

A Study To Assess The Effectiveness Of Planned Teaching Programme On Knowledge Regarding The Prevention Of Malaria Among People Living In Belekeri Village Of Ankola

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ABSTRACT

Background: Malaria is a mosquito-borne disease that affects many communities. It can be prevented by avoiding mosquito bites and controlling mosquito breeding. Community awareness and proper preventive measures help reduce malaria cases. **STATEMENT OF THE PROBLEM:** “A study to assess the effectiveness of planned teaching programme on knowledge regarding the prevention of malaria among people living in Belekeri village of Ankola”

OBJECTIVES

- To assess the pre-test level of knowledge of community people regarding prevention of malaria .
- To assess the post- test level of knowledge of community people regarding prevention of malaria.
- To find the association between pre – existing knowledge of community people regarding prevention of malaria with selected socio-demographic data.

RESEARCH METHODOLOGY

- Research approach : Quantitative evaluative approach
- Research design : One group Pre Test Post Test Design
- Research setting : Belekeri village, Ankola
- Population : Community people
- Sample size : 40 people
- Sample technique : Non probability purposive
- Tool : Structured knowledge questionnaire

RESULTS: The pre-test mean knowledge score was ± 9.75 and standard deviation (S.D) ± 5.25 were as the post-test mean knowledge score was ± 21.35 and standard deviation (S.D) ± 1.924 the calculated “t” value was 13.12 which was higher than the table value 2.023 at 0.05 level of significance hence H1 and H2 was accepted. **CONCLUSION:** The results of the study after introducing planned teaching programme most of the community people had adequate knowledge regarding prevention of malaria. So the study concluded that planned teaching programme is more effective to increase the knowledge of malaria among community peoples.

Keywords: Malaria, Community people of Belekeri, Planned teaching programme.

INTRODUCTION

Malaria is a vector-borne endemic disease caused by parasitic protozoa of the genus *Plasmodium*. There are various species of *Plasmodium* causing malaria in humans including *Plasmodium malariae*, *P. ovale*, *P. vivax*, *P. falciparum*, and *P. knowlesi*.¹

Malaria transmitted to humans through the bites of infected female *Anopheles* mosquito. It is characterized by high fever and rigors. Malaria

remains a major public health problem worldwide.^{2,3}

In 2019 an estimated 229 million cases of malaria occurred globally with approximately 409,000 deaths attributed to the disease. Children under five years of age are particularly vulnerable and accounted for about 67% (274,000) of all malaria deaths worldwide in 2019. The majority of malaria cases and deaths occur in sub-Saharan Africa. However, countries in the South-East Asia, Eastern Mediterranean, Western Pacific, and Americas regions are also affected.²

Relevant conflicts of interest/financial disclosures: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

According to the World Malaria Report (WMR) 2019, India contributed approximately 3% of the total malaria cases worldwide. India recorded a 49% reduction in reported malaria cases and a 50.5% reduction in malaria-related deaths compared with 2017.²

In India, the states that have historically reported a high burden of malaria include Uttar Pradesh, Bihar, Karnataka, Odisha, Rajasthan, Madhya Pradesh, and Puducherry. The highest numbers of malaria-related deaths were reported from Odisha, followed by West Bengal, Mizoram, Jharkhand, Meghalaya, Karnataka, Tripura, and Assam.³

Malaria continues to be a global health threat, causing millions of illnesses and hundreds of thousands of deaths each year. Globally, approximately 228 million cases of malaria were reported in 2018, with an estimated 405,000 deaths. The African Region accounted for approximately 93% of malaria cases and 94% of malaria deaths globally.¹

According to the World Malaria Report 2020, Nigeria had the highest malaria burden in the world, with approximately 51 million cases and 207,000 deaths annually. This represented about 27% of global malaria cases and 23% of global malaria deaths. Approximately 76% of Nigeria's population lived in areas with high malaria transmission.¹

