



“Effectiveness of Structural teaching program On H1N1and its prevention among adults”.

By

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ABSTRACT

Background of the study: A study was undertaken to assess the effectiveness of STP regarding swine flu and its prevention among adults Tumukuru understand regarding prevention of Swine flu and promoting knowledge regarding swine flu and its prevention among adults to protect from such fatal disease. The **aim** of the study is to make the adults aware about the disease and its prevention.

Methodology: For this present study a quasi experimental one group pre test and post test design and evaluative **approach** was adopted. **Sample** 60 adults were selected for the study by using **convenient sampling technique**. **Tool** used was a structured knowledge questionnaire. **Data collection** was done through self administration method. Analysis was done by using descriptive and inferential statistics. The significant level stated at 0.05 level of degree of freedom. **Results:** revealed that the pre test mean knowledge score was 13.70 and post test mean knowledge score was found to be 22.02. The comparison was

analyzed by using paired 't' test and the value was 32.01*. Therefore it was found to be statistically significant at 0.05 level of degree of freedom. Then the final finding of the study was associated with selective demographic variables. So, the association revealed that there is a significant association between the knowledge level of adults with the age, education, previous knowledge, if yes and any of your family or friends children suffered from swine flu at 0.05 level of degree of freedom and no association could be established with other demographic variables.

Conclusion: Hence the study findings clearly showed that the STP was significantly effective in improving the knowledge score adults regarding swine flu and its prevention. Thus the investigators concludes that the Structured teaching program (STP) enable and empower the adults with adequate knowledge on swine flu and its prevention which in turn contribute to improve the quality of health.

CHAPTER- I

1. INTRODUCTION

Swine flu is an infection any one of swine flu several types of swine influenza virus .swine influenza virus or swine –origin influenza virus is any strain of the influenza family of viruses that is endemic in pigs.2As of 2009 ,the known SIV strains include influenza C and the subtypes of influenza A known as H1N1,H1N2,H3N2,.¹

Swine influenza virus is common through pig populations worldwide .Transmission of virus from pigs to humans is not common and does not always lead to human influenza .often resulting only in the production of antibodies in the blood. If transmission does cause human influenza ,it is called zoon tic swine flu. People with regular exposure to pigs are at the increased risk of swine flu infection. the meat of an infected animal poses no risk of infection. when properly cooked. However certain mammals such as hedgehogs are immune from swine flu.

During the mid-20th century, identification of influenza sub types became possible, allowing accurate diagnosis of remissions to humans. Since then, only fifty such transmissions have been confirmed. These strains of swine flu rarely pass from human to human. Symptoms of zoonotic swine flu in humans are similar those of influenza and influenza like illness in general namely chills, fever, sore throat, muscle pains, severe headache, coughing, weakness and general discomfort.¹

Health is multifactorial. The factors which influence health lie both within the individual and externally in the society in which he or she live. Mainly all factors can divide in two –genetic factors and environmental factors. It was Hippocrates who first related disease to environment eg. clamant, water, air.²

In august 2010the world health organization declared the swine flu pandemic officially .²

A virus is small infectious organism much smaller than a fungus or bacterium that must invade a living cell to reproduce. The virus attaches to a cell, enters it, and releases its DNA or RNA inside the cell. The virus's DNA or RNA is the genetic material containing the information needed to replicate the virus. The virus genetic material takes control of the cell and forces it to replicate the virus. The infected cell usually dies because the virus keeps it from performing its normal functions. When it dies, the cell releases new viruses, which go on to infect other cells.³

The Swine flu, or influenza, is caused by a highly infectious virus. It spreads through the air, multiplies in cells lining the airways, and causes seasonal epidemics of respiratory infections which are sometimes life threatening. Flu circles the Globe every year. As it spreads, the virus is slowly changed by mistakes made when it copies its genetic material. These changes make it very difficult for our immune systems to recognize the infection for a second time, The virus gets its name from the Latin word 'influential', meaning 'influence', Hippocrates, the forefather of modern medicine, clearly described the symptoms of flu in 419 BC. Scientists originally believed that influenza was caused by a bacterium, but in 1933 three English scientists, Smith, Andrews and Laidlaw, found that filtered (bacteria-free) nasal washings from patients with the flu could transmit the disease to ferrets, suggesting that the infection was instead caused by a virus.⁴

The H1N1 influenza virus has been described by the world health organization and media disease that could rival the 1918 Spanish influenza epidemic in deaths. During the spring of 2009 emergency departments across the world saw a spike in number of influenza cases and by June 2009 the WHO had declared H1N1 a pandemic. In order to prevent emergency department staff from becoming ill and to provide up to date medical care to the patients .³

According to W.H.O. report published on Oct 18th 2009 nearly 5000 people have reportedly died from swine flu all over world. The first swine flu case was recorded in Indian in 2009 May 16 while the first death occurred in Aug 3. Till date samples from 79272 people have been tested from Influenza A (H1N1) in government laboratories and a few private laboratories across the country and 15424 of them have been found positive. Three more swine flu deaths were reported from Karnataka, in Tumukurtaking the total due to the H1N1 virus to 31 in the state health officials said. In the first swine flu fatality in Tumukur, a 26-year-old teacher admitted to St Philomena Hospital on Sunday succumbed to H1N1 August 12. The doctor

treating and told that, times now that swine flu was confirmed only after her death. Roopa was a school teacher in Sudarshana vidyamandir in T block Jayanagar Tumukur. The client was admitted to St. Philomena hospital in Ashok Nagar on 7 Aug. A diabetic patient Roopa was admitted for treatment to Fever.⁴

1.1 NEED FOR THE STUDY

The study was conducted on outbreak began in the state of Veracruz, Mexico, with evidence that there had been an ongoing epidemic for months before it was officially recognized. The Mexican government closed most of Mexico City's public and private facilities in an attempt to contain the spread of the virus however it continued to spread globally and clinics in some areas were overwhelmed by infected people. This study conclude that in June the World Health Organization (WHO) and US Centers for Disease Control (CDC) stopped counting cases and declared the outbreak a pandemic.⁷

