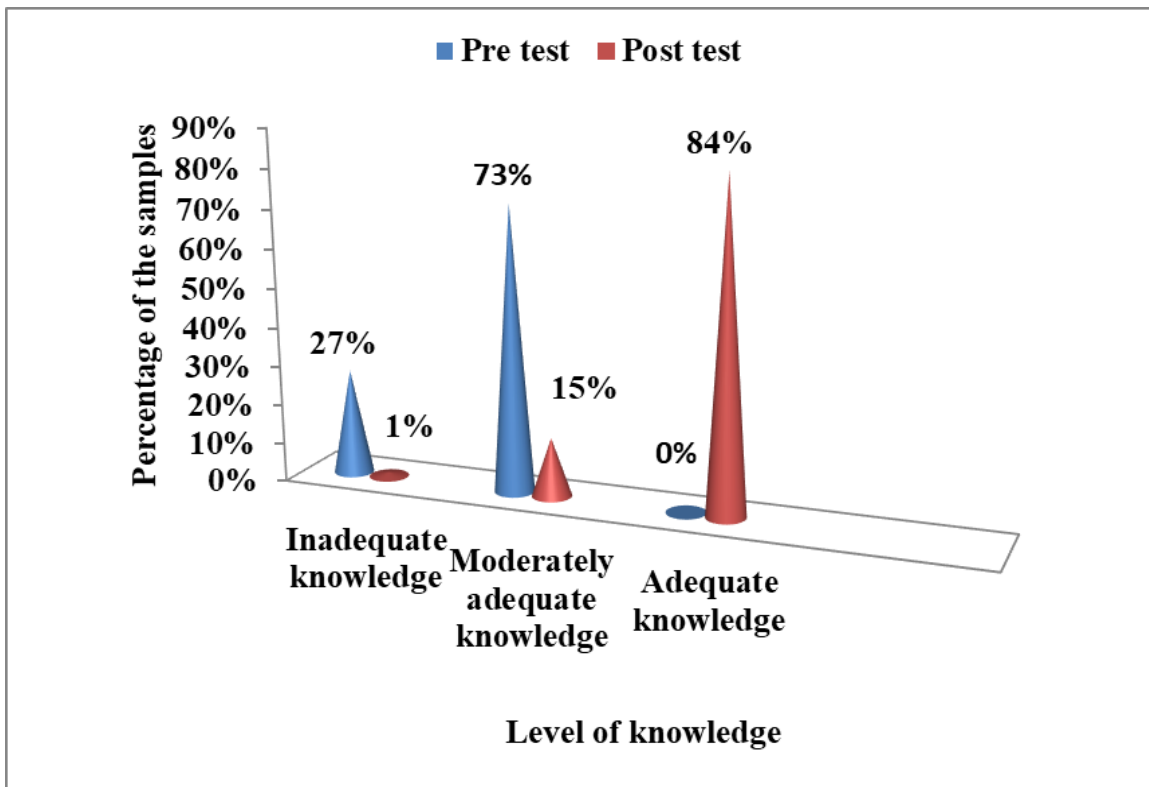
During first week of data collection the investigator selected 10 change agents with the help of class teacher according to the top scorer of each section, after that pre test was conducted for the change agents. Then knowledge about prevention of dengue fever was taught with the help

of lap top presentation and change agents were trained for initiation of child-to-child approach through role play. Three days after training post test was conducted to the change agents to assess whether they have acquired adequate knowledge. Retraining was given in case of inadequate knowledge observed in change agent. Totally 90 (30+30+30) samples were selected from 374 students who were studying VI, VII and VIII standards respectively by means of disproportionate stratified random sampling technique. The nature and purpose of the study was explained to the samples. The questionnaires were developed in English and translated into Tamil. At the end of the first week, samples were gathered by the investigator in a group and a self-administered structured questionnaire and self-administered checklist was distributed at a same time to the samples to elicit the demographic data and to assess the pretest level of knowledge and knowledge on practice regarding prevention of dengue fever. The student was instructed to fill in the questionnaire on their own, without copying from each other. After 45 minutes the questionnaire was collected from the samples. During second week, the knowledge and knowledge on practice regarding prevention of dengue fever was taught by child-to-child approach through role play by the change agents to the samples. The samples were divided into 3 groups according to their educational standard. The role play was conducted alternative days for each group. The duration of role play was 60 minutes. Over all supervision was done by the researcher. The same was implemented for the next 3<sup>rd</sup> and 4<sup>th</sup> week. A total of 3 sessions were given for all the groups, one session per week. At the end of the 5<sup>th</sup> week post test was conducted for all the samples by using the same tool to assess the level of knowledge and knowledge on practice regarding prevention of dengue fever.