Malaria continues to be a serious public health problem in South-East Asia, including India. Approximately 36% of the world's population is at risk of malaria in malaria-endemic countries. The South-East Asia Region contributes significantly to the global malaria burden, with India accounting for a major proportion of cases in the region.⁴

According to the World Malaria Report 2014, approximately 22% (275.5 million) of India's population lived in high-transmission areas, 67% (838.9 million) lived in low-transmission areas, and 11% (137.7 million) lived in malaria-free areas. In 2013, approximately 0.88 million malaria cases were reported, and around 128 million tests were conducted among suspected cases. *Plasmodium falciparum* accounted for approximately 53% of infections, while *Plasmodium vivax* accounted for 47%.⁴

Malaria in India accounted for a significant proportion of malaria cases reported in the WHO South-East Asia Region. According to official figures available from India's National Vector Borne Disease Control Programme, approximately 0.7–1.6 million confirmed malaria cases and 400–1,000 deaths were reported annually.⁴

NEED FOR THE STUDY

Malaria is a life-threatening disease. Despite global efforts to eliminate it, malaria remains a critical public health problem, particularly in developing countries, where it contributes significantly to morbidity and mortality. According to 2023 statistics reported by the World Health Organization (WHO), approximately 263 million cases of malaria were estimated worldwide in 2023. The burden of malaria is disproportionately higher in regions with limited healthcare resources, poor sanitation, and inadequate awareness of preventive measures. Socioeconomic and educational disparities also increase vulnerability to malaria by limiting access to effective prevention and treatment. Many individuals in these regions lack adequate knowledge to recognize malaria symptoms, understand its mode of transmission, and adopt appropriate preventive measures, such as using insecticide-treated nets and seeking timely medical care.⁶

The incidence of malaria continues to be influenced by several factors, including shortage of trained personnel, drug resistance, population mobility, natural disasters, and inadequate knowledge about malaria and its prevention. In India, an estimated 10.6 million malaria cases were reported in 2006, accounting for approximately 60% of the malaria cases in the WHO South-East Asia Region. More than 100 million blood smears were examined annually, and all reported cases were confirmed through laboratory examination. Approximately half of the reported cases were caused by *Plasmodium falciparum*. However, the proportion of cases detected through active surveillance compared with passive surveillance was not known.⁸

Malaria is one of the major communicable diseases of public health importance worldwide. It has historically been a major cause of morbidity and mortality, particularly in tropical and subtropical regions. Despite decades of intensive efforts to

control and eliminate the disease, malaria continues to affect people of all age groups and remains a significant obstacle to social and economic development. Although malaria is both preventable and treatable, it continues to cause a substantial burden in endemic areas. Historically, approximately 300–500 million cases of malaria and more than one million deaths occurred annually worldwide. Repeated episodes of malaria place a considerable burden on households, healthcare services, and the economic development of communities and nations. Therefore, the socioeconomic conditions of communities have a direct influence on the occurrence and control of malaria.¹²

A community-based cross-sectional study conducted in RS Pura Health Block, Jammu. The study aimed to assess malaria-related knowledge, attitudes, and practices among rural residents. The findings showed that Data from 296 participants were analyzed. Most participants had good knowledge of malaria transmission, symptoms, prevention, and treatment-seeking behaviour. Many considered malaria a serious health problem, preferred government hospitals, and practiced preventive measures. The study concluded that the community had good overall KAP regarding malaria, while understanding sociocultural factors remains important for strengthening malaria prevention and elimination efforts.⁵