The study was conducted on persons with influenza like illness was first reported in Maxico in April 2009,which subsequently confirmed to be novel H1N1 influenza virus .In June 2009 the ,the World health organization declared the new strain of H1N1 as pandemic ⁵. This novel virus spread worldwide and had caused about 17000 deaths by the start of 2010.Imported cases of pandemic H1N1 2009 was first identified in India in may ,2009 ⁶. At the end of june 2009 ,there were dramatic increase in number of cases reported all across India .The study conclude that progression of pandemic lot of scare and heightened awareness occurred towards swine flu in Indian public .compulsory and voluntary screening of travelers was done from epidemic hit countries at all major airports .previous reports during epidemic has shown at perceived susceptibility and favorable attitude increases compliance towards change in preventive health behaviour⁷.

The study was conducted on Better knowledge regarding the disease also helps better uptake of preventive measures ⁸.During H1N1 pandemic many health education and preventive measures were taken by our university such as knowledge regarding various precautions to be taken during epidemic by covering nose while sneezing or coughing ,wash hand with saop and water after sneezing or coughing .H1N1influenza virus its vaccination disease symptoms and self protection measures were explained to adults .Regular H1N1 screening was done for adults in opd.4)Knowledge regarding avoiding planning and attending group gathering was given to adults attitude and behavior can influence the efficacy of preventive measures .the conclude that hand hygiene remained the single most effective measure in preventing H1N1 Influenza⁹.

The study was conducted on As of may 30,2010,there have been at least 18,000deaths due to laboratory confirmed cases of H1N1 influenza World wide .The overall case fatality rate has been less than the 0.5percent ,but has varied from 0,0004to 1.47percent In the US, the case fatality rate for patients rate for patients with symptomatic illness has been estimated to be 0.048percent.^{15,16,17}.

The study was conducted on using mathematical modeling, the CDC has estimated that approximately 12,470 fatal cases occurred in US between April 2009 and 2010.¹⁸

The **modeling study** was conducted on **2009 July suggested that the number of individuals infected with pandemic H1N1 Influenza** Aim the United states may have been up to 140 times greater than the reported number of confirmed cases. Using same methodology, the Centers for Disease control and prevention estimated that between April 2009 and April 10,2010 approximately 274,000 hospitalizations, and 12,470 deaths.^{19,20.}

The study was conducted on rates of infection by age –The rate of infection in the united states has been highest among individuals 24 years of age 16-19. Between April 2009 and april 10 ,2010, the following estimates of cases in the us by age group were cases 0to17years-20 million cases., 18 to 64years-35 million cases., 65years and older -6million cases. Total-61million cases.²¹

Till date, samples from 1,72832 persons have been tested for Influenza 4H1N1 in government laboratories and a few private laboratories across the country a1234 (23.8%) of them have been found positive H1 N1 Swine Flu is highly contagious and has spread very fast to 191 countries starting from America, to Europe, Asia & Africa No. of confirmed cases & deaths as on 18th Sept, 2009 Number of confirmed cases in India : 7374 Number of deaths in India 225 Number of confirmed cases globally : 296471 Number of deaths globally : 3486 H1 N1 will probably continue to spread for some time – the more the number of cases – the Faster the rate of spread .²⁴

The study was conducted on From April 23 2009 through 10,2010 ,it is estimated that pandemic H1N1 2009 Virus caused 61 million cases of influenza 270,000 related hospitalizations and 12500 deaths in the states .Even before the impact was fully known ,the centers for deases control and prevention (CDC) Recommended prompt empiric treatment with influenza antiviral drugs oseltamivir and zanamivir of persons with suspected or confirmed influenza and who also met one of following conditions :1) illness that required hospitalizations .2) progressive ,severe or complicated illness ,of previous health status .3) risk for severe disease .the primary goal of these recommendations was to reduce the number and severity of pandemic H1N1 2009 cases ,especially hospital hospitalizations.²⁵

The study was conducted In Madhya Pradesh, in india there were 13 deaths and 22 cases, Karnataka - 12 deaths and 212 cases, Rajasthan - 9 deaths and 55 cases, Andhra Pradesh - 5 deaths and 51 cases, Delhi - 4 deaths and 316 cases, Uttar Pradesh - 4 deaths and 70 cases and one death each in Punjab, Haryana and Uttarakhand.²⁴ In the week ending August 29, a total of 89 deaths were reported, the DGHS's weekly epidemiological trend showed.

Day by day the rate of infections is increasing and spreading from human to human, swine to human, So many peoples died till today in world, India and Karnataka .So As prevention is better than cure .Hence we need to bring awareness among the community people about the H1N1.

CHAPTER II

2. OBJECTIVE

This chapter consists of statement of the problem, objectives, operational definition hypothesis, assumptions and conceptual framework selected for this study.

2.1 STATEMENT OF THE PROBLEM:

“A study to evaluate the effectiveness of structured teaching program on H1N1 and its prevention among adults selected urban community at Tumukur”.

2.2 AIM OF THE STUDY: To develop the awareness on Swine flu and its preventive measures among adults selected urban community at Tumukur.

2.3 OBJECTIVE

1. To assess pretest level of knowledge regarding H1N1 and its prevention among adults. .
2. To assess the post test knowledge regarding H1N1 and its prevention among adults.
3. To compare pre and post test knowledge scores on H1N1 and its prevention among adults.
4. To find out the association between pre tests level of knowledge with selected demographic variables.

2.4 HYPOTHESES:

H₁: There is significant difference between pre and post test knowledge scores on Swine flu and its prevention among adults selected urban community at Tumukur

H₂: There will be a significant association between the pre-test knowledge of score with selected socio demographic variables of the study participants.

2.5 ASSUMPTIONS:

The adults may not have adequate knowledge regarding types and major complication of Swine flu and how to prevent.

