

SURVEY REGARDING KNOWLEDGE AND CASES OF DENGUE FEVER IN RURAL AREA OF BALDIA TOWN SECTOR D/3 KARACHI.

Mohammad Asif

Iqra University North Campus Nursing Department/ Post RN BSN, RCHN, RN, MSN Scholar and Lecturer
Nursing in (Ziaudin University Faculty of Nursing and Midwifery)

Nazeer Ahmed

²Nursing coordinator in NICVD National institute of cardiovascular disorder/Post RN BSN, Dipcard,
RN, MSN Zufonam

Mohammad Abdullah Javed

Alkhidmat Hospital Aurangi Town/ Physiotherapist

Maqsood Ali

BS-Nursing student

Abstract:

Aim: There is need to identify knowledge of peoples regarding prevention, complications and care of patient with dengue fever at home because now days in 2023 after June the dengue fever is increased in community with lab investigations report. There is the need to conduct awareness session regarding dengue fever in community of Baldia town Karachi.

Background: Now days in 2023 after June the dengue fever is increased in community with lab investigations report. There is the need to conduct awareness session regarding dengue fever in community of Baldia town. There are some patient dying with complications of dengue fever like coagulopathy (bleeding disorders). Lack of awareness in community regarding nutrition in low platelet count in dengue fever. The main issue in the dengue fever is to control the signs and symptoms and complications which are life threatening. There is stilled water in rural area of Mirpurkhas for growth of aedes Egyptia therefore we should arrange awareness sessions for the rural community to avoid dengue fever.

Methodology: Research design was cross sectional descriptive research study. Simple random sampling was applied to collect the data from Baldia town. 50 medical and non-medical participants were involved in the study. Questionnaire form was filled by researcher after asking questions and observations 50 questionnaire filled out.

Results: Male total: 22(42.3%), female total 28(53.8%), medical persons 6(11.5%), non-medical persons: 44(84.6%), positive dengue: 12(23.1%), negative dengue: 38(73.1%), exposures: 20(38.5%), No exposures: 30(57.7%), knowledge: 12(23.1%) No knowledge: 38(73.1%), 1 Medical persons was having knowledge and positive case, 1 non-medical person was having knowledge and positive case, 4 medical persons was having knowledge and negative dengue, 1 medical person was having knowledge negative dengue, 7 non-medical persons was having knowledge and negative dengue, 37 non-medical persons was having no knowledge negative dengue.

Keywords: Medical persons, non-medical persons, Rural community, awareness, knowledge of dengue fever, cases of dengue fever and exposure of dengue fever

Keywords: Child labor, Out of school children, Education, NGOs

Introduction

Now a day there are many patients are going to sick and dying from dengue fever due to coagulopathy. Dengue fever is viral fever associated with high grade fever, chills, fatigue, lethargy, anorexia, irritation, bleeding episodes' form nose and any open wound due to thrombocytopenia severe in dengue fever IGM positive means the dengue fever in body for a week approximately and IgG positive means the dengue fever positive in body for approximately three weeks or above. Survey regarding dengue has been published in Pakistan by 2022. 1108 cases of dengue fever alive and death 286262. (1) research design descriptive survey was conducted in malakand region Pakistan has been published in Bazillion journal of biology. In this research participants in community were having knowledge 18.2% whereas 18.8 percent participants were not having no any knowledge regarding dengue fever therefore they could not survived.(2) cross sectional survey

descriptive has been conducted in 2023 regarding Knowledge Attitude and practices KAPs. Joint pain 78%, muscular pain 51.9%, eyes pain 41.8%, bleeding from nose and rectum 34.3% and Rashes on skin was 36.1% of total signs and symptoms of participants. (3). Research of cross sectional descriptive was published by 2021 in Pakistan RMJ Rawal medical journal to check age groups of positive cases of dengue fever. 38 cases of 15 to 25 years of age, 60 26 to 35 years of age, 16 36 to 45 years of age and 6 cases of 45 age or above age. (4) a research study survey has been conducted in 2021 in Peshawar medical university in Peshawar KPK. To check cases of dengue and exposures. Sample size was 200 medical students. Majority students were having knowledge regarding dengue fever in the era of COVID-19. (5) The study conducted in rural area of Pakistan has been published in 2023. 140 participants in this research and 80% participants were included in age of 15 to 30 years of age and mostly participant were not having knowledge of dengue fever and its complications they were just know about malaria. (6) Iqra University north campus faculty of pharmacy was conducted research cross sectional descriptive regarding dengue fever has been published in PJMHS journal of Karachi University by 2023. The lack of knowledge in students were identified in conclusion of the study. Empirical data has been attached in the research paper. (7).survey has been published in frontier microbiology journal by 8 Feb, 2022. The conclusion of the study regarding prevention from dengue were focused, there was lack of knowledge regarding dengue fever in peoples therefore awareness session is necessary for rural community of KPK.(8) Survey was conducted in Hyderabad city of Sindh regarding knowledge attitude and practices of dengue fever. Research has been published in MDPI journal in September 2023 volume (9) study aim was to check knowledge regarding dengue fever in technology department students to prevention from disease complications after exposure. Outcomes were good there was knowledge of dengue in technology faculty was very good. Research has been published in UET Taxila in Pakistan technical journal UET by 2022.(10) published in springer link by 2022. Design was case control retrospective regarding viral diseases in urbanization dengue, chikungunya and arbovirus, there was large number of cases were dengue fever with lab reports positive. (11) Haripur Hazara study. Research study was conducted in KPK Hazara Haripur to check knowledge and attitude and practices of community regarding dengue. There was 1108 cases of dengue was identified and 28626 deaths has been reported in this research.(12) Survey was published in international journal of tropical diseases study was conducted by researchers of Aga Khan Medical faculty. Analyzed in amos-25 SPSS sample size was 500 participants. 19% participants were included in coinfection whereas 3.8% participants was having reinfection regarding dengue as evidenced by reports of lab.(13) study was published in international surgery of global health to identify personal hygiene and cleanliness for prevention of mosquito bite. Participants were included in urbanization of Pakistan. Lack of awareness was seen and there is the need of awareness session for community to prevention from mosquito bite infections. (14).