A cross-sectional study was conducted in Devarayasamudra Village, Kolar District, Karnataka, to assess the knowledge and preventive practices regarding malaria among adults in a rural community. The study was conducted in an area where malaria had previously been a major public health problem. The study included 384 adults aged above 18 years. The sample size was calculated by assuming a 50% proportion; however, the specific sampling technique used was not mentioned. A semi-structured questionnaire was used as the data collection tool. The study found that 73% of participants had knowledge about malaria, 74.7% correctly identified mosquito bites as the mode of transmission and 74.7% reported using mosquito nets as a preventive measure. The study concluded that the overall knowledge and preventive practices regarding malaria were satisfactory, although some misconceptions were still present. The authors recommended continuous health education and awareness programmes to improve

knowledge, strengthen preventive practices, and support malaria elimination efforts.¹⁷

STATEMENT OF THE PROBLEM

“A study to assess the effectiveness of planned teaching programme on knowledge regarding the prevention of malaria among people living in Belekeri village of Ankola”

OBJECTIVES OF THE STUDY

Objectives of the study were to,

1. To assess the pre-test level of knowledge of community people regarding prevention of malaria .
2. To assess the post- test level of knowledge of community people regarding prevention of malaria.
3. To find the association between pre – existing knowledge of community people regarding prevention of malaria with selected socio-demographic data.

HYPOTHESES

Hypothesis -1: The mean post-test knowledge score of community people regarding the prevention of malaria will be significantly higher than the mean pre-test knowledge score.

Hypothesis -2: There will be significant association between level of knowledge of community people regarding the prevention of malaria with a selected social demographic variable.

DELIMITATION

The study is delimited to:

1. The study is limited to community people residing in the selected community of Belekeri village Ankola
2. The study is limited to community people who are available and willing to participate at the time of data collection.

METHODOLOGY

- Research approach: Quantitative evaluative approach

- Research design: One group Pre Test Post Test Design
- Research setting: Belekeri village, Ankola
- Population: Community people
- Sample size: 40 people
- Sample technique: Non probability purposive
- Tool: Structured knowledge questionnaire

Sampling criteria:

Inclusion criteria:

Inclusion criteria are set of pre- defined characteristics used to identify subject to be included in a research study. In the present study inclusion criteria is community people who are:

- People from Belekeri village, Ankola
- Willing to participate in the study.
- Presented the time of data collection.

Exclusion criteria:

Exclusion criteria are those characteristics that disqualify prospective subject from inclusion in the study. In the present study exclusion criteria of community people are as follows:

- Not willing to participate.

CONTENT VALIDITY OF THE TOOL:

Content validity examines the extend to with measurement include all the major elements relevant to the construct being measure. In order to obtain the validity, the prepared instruments along with problem statement, objectives, operational definitions, structured knowledge questionnaires, lesson plan were submitted to four experts from the field of research and statistics. The exports gave valuable suggestions. As per suggestions of the experts were incorporated and necessary correction on language correction was made in vernacular tool.

RELIABILITY OF THE TOOL:

Reliability is the degree to which an assessment tool produces stable and consistent results or degree of

consistency or accuracy with which an instrument measure the attribute of which it is design to measure. The reliability of the tool was established by using test-retest method (Karl pearson co efficient of correlation method) which measure the coefficient of internal consistency. The reliability coefficient value of structured knowledge of questionnaire of knowledge was 0.93. The developed tool was found to be valid, reliable and feasible to conduct main study.

DATA COLLECTION INSTRUMENTS:

The most important aspect of any investigation is the collection of appropriate information which provide an answer to the research question in the study. A data collection instrument or tool is a formal document used to collect and record information an instrument used in research should be the best to obtain the data for drawing conclusions which are pertinent to the study and at the same time add the knowledge in the discipline.

RESULTS:

Data was analyzed by using descriptive and inferential statistics.

The analysis of the data organized under the fallowing sections.

SECTION 1: Frequency and percentage distribution of subjects according to the socio demographic variable.

SECTION 2: Frequency and percentage distribution of knowledge level score of community people regarding the prevention of malaria

SECTION 3: Comparison of mean pre-test and post-test knowledge score level of community people regarding prevention of malaria to evaluate the effectiveness of structural teaching program.