2.6 OPERATIONAL DEFINITIONS:

- 1. Evaluate:** Refers to the measurement of difference in the knowledge on Swine flu and its prevention among adults selected urban community at Tumukur
- 2. Effectiveness:** It refers to the extent to which the structured teaching program has achieved the desired result as measured by mothers gain in knowledge regarding a swine flu and its prevention.
- 3. Structured teaching program:** It refers to a systemically organized teaching and learning activities between investigator and adults intended to improve the knowledge of adults regarding swine flu and its prevention.
- 4. Knowledge:** In the present study knowledge refers to the correct responses given by the adults to the items seeking knowledge regarding swine flu and its prevention measured by the structured knowledge questionnaire.
- 5 Prevention:** In the present study it refers to the measures taken to diminish the possibility occurrence of selected swine flu among adults..
- 6 Mothers:** In the present study it refers adults who are residing in selected rural area of Tumukar.
- 6 H1N1 (Swine flu):** In the present study it refers to the H1N1 common pandemic disease. Caused by type 2 influenza virus.

2.6 CONCEPTUAL FRAMEWORK

Conceptual framework: A conceptual framework broadly explains phenomenon of interest expresses assumption and reflects a philosophical stance and it explain the relationship between the variable in the diagrammatic representation.

To describe the relationship of concepts in the study, **General System theory** by **Ludwig von Bertalanffy** is used. This theory was introduced in 1968. Theoretical framework provides a certain framework of reference for clinical practice, research and education. This theory is most suitable because it has components like input, throughput, output, feedback.

The following are the major concepts of the theory:

Input: Input is the matter, energy and transformation that enter the system. In the present study, the input is the characteristics of the students like, Age, Sex. Educational status, occupation, type of family, type of house, religion, type of house, family income, source of information, any of your family and friend suffer from H1N1 and administration and assessment of knowledge through self structured knowledge questionnaire, constructed based swine flu and its prevention..

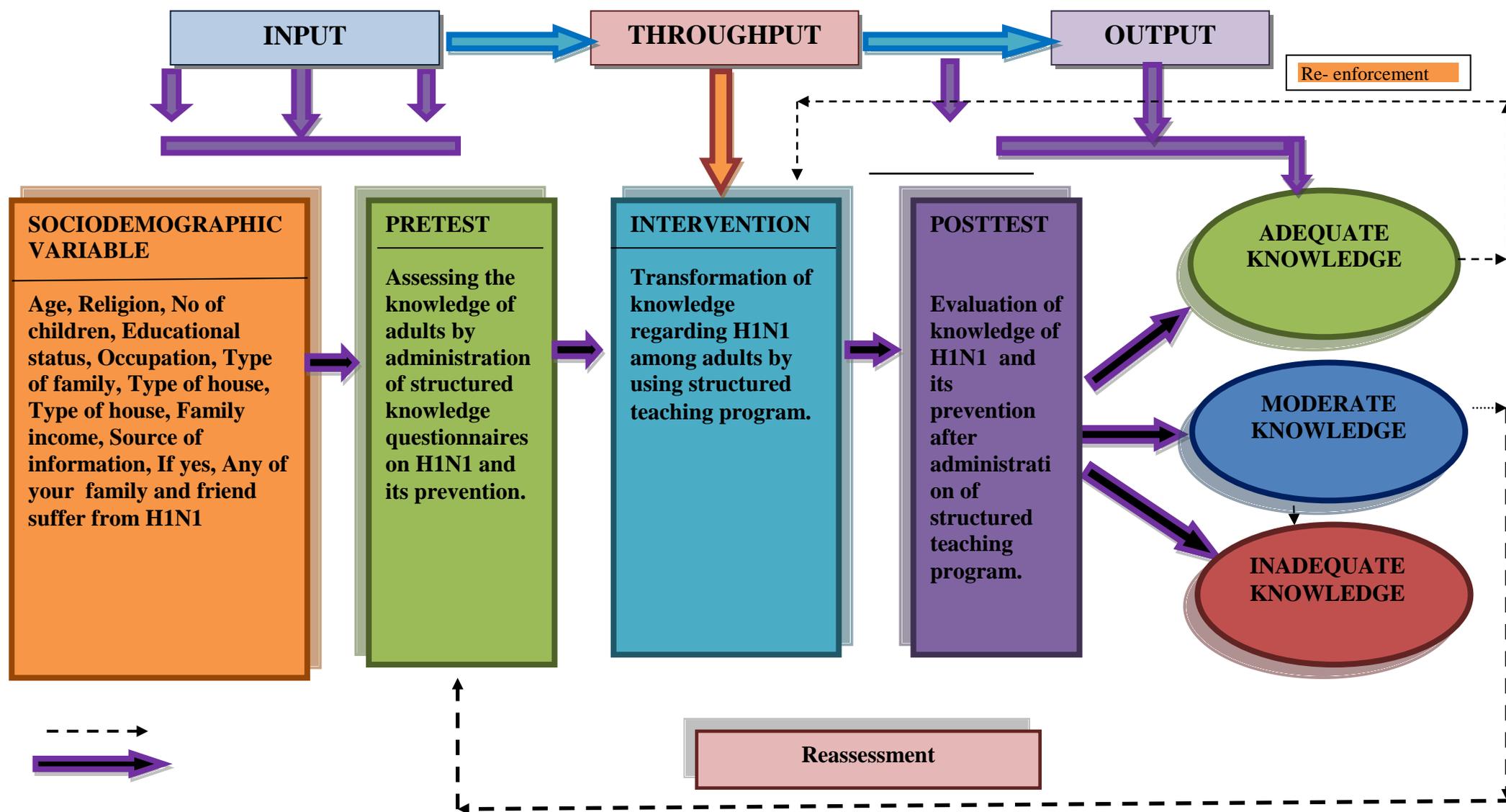
Throughput: Throughput refers to the action needed to accomplish the desired task to achieve the output and is the use of biologic, psycho logic and socio-cultural sub systems to transform the inputs. It is the transformation of knowledge regarding swine flu and its prevention through structured teaching program.

