A study to assess the knowledge on h1n1 among rural elderly at selected area under varuna PHC, Mysuru

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Abstract

Background: H1N1 commonly outbreaks all the part of the world in different names. In India, it affects all the parts of the country irrespective of age, gender, religious and socioeconomic background... Therefore, it is important to assess the knowledge of rural elderly to create the awareness to prevent the outbreaks.

Objectives: To assess the knowledge of H1N1 among rural elderly in selected settings in Mysuru and also to determine the association between the levels of the knowledge on H1N1 with their selected personnel variable.

Methodology: Research approach: Descriptive research approach was used for this study.

Research Design: Descriptive research design was selected for this study.

Setting: Setting refers to the area where the study was conducted. This study was conducted in Nadanahalli rural areas of Varuna PHC, Mysuru.

Population: The target population for the study included rural elderly from Nadanahalli village, rural areas of VarunaPHC, Mysuru.

Sample: rural elderly fromNadanahalli village, rural areas of Varuna PHC, Mysuru.

Participants:Thirty rural elderly

Sampling Techniques: Convenience sampling technique was used to select the sample.

Result: Majority of the rural elderly demonstrated moderate knowledge onH1N1. Few patients had adequate knowledge. The overall mean knowledge scores of the diabetic patients were 24.17 with SD 4.12. Out of many variables, educations were found to be significant with the knowledge of 0.05 levels.

Keywords: H1N1, Rural Elderly,

Background on HIN1

H1N1 is a common communicable disease that spreads around the worlds. It outbreaks every year usually between October and May, it is but it is more dangerous for some people. Especially Infants and young children, people 65 years and older, pregnant people, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.[1]

It is primarily caused by the H1N1 strain of the flu (influenza) virus. H1N1 is a type of influenza a virus, and H1N1 is one of several flu viruses' strains that can cause the seasonal flu. Symptoms of the H1N1 flu are the same as those of the seasonal flu.

In the spring of 2009, a novel influenza A (H1N1) virus emerged. It was detected first in the United States and spread quickly across the United States and the world. This new H1N1 virus contained a unique combination of influenza genes not previously identified in animals or people. This virus was designated as influenza A (H1N1) pdm09 virus. Ten years later work continues to better understand influenza, prevent disease, and prepare for the next pandemic.[2]

The virus is contagious and can spread from human to human. Symptoms of swine flu in people are similar to the symptoms of regular human flu and include fever, cough, sore throat, body aches, headache, chills and fatigue.

There are antiviral medicines you can take to prevent or treat. There is a vaccine available to protect against this problem. Hence we prevent the spread of germs that cause respiratory illnesses like influenza by: Covering the nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after use it. Washing you're the hands often with soap and water, especially after you cough or sneeze. You can also use alcohol-based hand cleaners. And avoiding touching the eyes, nose or mouth. Germs spread this way. Trying to avoid close contact with sick people and Staying home from work or school in case of sick are sick.[3]

Statement of the Problem
The present study was aimed to assess the knowledge onH1N1 among rural elderly in selected settings of Mysuru.

Objectives
1. To assess the knowledge onH1N1 among rural elderly in selected settings of Mysuru.
2. To determine the association between the level of the knowledge on H1N1 with their selected personnel variable

Hypothesis
H1: There will be a significant association between the knowledge score on H1N1 and selected demographic variable of rural elderly.

H0: There will not be a significant association between the knowledge score on H1N1 and selected demographic variable of rural elderly.

METHODOLOGY
Research approach: Descriptive research approach was used for this study.

Research Design: Descriptive research design was selected for this study.

Setting: Setting refers to the area where the study was conducted. This study was conducted in Nadanahalli village of Varuna PHC, Mysuru.

Population: The target population was rural elderly of selected rural areas under Varuna PHC, Mysuru.

Sample: Rural Elderly of selected rural areas of Varuna PHC, Mysuru.

Sample Size: 30 Rural Elderly

Sampling Techniques: Convenience sampling technique was used to select the sample.

Criteria for the Selection of Sample
Inclusion Criteria
  i. Rural elderly in selected rural areas of Varuna PHC, Mysuru.
  ii. Rural elderly willing to participate in the study.
  iii. Rural elderly of both the genders.
  iv. Rural elderly who were available at the time of data collection.

Exclusion Criteria
  v. Rural elderly with co-morbid medical illnesses

Data Collection Instrument
In this study, the tool consisted of interview scheduled to assess the knowledge of rural elderly on H1N1.

Development of Tool
Selection of the Tool: Interview schedule was selected for the study to assess the knowledge of rural elderly.

Development of the Tool: The tool was developed on the basis of the objectives of the study. The following steps were adopted in the development of the tool. Structured objective questionnaire was developed to collect the data on knowledge on H1N1.

Description of the Tool
The interview schedule was designed with two parts.
Part 1: Part one consisted of items pertaining to thedemographic variables
Part 2: Part two consisted of 30 items pertaining to diabetes and its management

RESULTS

1. To assess the knowledge on H1N1 among rural Elderly in selected settings of Mysuru.

Knowledge	No of items	Range		Mean	SD	Mean % of Knowledge
		Min	Max			
	30	19	28	24.17	4.12	88.76

Tabular representation of level of knowledge on H1N1among rural elderly

2. To determine the association between the level of the knowledge on H1N2 with their selected personnel variable. The selected personal variables such as education were found to have significant association with level of knowledge 0.05 level.

CONCLUSION

The majority of rural elderly demonstrated moderate knowledge on H1N1. Only a few diabetic rural elderly had adequate knowledge. The overall mean knowledge scores of rural elderlies were 24.17 with SD 4.12. Out of many variables, educations were found to be significant with the knowledge of 0.05 levels.

RECOMMENDATION

The following recommendation were made based on the results of the present study
1. A large scale study can be conducted to generalizethe findings.
2. A large-scale study can be conducted to assess the attitude and practice to prevent the outbreaks.

Acknowledgement

Conflict of interest

None.

REFERENCES

1. Available at https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf
2. Available at https://www.cdc.gov/flu/pandemic-resources/2009-h1n1-pandemic.html
3. Available at https://medlineplus.gov/h1n1fluswineflu.html.[3]
4. K .Park (2005).Text Book of preventive and social medicine (15th Edition), Bhanot Publishers.
5. Marcia Stanhope. (2006).Community and Public Health Nursing (sixth edition) Mosby publicationsVirginia.
6. Basavanthappa, B.T. (2005). Nursing Research (1st edition), Jaypee publishers.
7. Janice. E. Hitchcock (2003). Community Health Nursing Caring In Action (2nd Edition) Library of Congress Cataloging in Publication Data, United States Page no. 549 – 552.
8. Sunder Roa. (1999). An Introduction to Bio- statistics (3rd edition), New Delhi.