SECTION 4: Analysis of association between the knowledge of prevention of malaria among community people with socio-demographic variable.

SECTION 1: Frequency and percentage distribution of subjects according to the socio demographic variable.

SL NO.	BASE LINE DATA	FREQUENCY	PERCENTAGE(%)
1.	AGE (IN YEARS)		
	Less than 20 years	9	22.5 %
	20-30 years	7	17.5 %
	30-40 years	10	25 %
	40-50 years	4	10 %
	Above 50 years	10	25 %
2	GENDER		
	Male	17	42.5 %
	Female	23	57.5 %
3	FAMILY TYPE		
	Nuclear family	20	50 %
	Joint family	20	50 %
4	HOUSING TYPE		
	Kachha house	9	22.5 %
	Pucca house	30	75 %
	Semi-pucca house	1	2.5 %
5	SOCIO ECONOMIC STATUS		
	BPL	28	70 %
	APL	12	30 %
6	OCCUPATION		
	PRIVATE	11	27.5 %
	GOVERNMENT	5	12.5 %
	HOUSE WIFE	7	17.5 %
	AGRICULTURE	1	2.5 %
	FISHERMAN	9	22.5 %
	STUDENT	7	17.5 %
7	EDUCATION		

	PRIMARY	20	50 %
	SECONDARY	9	22.5 %
	PUC &DEGREE	9	22.5 %
	ILLITRATE	2	5 %
8	RELIGION		
	HINDU	39	97.5 %
	CHRISTIAN	1	2.5 %

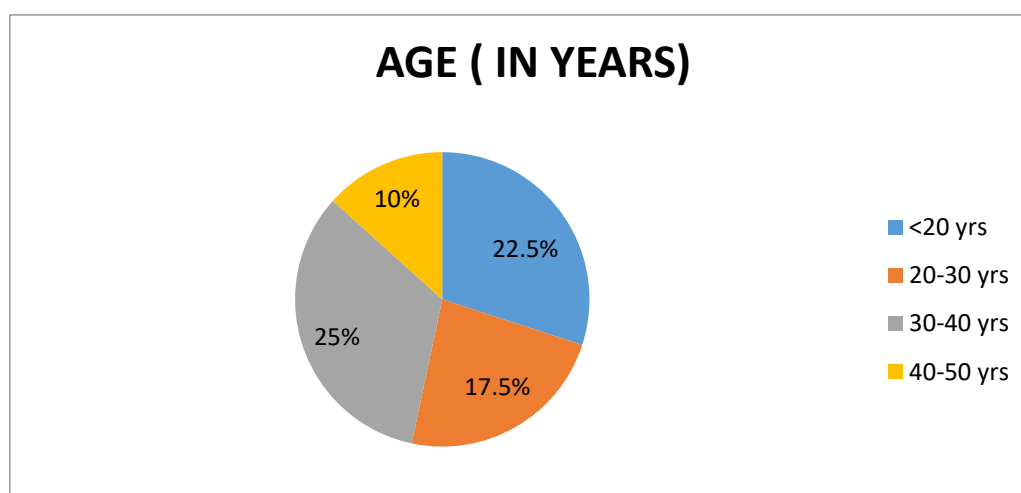
TABLE : 1 Frequency and percentage distribution of subjects according to the socio demographic variable.

The data presented in table 1 indicated

- Majority of community people 10 (25%) belongs to age group of 30- 40 yrs & above 50yrs
- Majority of community people were male 17(42.5%) and females 23 (57.5%)
- Majority of community people belongs to nuclear & joint family 20(50%)
- Majority of community people belongs to Pucca house 30(75%)
- Majority of community people belongs to BPL 28(70%)
- Majority of community people belongs to private employee 11(27.5%)
- Majority of community people belongs to primary education 20(50%)
- Majority of community people belongs to Hindu religion 39(97.5%)