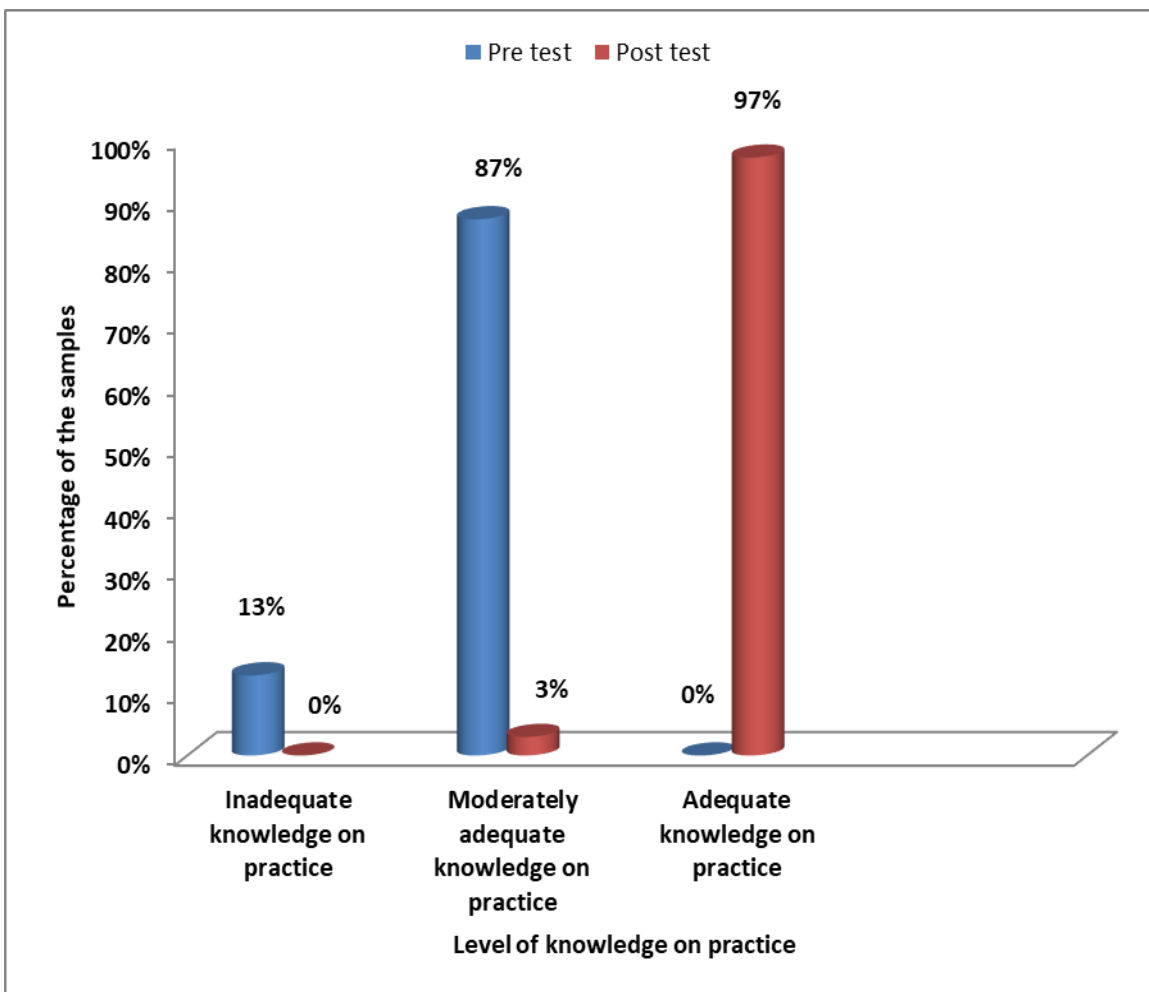
**Results and Interpretation**



Percentage Distribution of Samples According to Their Demographic Variables.



Frequency and percentage distribution on level of knowledge regarding prevention of dengue fever among the samples.



Frequency and percentage distribution on level of knowledge on practice regarding prevention of dengue fever among the samples.

Mean, Standard Deviation, Mean Percentage and Mean difference and paired 't' test value of knowledge on

prevention of dengue fever among samples during Pre and posttest. n=90

**Table value** = 2.37 df=89 **\*\*Highly significant at  $p \leq 0.01$ .**

| Level of knowledge | Mean | SD   | Mean percentage | Mean Difference | Paired t test value |
|--------------------|------|------|-----------------|-----------------|---------------------|
| Pre test           | 11.2 | 2.69 | 43%             | 10.3            | **34.99             |
| Post test          | 21.4 | 3.0  | 82.3%           |                 |                     |

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