Output: Output refers to the end result of the product of the system. In the present study, evaluation of the effectiveness of structured teaching program on adults and its prevention is the output that may be regarded as the product of process. This is achieved by comparing the pre test and post tests knowledge score of the adults. The outcome of the study can be considered desirable with adequate knowledge or undesirable with inadequate knowledge.

Feedback: It is the process whereby the output of the system is redirected to the input of the same system. If the knowledge is found to be inadequate, the system input, throughput has to be re-evaluated which is not included in the present study. The feedback is the environmental response of the system, feedback emphasized on input and throughput to strengthen it.

Schematic representation of the conceptual framework is shown in the following figure-1:

FIGURE 1: CONCEPTUAL FRAMEWORK BASED ON GENERAL SYSTEM MODEL BY LUDWIG VON BERTALAFFY (1968)



CHAPTER III

3. REVIEW OF LITERATURE

Review of Literature is a key step in research process. Nursing research may be considered as a continuing process in which knowledge gained from earlier studies is an integral part of research in general. In review of literature a researcher analyses existing knowledge before delving into a new study and when making judgment about application of new knowledge in nursing practice. The literature review is an extensive, systematic, and critical review of the most important published scholar literature on a particular topic

In this study the investigator has gathered total 38 reviews of literature related to present study, which includes includes 08 Indian studies and 30 foreign studies an these are sectioned as follows;

- **Studies related to knowledge regarding swine flu.**
- **Studies related to signs and symptoms of swine flu.**
- **Studies related to preventive measures of swine flu.**
- **Studies related to treatment of swine flu.**

Studies related to knowledge regarding Flu among the mother

A study was conducted on “influenza modelling studies, and discusses how these models can provide insights into the future of the currently circulating novel strain of influenza A (H1N1), formerly known as swine flu”. The aim of the study is to discuss how the feasibility of controlling an epidemic critically depends on the value of the Basic Reproduction Number (R0). Result shows that the value is below values of R0 estimated for the 1918–1919 pandemic strain (mean R0~2: range 1.4 to 2.8) and is comparable to R0 values estimated for seasonal strains of influenza (mean R0 1.3: range 0.9 to 2.1). By reviewing results from previous modelling studies the study conclude that it is theoretically possible that a pandemic of H1N1 could be contained and a global cooperative strategy will be essential in order to control a pandemic. The finding of the study suggest that these models should simultaneously track the transmission

dynamics of multiple strains of influenza in bird, pig and human populations and by modelling cross-species transmission it may be possible to predict the emergence of pandemic strains of influenza. 14

A study was conducted to “explore the knowledge and attitudes of mothers of children toward influenza vaccination”. The aim of the study is to assess the knowledge and attitudes of mothers of children toward influenza vaccination. Results show that many study participants had misunderstandings about influenza vaccines and the definition of influenza. A Common perception was that flu is a catch-all term for a variety of undefined illnesses, ranging from a severe cold to stomach upset. Few participants saw a societal benefit in vaccinating children to protect other populations Study concluded that a first step in understanding how mothers perceive influenza vaccination and for crafting effective communication is to increase vaccination.¹⁵

A cross-sectional study was conducted on “knowledge, attitudes, and practices related to the swine influenza pandemic among the Saudi public”. The aim of the study is to assess the knowledge, attitudes, and practices related to the swine influenza pandemic Results show that more than half (54.3%) of the participants showed high concern, 43.7 % showed a low level of knowledge, and 60.8% had taken minimal or no precautionary measures. Study concluded that high concern did not translate into a higher compliance with precautionary recommendations, possibly due to the low level of knowledge about the disease among the public.¹⁶

A cross-sectional, population-based, computer-assisted telephone interview was conducted to “know public sources of information and information needs for pandemic influenza A (H1N1) in Kuala Lumpur, Malaysia”. The aim of the study is to know public sources of information and information needs for pandemic influenza A (H1N1). Result show that newspaper, television and family were three main sources of information about influenza A (H1N1). There were substantial ethnic differences; the Malays were significantly more likely to identify television as main source, while newspapers and family were identified as the main sources by the Chinese and Indians, respectively. Overall, the two main information needs identified were prevention and treatment. The Malays expressed lesser need for overall information than other ethnic groups. The three most preferred sources of information were television, newspapers and healthcare providers. There were significant positive correlations between amount of information received with knowledge ($r = 0.149$), perceived susceptibility to infection ($r = 0.177$), and other behavioral

responses. The findings highlighted the importance of providing information that increases awareness and behavioral changes in disease prevention yet reduce fear.¹⁸

A survey was conducted on “knowledge, attitude and practices regarding swine flu among 134 pediatricians of Chandigarh”. The aim of the study is to assess the knowledge, attitude and practices regarding swine flu. Result show that only 52% was aware that swine flu predominantly occurs in young healthy individuals. 90% were familiar with clinical symptoms and 70% with incubation period. Current WHO phase-6 of pandemic alert was known to a few. Regarding management practices, only 33% knew that Oseltamivir and Zanamivir, hand washing and special masks were suggested as best methods of prevention for the physicians. Study concluded that it needed to scale up the efforts to spread awareness about swine flu.²⁰

A cross-sectional survey was conducted to “evaluate knowledge, attitudes and practices (KAP) regarding seasonal influenza vaccination among European travelers to resource-limited stations”. The objective of the study is to evaluate knowledge, attitudes and practices (KAP) regarding seasonal influenza vaccination. Result show that Seasonal influenza vaccination coverage was 13.7% (n=119). Only 43 (14.2%) participants were vaccinated against pandemic influenza A/H1N1, mostly having received both vaccines simultaneously, the seasonal and pandemic one. Job-related purposes (44, 37%), age > 64 yrs (25, 21%) and recommendations of the family physician (27, 22.7%) were the most often reported reasons for being vaccinated. Study concluded that risk perception and vaccination coverage concerning seasonal and pandemic influenza was very poor among travelers to resource-limited destinations when compared to traditional at-risk groups⁴⁰