FIGURE : 3

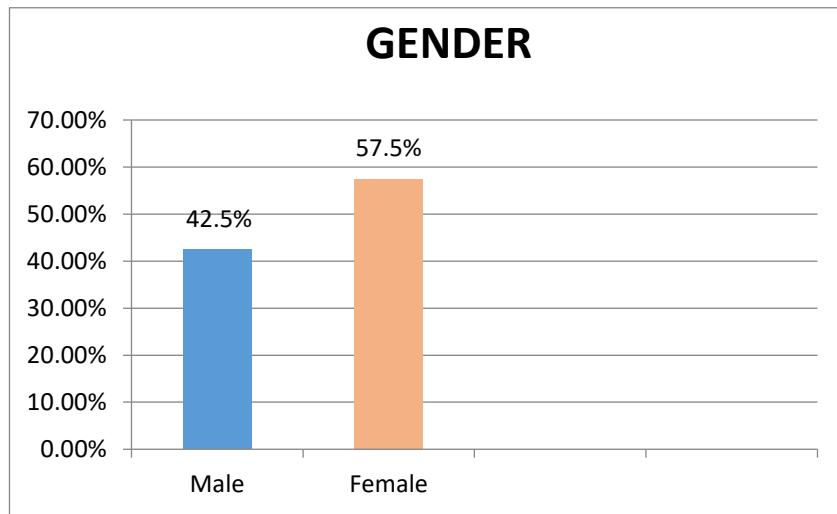
DISTRIBUTION ACCORDING TO AGE



The pie diagram represents distribution of samples based on the age in years

FIGURE :4

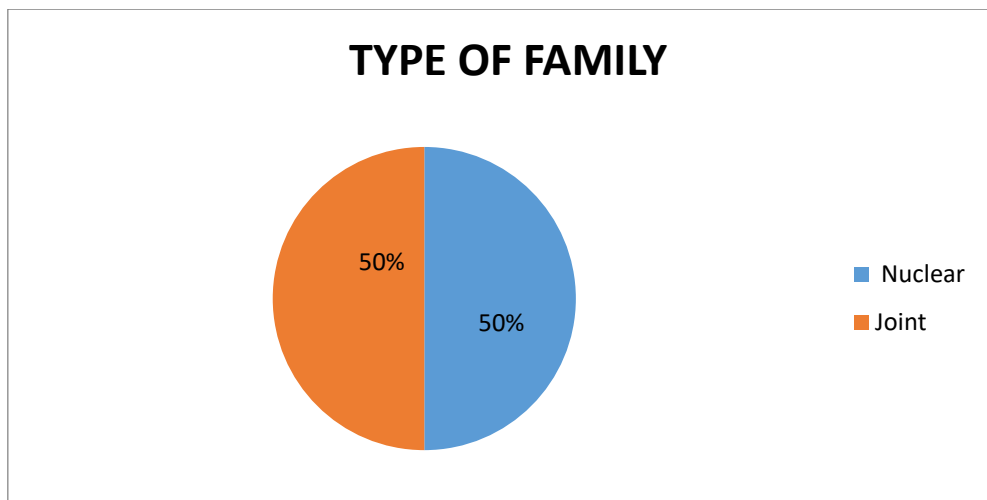
DISTRIBUTION ACCORDING TO GENDER



The bar graph represents percentage distribution of samples based on gender

FIGURE :5

DISTRIBUTION ACCORDING TO TYPE OF FAMILY



The pie diagram represents the percentage distribution of type of family

SECTION : 2

Knowledge	Intervals	Pre-Test Knowledge Score		Post-Test Knowledge Score	
		Frequency (F)	Percentage (%)	Frequency (F)	Percentage (%)
Inadequate Knowledge	0-8	26	65%	0	0 %
Moderate Knowledge	9-17	9	22.5%	1	2.5%