Methodology and Materials

Design of Study: Descriptive Cross Sectional Survey

Duration of Study: 5days (1st March to 5th March, 2023)

Inclusion criteria and exclusion criteria: There is participants are allowed in this research 18 years old to 42 years old. less than 18 years and above 42 years olds are not allowed to participate in this survey.

Size of sample: Medical and non-Medical 50 community residents.

Sampling Technique: Simple random sampling technique was suitable in this research.

Study Variable: Age, Gender, Dengue fever with reports, Exposure, Medical person, Non-Medical person, knowledge regarding dengue, Case Positive, Case Negative.

Study Setting: Sector D/3 Baldia town Karachi.

Instrument of Research: Survey Questionnaire for participants, SPSS analytical software amos-23 and Endnote software program for literature review.

Data Collection: to simple random sampling.

Analysis: Amos-23 SPSS

Results

Table 1: Rang, Mean and standard deviations of all variables

Descriptive Statistics						
	N	Range	Minimum	Maximum	Mean	Std. Deviation
knowledge	50	1.00	1.00	2.00	1.7600	.43142
stakeholders	50	1.00	1.00	2.00	1.8800	.32826
gender	50	1.00	1.00	2.00	1.5600	.50143
Dengue cases	50	1.00	1.00	2.00	1.7600	.43142
exposures	50	1.00	1.00	2.00	1.6000	.49487
Valid N (list wise)	50					

Statistics						
		gender	stakeholders	Dengue cases	exposures	knowledge
N	Valid	50	50	50	50	50
	Missing	2	2	2	2	2
Mean		1.5600	1.8800	1.7600	1.6000	1.7600
Std. Deviation		.50143	.32826	.43142	.49487	.43142
Range		1.00	1.00	1.00	1.00	1.00

Gender					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	male	22	42.3	44.0	44.0
	female	28	53.8	56.0	100.0
	Total	50	96.2	100.0	
Missing	System	2	3.8		
Total		52	100.0		

stakeholders					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	medical person	6	11.5	12.0	12.0
	non-medical persons	44	84.6	88.0	100.0
	Total	50	96.2	100.0	
Missing	System	2	3.8		
Total		52	100.0		

Dengue cases					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	positive	12	23.1	24.0	24.0
	negative	38	73.1	76.0	100.0
	Total	50	96.2	100.0	
Missing	System	2	3.8		
Total		52	100.0		

exposures					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	exposure	20	38.5	40.0	40.0
	No exposure	30	57.7	60.0	100.0
	Total	50	96.2	100.0	
Missing	System	2	3.8		
Total		52	100.0		

knowledge

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	knowledge	12	23.1	24.0	24.0
	no knowledge	38	73.1	76.0	100.0
	Total	50	96.2	100.0	
Missing	System	2	3.8		
	Total	52	100.0		

Table 2 (a): dengue fever positive or negative in medical and non-medical stakeholders.

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
stakeholders * gender * dengue cases	50	96.2%	2	3.8%	52	100.0%

**stakeholders * gender * dengue cases Cross tabulation
Count**

Dengue cases			gender		Total
			male	female	
positive	stakeholders	medical person	1	0	1
		non-medical persons	3	8	11
	Total		4	8	12
negative	stakeholders	medical person	4	1	5
		non-medical persons	14	19	33
	Total		18	20	38
Total	stakeholders	medical person	5	1	6
		non-medical persons	17	27	44
	Total		22	28	50

Chi-Square Tests

Dengue cases		Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
positive	Pearson Chi-Square	2.182 ^c	1	.140	.333	.333
	Continuity Correction ^b	.136	1	.712		
	Likelihood Ratio	2.385	1	.122		
	Fisher's Exact Test					
	Linear-by-Linear Association	2.000	1	.157		
	N of Valid Cases	12				
negative	Pearson Chi-Square	2.459 ^d	1	.117	.170	.139
	Continuity Correction ^b	1.183	1	.277		
	Likelihood Ratio	2.583	1	.108		
	Fisher's Exact Test					
	Linear-by-Linear Association	2.394	1	.122		
	N of Valid Cases	38				
Total	Pearson Chi-Square	4.281 ^a	1	.039	.075	.051
	Continuity Correction ^b	2.659	1	.103		
	Likelihood Ratio	4.482	1	.034		
	Fisher's Exact Test					
	Linear-by-Linear Association	4.195	1	.041		
	N of Valid Cases	50				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 2.64.

b. Computed only for a 2x2 table

c. 3 cells (75.0%) have expected count less than 5. The minimum expected count is .33.

d. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 2.37.