A study was conducted on “all previous highly pathogenic avian flu (HPAI) virus strains circulated only among domesticated poultry and by calling all of them in the area, the strains were made extinct”. This current HPAI H5N1 strain has turned out to be different. From this point on, avian flu experts increasingly referred to containment as a strategy that can delay but not prevent a future avian flu pandemic. Governments are funding a variety of studies from cell culture of flu viruses to H5N1 vaccination effectiveness to adjuvant to wild bird migration patterns to wild bird avian flu subtype distribution to poultry flu vaccination etc.¹⁸

A study was conducted to assess the rural community knowledge, attitudes, and practice. Avian influenza (AI) is currently a threat to global health. Prevention and control largely depend on population awareness and behavior. (KAP) related to AI prevention and control. Material and Methods shows that A household survey, using an interviewing questionnaire and observational checklist, was conducted in Bathetic district.²¹

Studies related to signs and symptoms of swine flu.

A study was conducted on “clinical impact of seasonal influenza is understudied in tropical countries”. The aim of this study is to describe the clinical features and seasonal pattern of influenza in children hospitalized in Malaysia, and to identify predictors of severe disease. All influenza cases from 1982 to 2007 were also analyzed for seasonal patterns. Result show that the most common presenting features were fever or history of fever, cough, rhinitis, vomiting, and pharyngitis. Study concluded that Seasonal influenza has a considerable impact on children hospitalized in Malaysia, in both the healthy and those with underlying medical conditions.²²

In one Australian study, 387 adults were admitted with viral pneumonitis secondary to pandemic H1N1 influenza A the median age of those who died was 53 years. However in one study from Mexico, mortality rates were highest in those aged 70 years and older.^{43,44}

The study was conducted on investigated household transmission of infection from 216 index patients with confirmed or probable pandemic H1N1 influenza A to their household contacts. An acute respiratory illness developed in 78 to 600 household contacts (13 percent). contacts Who were 18 years of age or younger were twice as susceptible as those who were 19 to years of age, While individuals 50 years of age or older were significantly less susceptible than individuals.⁴⁵

The study was conducted on surveillance based within California, rates of hospitalization and were reviewed among individuals with probable or confirmed pandemic H1N1 influenza A infection. The highest hospitalization rates were observed in younger individuals less than 50 years of age had highest mortality rates.^{46,47}

A study was conducted on “type A virus appears to be 2–3 years and for type B 3–6 years”. They have a characteristic pattern and usually begin abruptly, reach a sharp peak in 2–3 weeks and last 6–10 weeks. Epidemics and pandemics of influenza are known to spread through travel routes. Many of these epidemics were characterized by their rapid spread and explosive nature. It is known that no other epidemic

of febrile respiratory disease mimics an influenza epidemic. Indirect evidence on the causative viruses of the 1890 and 1900 pandemics are available; respectively Influenza surveillance activity in India is extremely limited. For the detection of newly emerging strains with epidemic and pandemic potential, influenza surveillance throughout the year is extremely important. ¹

A study was conducted on “to understand the information needs on human infection with avian influenza (H5N1)”. The aim of the study is to understand the information needs on human infection with avian influenza (H5N1). Data were collected through questionnaire over telephone calls. Results indicated that the effective response rate in this telephone survey was 54.33%. The respondents felt that government's propaganda during the influenza virus-active period was more helpful and instructive than those in the period when influenza was relatively inactive Trust to the government by the public was higher As to the information needs, the respondents reflected that during the time period of relative influenza inactivity, they viewed the basic knowledge of human infection with avian influenza (H5N1) as their top priority, while in the influenza virus-active period, the feasible preventive measures was their top priority. Around 2% to 6% of the respondents did not have any information needs. Study concluded that the public was satisfied with the government's propaganda activities and trusting the government.²³

A study was conducted on cough or difficult breathing within the previous 7 days or observed during the visit. A new episode was counted if new signs and symptoms develop after the child has been symptom free for at least one week. The medical officers examined children age adjusted definitions of fast breathing were as follows: age less than 2 months, 60 breaths per minute or more; age 2 months up to 12 months, 50 breaths per minute or more; and age 12 months up to 3 years, 40 breaths per minute or more. Danger signs (the presence of any of these signs required urgent referral to the hospital) were: inability to drink or breastfeed, child vomits everything, child has had convulsions, or child is lethargic or unconscious. Children 2 months to 3 years of age. Chest in drawing or strider in calm child or a child exhibiting any general danger sign was classified as severe very severe disease.²⁴

A study was conducted on “the influenza specific test PCR (TaqMan A/H1N1) was used to pandemic flu confirmation”. Study result showed Out of 109 analyzed patients, 67% were young, before 40 year old. The largest infected group was patients between 20 and 29 years. Among multiple acute symptoms they observed high temperature, cough, myalgia and neurological manifestations, very frequently.

In 42 patients (38%) the interstitial pneumonia were observed. Eight patients developed severe respiratory insufficiencies ARDS (7%) and one died. They also observed 10 infections A/H1N1 influenza during pregnancy, with good oseltamivir tolerance and without recent perinatal complications. Study concluded that among 109 individuals with swine flu influenza, 67% have not complicated clinical manifestation and they recovered during 3-4 days. Eight patients developed ARDS and one of them died. Test PCR for influenza A/H1N1 was the basis in diagnostics procedures of the new pandemic influenza confirmation. Oseltamivir safety and tolerability were verified in patients with new variant infection A/H1N1.²⁵

A study was conducted on “suspected case of flu”. Fever (Body temperature of 38 degree Celsius or more); in addition to, One of the following symptoms- muscle ache, cough, abnormal breathing (unusual breathing difficulty) or influenza, History of direct contact with infected dead birds in the past seven days or occurrence of unusual death of the birds in community within past 14 days; or contact with a pneumonia patient or another patient suspected of avian influenza. study shows that above mentioned symptoms are suspected case of Flu.²⁶