Adequate Knowledge	18-25	5	12.5%	39	97.5%
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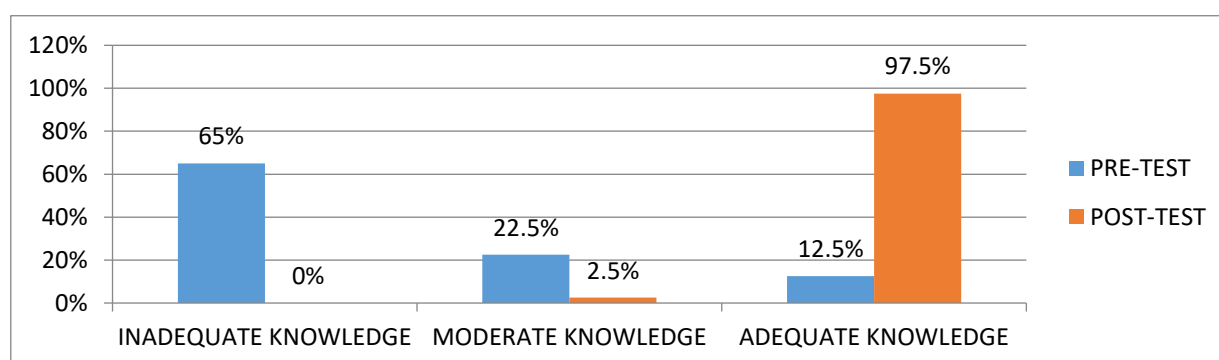
Frequency and percentage distribution of knowledge level score of community people regarding prevention of malaria

The table 3 reveals the pre-test and post-test knowledge score of the community people. samples indicates of post-test that moderate of community people scores 1(2.5%). An adequate knowledge score is 39(97.5 %)

Pre-test knowledge score of community people were inadequate knowledge 26(65%) . moderate knowledge score was 9(22.5%). And adequate knowledge was 5(12.5 %).

FIGURE -11

DISTRIBUTION ACCORDING TO THE KNOWLEDGE OF THE SAMPLES .



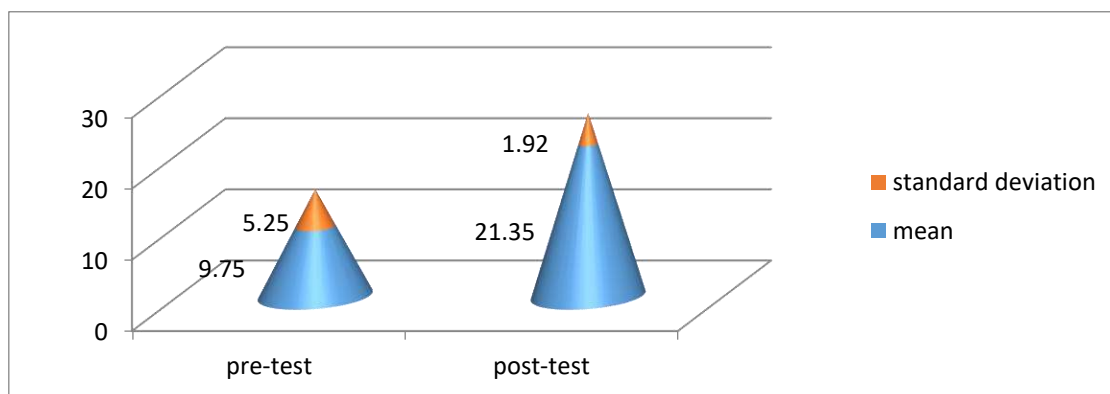
The bar graph represents difference between pre-test and post-test knowledge score of samples regarding prevention of malaria .

SECTION 3 ; Comparison of mean of pre-test and post-test knowledge score level of community people regarding prevention of malaria to evaluate the effectiveness of structural teaching program.