Table 3: knowledge of dengue fever in male and female
Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
knowledge * gender * dengue cases	50	96.2%	2	3.8%	52	100.0%

knowledge * gender * dengue cases Cross tabulation

Count

Dengue cases			gender		Total
			male	female	
positive	knowledge	knowledge	1	1	2
		no knowledge	3	7	10
	Total		4	8	12
negative	knowledge	knowledge	5	5	10
		no knowledge	13	15	28
	Total		18	20	38
Total	knowledge	knowledge	6	6	12
		no knowledge	16	22	38
	Total		22	28	50

Table 4: knowledge of dengue fever in medical and non-medical stakeholders.

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
knowledge * stakeholders * dengue cases	50	96.2%	2	3.8%	52	100.0%

knowledge * stakeholders * dengue cases Cross tabulation

Count

denguecases			stakeholders		Total
			medical person	non-medical persons	
positive	knowledge	knowledge	1	1	2
		no knowledge	0	10	10
	Total		1	11	12
negative	knowledge	knowledge	4	6	10
		no knowledge	1	27	28
	Total		5	33	38
Total	knowledge	knowledge	5	7	12
		no knowledge	1	37	38
	Total		6	44	50

Descriptive Statistics

	N	Range	Minimum	Maximum	Mean	Std. Deviation
knowledge	50	1.00	1.00	2.00	1.7600	.43142
stakeholders	50	1.00	1.00	2.00	1.8800	.32826
Valid N (list wise)	50					

Table 5: Exposure of dengue fever in stakeholders

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
exposures * stakeholders * dengue cases	50	96.2%	2	3.8%	52	100.0%

exposures * stakeholders * dengue cases Cross tabulation

denguecases		stakeholders		Total	
		medical person	non-medical persons		
positive	exposures	exposure	0	6	6
		No exposure	1	5	6
		Total	1	11	12
negative	exposures	exposure	1	13	14
		No exposure	4	20	24
		Total	5	33	38
Total	exposures	exposure	1	19	20
		No exposure	5	25	30
		Total	6	44	50

Descriptive Statistics

	N	Range	Minimum	Maximum	Mean	Std. Deviation
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Discussion

Now a day there are many patients are going to sick and dying from dengue fever due to coagulopathy. Dengue fever is viral fever associated with high grade fever, chills, fatigue, lethargy, anorexia, irritation, bleeding episodes' form nose and any open wound due to thrombocytopenia severe in dengue fever IGM positive means the dengue fever in body for a week approximately and IgG positive means the dengue fever positive in body for approximately three weeks or above. Survey regarding dengue has been published in Pakistan by 2022. 1108 cases of dengue fever alive and death 286262. (1) research design descriptive survey was conducted in malakand region Pakistan has been published in Bazillion journal of biology. In this research participants in community were having knowledge 18.2% whereas 18.8 percent participants were not having no any knowledge regarding dengue fever therefore they could not survived (2) cross sectional survey descriptive has been conducted in 2023 regarding Knowledge Attitude and practices KAPs. Joint pain 78%, muscular pain 51.9%, eyes pain 41.8%, bleeding from nose and rectum 34.3% and Rashes on skin was 36.1% of total signs and symptoms of participants. (3). Research of cross sectional descriptive was published by 2021 in Pakistan RMJ Rawal medical journal to check age groups of positive cases of dengue fever. 38 cases of 15 to 25 years of age, 60 26 to 35 years of age, 16 36 to 45 years of age and 6 cases of 45 age or above age. (4) research study survey has been conducted in 2021 in Peshawar medical university in Peshawar KPK. To check cases of dengue and exposures. Sample size was 200 medical students. Majority students were having knowledge regarding dengue fever in the era of COVID-19. (5) The study conducted in rural area of Pakistan has been published in 2023. 140 participants in this research and 80% participants were included in age of 15 to 30 years of age and mostly participant were not having knowledge of dengue fever and its complications they were just know about malaria. (6) Iqra University north campus faculty of

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Conclusion

Conclusion of this study is that there is lack of knowledge in non-medial persons in rural community of Baldia town Karachi regarding dengue as compared to medical persons. 12 positive dengue cases and 38 negative dengue cases in research. Government should arrange the awareness session for rural community of mirpurkhas regarding dengue for prevention of dengue and management of complications of dengue in dengue fever.

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