A study was conducted on” Global burden of respiratory infections due to seasonal influenza in young children “ influenza is a common pathogen identified in children with acute lower respiratory infections (ALRI) and results in a substantial burden on health services.. In this study estimate the global incidence of influenza episodes investigators pooled data from 43 independent population-based studies around the world carried out in the time period January 1, 1995 to October 31, 2010. The pooled studies contained information for about 8 million children. The authors estimate that there are annually: 90 million (95% CI 49—162 million) new cases of influenza 20 million (95% CI 13—32 million) cases of influenza-associated ALRI 1 million (95% CI 1—2 million) cases of influenza-associated severe ALRI aid policy makers and the global community to better understand the true impact of this disease. In addition, more research into the effective use of influenza vaccine in this age group is needed along with data on the economic burden to assist policy makers in evidence-based decision making regarding measures to prevent or treat influenza.⁴⁰

Studies related to preventive measures swine flu

A study was conducted on the reaction of the general public on the information regarding the Mexican flu. The aim of the study is to determine the reaction of the general public on the information regarding the Mexican flu. Result show that 88% of the respondents had sufficient general knowledge about the Mexican flu. This information was mostly acquired by watching television (69%). Study concluded that more information was desired regarding the symptoms of the flu and those personal measures that could be taken to avoid infection.²⁵

A study was conducted according to Dr. Cannell's hypothesis that people with the lowest blood vitamin D levels reported having significantly more recent colds or cases of *the flu*. In conclusion, lead author Dr. Adit Ginde stated: *"The findings of study support an important role for vitamin D in prevention of common respiratory infections, such as colds and the flu. Individuals with common lung diseases, such as asthma or emphysema, may be particularly susceptible to respiratory infections from vitamin D deficiency."* The evidence supporting Dr. Cannell's hypothesis of influenza as a symptom of vitamin D deficiency is so compelling that vitamin D levels is one of the absolute best flu-prevention strategies available to date.²⁷

The article on “compare the immunogenicity and reactions when vaccine was given by the subcutaneous and intradermal routes”. Volunteers 18 to 24 years old were randomized into equal groups, one group receiving 0.1ml of vaccine intradermally and the other receiving 0.5 ml subcutaneously. Result show that immunogenicity of the intra- that a small dose of typhoid vaccine given intradermally (id) was as immunogenic and produced fewer systemic reactions than a larger dose given subcutaneously (sc). Dermal route seemed superior; for A/New Jersey vaccine, the routes were equivalent. Adverse reactions were minimal and equivalent for both groups. In times of vaccine shortage, the intradermal route is considered to stretch vaccine supplies. The study conclude that field trials of new influenza vaccines should include evaluation of the immunogenicity and adverse reactions caused by the same vaccine given by different routes in varied dosages.²⁸

A study was conducted on “Vaccinating pregnant women against seasonal influenza reduced the risk of laboratory-confirmed influenza infection in their infants by 41%, according to a study”. Result show that maternal immunization similarly cut by 39% the risk that infant up to 6 months of age would be hospitalized for influenza-like illness. The study subjects were 1,160 mother-infant pairs in which approximately half the mothers (573) had chosen to receive seasonal flu vaccine while pregnant and the other half (587) had declined the vaccine. United States during three flu seasons between 2002 and 2005. A total of 605 infants developed influenza-like illness during the flu season following delivery. 41% reduction in the risk of laboratory-confirmed influenza virus infection for infants of influenza-vaccinated mothers compared with infants of unvaccinated mothers. When the analysis was restricted only to cases of influenza that required hospitalization, a 39% reduction in risk was found for infants of women who had been vaccinated, compared with those of mothers who had not been vaccinated.¹⁰

A study was conducted on “We're not expecting to have the novel H1N1 vaccine available until early to mid-October” Como Sabetti said. "That's another reason to keep stressing those simple personal protection measures that we've been telling people about since April." Individuals who are at high risk of severe illness or complications from influenza should talk to their doctor and plan for what to do if they are exposed to under five years of age – especially if they're under the age of two years; underlying medical conditions Antiviral medications are frequently used to treat high-risk patients, but they need to be given promptly to be most effective. People who do develop severe symptoms from influenza should seek medical care promptly. It is also important to ensure that sick people have enough fluids to drink.²⁹

A study was conducted among parents of healthy young children, to determine how parental knowledge and attitudes regarding influenza infection and immunization. The aim of the study is to determine how parental knowledge and attitudes regarding influenza infection and immunization changed during the 2003 to 2004 influenza season and to identify factors predictive of influenza immunization. Results show that among 828 eligible parents, 472 (57%) completed the preseason survey; 316 (67%) of these parents subsequently completed the postseason survey. All analyses were performed for the 316 subjects who completed both preseason and postseason surveys. Compared with their attitudes before the influenza season, 48% of parents interviewed after the season viewed their child as more susceptible to influenza, 58% viewed influenza infections as more severe, and 66% perceived fewer risks associated with

influenza vaccine. Ninety-five percent of parents reported hearing in the media about Colorado's influenza outbreak, and having heard about the outbreak in the media was associated with viewing influenza infections as more severe. A total of 258 parents (82%) immunized their child against influenza. In multivariate analyses, conclusions of this topic parent attitude about influenza infection and immunization changed substantially during the 2003 to 2004 influenza season, with changes favoring increased parental acceptance of influenza vaccination for young children.³⁰

A study was conducted on “H1N1 (Swine) Flu virus”. That's because it was a new type of flu virus and the regular flu vaccine (say: **vak**-seen) didn't include protection from it. That's why people needed two different flu shots. But this year, the regular flu vaccine has been changed so that it will protect against H1N1.²⁰