Level Of Knowledge	Mean	Standard Deviation	Degree Of Freedom	P Value	Calculated 'T' Value	Table 'T' Value
Pre-Test	9.75	5.25	39	0.05	13.12	2.023
Post-Test	21.35	1.924	39	0.05		

The data and the table 4 shows that mean post-test knowledge score of samples is significantly higher than the mean pre-test knowledge score i.e, the t table = 2.023 and the calculated value t = 13.12 .which shows that calculated value is greater than the table value .

Hence alternative hypothesis was accepted indicating that there will be significant gain in knowledge on prevention of malaria among selected community people in Belekeri village of Ankola .

FIGURE : 12**DISTRIBUTION ACCORDING TO THE LEVEL OF KNOWLEDGE .**

The cone graph represents different pre-test and post-test knowledge score of samples regarding prevention of malaria .

Section 4 : Analysis of association between the knowledge of prevention of malaria among community people with socio-demographic variable.

SI No.	Demographic Variable	Knowledge Score			Total	CHI Square Test
		Inadequate	Moderate	Adequate		
1	AGE (IN YEARS)					$X^2 = 12.92$
	Less than 20 years	5	4	0	9	df = 8
	20-30 years	5	1	1	7	
	30-40 years	8	1	1	10	
	40-50 years	4	0	0	4	P = 0.115(NS)*
	Above 50 years	4	3	3	10	
2	GENDER					$X^2 = 0.936$
	Male	11	3	3	17	df = 2
	Female	15	6	2	23	P = 0.626(NS)*
3	FAMILY TYPE					$X^2 = 1.213$
	Nuclear family	14	3	3	20	df = 2
	Joint family	13	6	2	20	P = 0.545(NS)*

4	HOUSING TYPE					
	Kaccha house	6	2	1	9	$X^2 = 7.19$
	Pakka house	20	7	3	30	df = 4
	Semi-pakka house	0	0	1	1	P = 0.126(NS)*
5	SOCIO ECONOMIC STATUS					$X^2 = 1.726$
	BPL	20	5	3	28	df = 2
	APL	6	4	2	12	P = 0.422(NS)*
6	OCCUPATION					
	Private	8	2	1	11	$X^2 = 7.049$
	Government	3	1	1	5	
	House Wife	2	3	2	7	df = 10
	Agriculture	1	0	0	1	
	Fisherman	7	1	1	9	P = 0.721(NS)*
	Student	5	2	0	7	
7	EDUCATION					
	Primary	11	6	3	20	$X^2 = 3.208$
	Secondary	5	2	2	9	df = 6
	Puc & Degree	7	1	1	9	P = 0.782(NS)*
	Illiterate	2	0	0	2	
8	RELIGION					$X^2 = 1.52$
	Hindu	25	9	5	39	df = 2
	Christian	1	0	0	1	P = 0.47(NS)*

In the above table 4 the association between the knowledge of prevention of malaria among community people with socio-demographic variable have been shown.

Data in the table 4 showed that there was non significant association between the knowledge score and Age $X^2 = 12.92$, $Df=8$, $P=0.115$ (NS)*, Gender $X^2=0.936$, $Df=2$, $P=0.626$ (NS)*, Family type $X^2=1.213$, $Df=2$, $P=0.545$ (NS)*, Housing type $X^2=7.19$, $Df=4$, $P=0.126$ (NS)*, Socioeconomic status $X^2=1.726$, $Df=2$, $P=0.422$ (NS)*, Occupation $X^2=7.049$, $Df=10$, $P=0.721$ (NS)*, Education $X^2=3.208$, $Df=6$, $P=0.782$ (NS)* Religion $X^2=1.52$, $Df=2$, $P=0.47$ (NS)*. Hence the null hypothesis was accepted and research hypothesis was rejected.

DISCUSSION:

The first objective was to assess the pre-test level of knowledge of community people regarding prevention of Malaria.