A study was conducted on “many options are available for preventing people from getting infected by influenza virus, with vaccination being the most widely used. We assessed the evidence available in Cochrane systematic reviews. We found nine reviews, five of them addressing influenza vaccination, and four addressing medication. Results shows vaccination is effective in healthy adults and children, but the effect is modest in adults, and for young children few data are available. Medication like Amantadine and rimantadine seem effective but has unfavorable adverse-effect profiles. The popularity of homoeopathic Oscillocochinum, especially in France, is not supported by current evidence. The study concludes that Conclusion that In many areas, more clinical trials are needed, as the current evidence is inconclusive. Furthermore, several other measures that may be helpful in preventing influenza.⁴¹

Studies related to treatment regarding swine flu

A Study was conducted on “antiviral drug resistance of influenza viruses circulating in Portugal”. The aim of the study is to assess the antiviral drug resistance of influenza viruses circulating in Portugal. Information about antiviral prescription and exposure was available through the National Influenza Surveillance Programme. Amantadine susceptibility was evaluated by pyrosequencing for known resistance markers on 178 influenza A strains from 2004/2005 to 2006/2007. Susceptibility to oseltamivir was evaluated by 50% inhibitory concentration determination on 340 virus strains from 2004/2005 to 2008/2009, 134 of which were further analyzed by sequencing of the neuraminidase gene. This study revealed that

influenza antiviral drugs were rarely prescribed at national level. Resistance to amantadine was observed on only A (H3N2) strain isolated during 2005/2006 and on 38 (74.5%) of the 51 A (H3N2) strains from 2006/2007, all carrying the mutation S31N in their M2 sequence. Oseltamivir resistance was observed in 6 (20.7%) of the 29 A(H1N1) strains from 2007/2008 and in all strains from 2008/2009, The national data generated and analyzed in this study may contribute to increase the knowledge on influenza antiviral drug resistance which is a problem of global concern.³¹

The study was conducted on examined the cost effectiveness of oseltamivir in healthy adults and at risk populations. The report was based on similar methods to the previous CCOHTA on zanamivir. The base case for healthy adults using a rate of diagnostic accuracy of 35% estimated an incremental cost per QALY of £54,095. A number of one way and multiway sensitivity analyses indicate that this result is highly sensitive to a range of values used in the model, particularly diagnostic accuracy and the likelihood of late presenters receiving the drug. They conclude that oseltamivir is likely to be cost effective only favourable assumptions.⁴⁸

The study was conducted on estimated a base case incremental cost effectiveness ratio of £5,674 in a study of high risk adults receiving zanamivir. The study was based on analysis of the MIST trial of although only 76 patients in total were considered high risk. The assumptions made in this model were extremely optimistic throughout. For example, it was assumed that zanamivir was only administered to those presenting prior to 36 hours of illness and that the prevalence of influenza was 70% based on the rate observed in trial. These study were derived from assumptions relating to the Quality of Well being scale.⁴⁹

A study was conducted to “investigate the percentage of employees receiving seasonal influenza vaccination, including perceptions and attitudes of employees in rural North Carolina” The aim of the study is to investigate the percentage of employees receiving seasonal influenza vaccination, including perceptions and attitudes of employees. Self-administered survey (pen-and-paper or web-based) was conducted to 1653 employees of 15 local health departments. Result showed that a total of 1209 respondents completed the survey (73% response proportion). Seventy-two percent of valid survey respondents voluntarily received free influenza vaccine for the 2007-2008 season. Gender, ethnicity, and ≥ 10 years working in public health were significantly associated with obtaining vaccine. The most common reason stated was to protect people (66%), while the most common reason for not receiving the vaccine was belief

that the vaccine can cause illness (19%). Almost 60% of employees reported support for a mandatory seasonal influenza vaccination program at their health department. Study concluded that the percentage of county public health workers obtaining seasonal influenza vaccination is almost twice that of healthcare workers in other settings.³²

A study was conducted on “the Australian public's expectations, concerns and willingness to accept vaccination with the pandemic (H1N1) 2009 influenza vaccine”. The aim of the study is to assess the Australian public's expectations, concerns and willingness to accept vaccination with the pandemic (H1N1) 2009 influenza vaccine. A computer-assisted telephone interview survey was conducted by trained professional interviewers to study issues relating to vaccine uptake and perceived safety. Result shows that twenty per cent of the study group (169/830) reported that they had developed influenza-like symptoms during the 2009 pandemic period. Most respondents (645/830, 78%) considered pandemic (H1N1) 2009 to be a mild disease, and 211/830 (25%) regarded themselves as being at increased risk of infection. Willingness to accept pandemic (H1N1) 2009 vaccination was high (556/830, 67%) but was significantly lower than when pandemic vaccination uptake was investigated in 2007 (88%; $P < 0.0001$). Study concluded that two-thirds of Australian adults surveyed were willing to accept pandemic (H1N1) 2009 vaccination.³³

A study was conducted in Bangkok, Thailand to know that what is the optimal therapy for patients with H5N1 influenza”? The aim of the study is to know the optimal therapy for patients with H5N1 influenza. In a 2007 article in *Plots Medicine* [10], Holger J. Schünemann and colleagues described a new process used by the WHO for rapidly developing clinical management guidelines in emergency situations. These situations include outbreaks of emerging infectious diseases. The guideline recommends giving the antiviral drug oseltamivir at a dose of 75 mg twice daily for five days. In the new study Nicholas White argues that such dosing is inadequate, Robert Webster and Elena Govorkova say that combination antiviral therapy should be used, and Tim Uyeki reminds us that clinical care of patients with H5N1 entails much more than antiviral treatment.³⁴