The study finding showed that in pre-test 26 people had inadequate knowledge, and 9 had moderate knowledge and 5 had adequate knowledge regarding prevention of Malaria.

The second objective was assess the post -test level of knowledge of community regarding prevention of malaria

Hypothesis -1

The mean post test knowledge score of community peoples regarding prevention of malaria will be significantly higher than the mean pre test knowledge score

In post test 0 had Inadequate knowledge, 1 had Moderate knowledge, and 39 had Adequate knowledge regarding prevention of Malaria.

The pre-test mean knowledge score was ± 9.75 and Standard deviation (SD) ± 5.25 were has the post test mean knowledge score ± 21.35 and Standard deviation (SD) ± 1.924 the calculated paired “t” value was ± 13.12 which was higher than the table value of 2.023 at 0.05 level of significance hence H1 and H2 was expected this shows that stimulation was effective in increasing the knowledge of community people regarding prevention of Malaria

Hypothesis -2

There will be significant associations between level of knowledge of community people regarding

prevention of malaria with selected socio demographic variables.

The study showed that there was non-significant association between the knowledge score and Age $X^2 = 12.92$, $Df=8$, $P=0.115$ (NS)*, Gender $X^2=0.936$, $Df=2$, $P=0.626$ (NS)*, Family type $X^2=1.213$, $Df=2$, $P=0.545$ (NS)*, Housing type $X^2=7.19$, $Df=4$, $P=0.126$ (NS)*, Socioeconomic status $X^2=1.726$, $Df=2$, $P=0.422$ (NS)*, Occupation $X^2=7.049$, $Df=10$, $P=0.721$ (NS)*, Education $X^2=3.208$, $Df=6$, $P=0.782$ (NS)* Religion $X^2=1.52$, $Df=2$, $P=0.47$ (NS)*. Hence the null hypothesis was accepted and research hypothesis was rejected.

CONCLUSION

The present study was undertaken to evaluate the effectiveness of planned teaching programme on knowledge regarding prevention of malaria and to associate it with the selected demographic data.

NURSING IMPLICATION

The findings of the study have implication in the following areas,

- Nursing education
- Nursing service
- Nursing administration
- Nursing research

NURSING EDUCATION

One of the leading functions of nursing is imparting education. With newer knowledge the scope of education too increases. The nurse educator should get the benefits of these studies to include theme in their class room teaching to enhance knowledge of the students. In India the existing nursing curriculum includes content of malaria. But the updated guidelines can be incorporated in the curriculum. The nurse educator has the responsibility to update the knowledge of nurses and by improve their knowledge through various educational programmes. The students should be motivated to give health teaching using the teaching material available.

There is a need to plan the educational programmes according to the level of understanding of the

beneficiaries. This study will help the nurse educator to create awareness on these issues.

NURSING SERVICES

Constant updating and growth are essential to keep abreast of scientific and technological change within the nursing professional. Planned teaching programmes along with use of pamphlets upgrade the knowledge of community people.

The rate of malaria has been increasing slightly. The negatively affect the health of the people. The finding of the study could be utilized as a basis for orientation programme so that constant awareness and clear understanding may be created regarding prevention of malaria in community.

NURSING ADMINISTRATION

Nursing administration must plan a separate budget for education programme nursing administrators should take initiative to conduct orientation programme for advance beginners. Nursing administrators can play various teaching programmes at community level with the help of pamphlets, to orient them regarding prevention of malaria among community people for group discussion on the issue may also be arranged so that they are in better position to provide education to right person.

NURSING RESEARCH

Today nurses are actively participating, publishing and applying research in practice to include client care and enhance advanced nursing practice.

This study throws light on knowledge of nurses regarding the prevention of malaria. These practices are likely to play a role in the morbidity and mortality of patients and research be done on those. Nurse researcher can look into this matter and cost-effective innovative teaching methods which can be prepared to improve the knowledge. Reliability can be established and effectiveness can be evaluated through the various research practices.

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