A cross-sectional descriptive study was conducted on “knowledge, attitudes and anxiety towards influenza A/H1N1 vaccination of healthcare workers in Turkey”. The aim of the study is to assess the knowledge, attitudes and anxiety towards influenza A/H1N1 vaccination of healthcare workers. Result show that vaccination rate for 2009 pandemic influenza A(H1N1) among HCW was low (12.7%). Most of the respondents believed the vaccine was not safe and protective. Vaccination refusal was mostly related to the vaccine's side effects, disbelief to vaccine's protectiveness, negative news about the vaccine and the perceived negative attitude of the Prime Minister to the vaccine. State anxiety was found to be high in respondents who felt the vaccine was unsafe. Study concluded that HCW considered the seriousness of the outbreak, their vaccination rate was low.³⁵

A study was conducted to “measure perceptions of threat and willingness to comply during Pandemic influenza in Australia”. A module of questions was developed and field tested on 192 adults using the New South Wales Department of Health's in-house Computer Assisted Telephone Interviewing. Result show that the reliability of the questions was acceptable with kappa ranging between 0.25 and 0.51. Overall 14.9% of the state population thought pandemic influenza was very or extremely likely to occur; 45.5% were very or extremely concerned that they or their family would be affected by pandemic influenza if it occurred; and 23.8% had made some level of change to the way they live their life because of the possibility of pandemic influenza. In the event of pandemic influenza, the majority of the population was willing to: be vaccinated (75.4%), be isolated (70.2%), and wear a face mask (59.9%). Study concluded that 14.9% of the state population thought pandemic influenza was very or extremely likely to occur, a significantly higher proportion were concerned for self and family.³⁸

A population-based survey was conducted on “persons' precautionary actions in response to a hypothetical influenza pandemic”. The aim of the study is to find out the persons' precautionary actions in response to a hypothetical influenza pandemic Result show that approximately 75% of respondents reported that they would avoid public transportation and 20%-30% would try to stay indoors. Some regional differences were noted; Europeans were more likely than Asians to avoid places of entertainment, and Asians were more likely to avoid seeing physicians. This international survey provides insight into what might be expected during an influenza pandemic.³⁸

A study conducted on “treatment for influenza virus infections in children. Three antiviral medications, amantadine, oseltamivir and zanamivir, are approved for treatment of influenza in children”. Result shows that No studies assessed the accuracy of clinical diagnosis of influenza in children compared with viral culture. Whereas rapid influenza diagnostic tests had moderate median sensitivities and moderately high median specificities. Study Concluded that additional data are needed about the accuracy of clinical diagnosis of influenza in children. Resistance during treatment of influenza are needed for all of the antiviral drugs.³⁹

A study was conducted that child might have flu; sometimes use a long cotton swab to get a sample of the gunk in your nose. Testing this sample in a lab can determine if the child have flu. But usually this isn't necessary. Based on symptoms and how the child look during the visit the doctor can usually tell the child have flu, especially during times when a lot of flu is going around the town the doctor says that the child have flu, treatment can be start taking these steps to feel better: Rest in bed or on the couch. Drink lots of liquids, like water, chicken broth, and other fluids .Take the medicine your mom or dad gives you to ease your fever, aches, and pains. if your child have feeling worse instead of better, These are signs you may need to see the doctor again. Most of the time your child feel better in about a week. Until then, you'll have to stay home from school and take it easy. We hope you're flu-free this year, but if you do get the flu, now you know what to do.²⁰

An experimental study was conducted on “role of vaccine in prevention and control of influenza”. Result show that vaccine prevents the manifestation of disease by about 30 to 70 percent in all population, and they reduce deaths in high-risk individuals by about 60 to 87 percent. Local adverse reactions to vaccine are quite common, but not severe. Fever, also somewhat common, usually does not last beyond 48 hours. Neuralgic complications have not been observed killed vaccines should be given annually in the fall, but they can be given up to and during an outbreak.³⁹

The study conducted that treatment included giving the first dose of an appropriate antibiotic if available and referring the child urgently to the hospital in Ballabgarh. Fast breathing was classified as. Treatment included giving the appropriate oral antibiotic for 5 days and advising the mother as to when to go to clinic immediately. Children less than 2 months of age. Any general danger sign or fast breathing,

chest in drawing, nasal flaring or grunting; classification very severe disease. These children were referred urgently to the hospital.⁴⁰

A study was conducted on “protecting babies from the effects of influenza with maternal and postnatal vaccination behavior and educational intervention to improve uptake “influenza cause illness and death in infants. These diseases can be better controlled with vaccination of mothers but the majority is not getting vaccinated. Getting a more precise picture of how many women receive these vaccines, and the reasons why many don't, will help to develop better campaigns. This study will look at what women think, feel and do about vaccination during pregnancy and after giving birth. Using these findings, we will develop an educational tool for women.⁴²

This chapter has dealt with literature related to various aspects of swine flu and its prevention. These studies helped the investigator in clarifying his own ideas and designing and conducting the present study in establishing the need for study, developing the conceptual framework, adapting the research design, development of tool and teaching strategies and in deciding on the plan of data analysis.

CHAPTER IV

4 METHODOLOGY

This chapter deals with the methodology adopted for assessing the knowledge of adults in selected urban area at Tumukar. It includes describe the research approach, research design, setting of the study, population, sample technique, sample selection, inclusion criteria, exclusion criteria, description of the tool, pilot study, data collection procedure and plan for data analysis.

4.1 RESEARCH APPROACH:

The research approach adopted for the present study was evaluative approach to assess the effectiveness of STP among adults

4.2 RESEARCH DESIGN:

Group pre test and post One test design and descriptive survey design

The design chosen for the study is presented in the figure as:

	Pre test (day 1)	Intervention	Post test (after day 5)
Group	O ₁	X	O ₂

Key: O₁ – Assessment of knowledge by pre test.

X – Structured teaching program on swine flu and its prevention

O₂ – Assessment of knowledge by post test.

The study design depicted in the above figure shows that on day one, a pre test was given in the form of a structured knowledge on swine flu and its prevention. On the same day, a structure teaching program was administered. After day 5 post test was administered to assess the gain in knowledge using the same self- administered knowledge questionnaire

4.3 SETTING:

The Present study was conducted in the urban area located at Tumukur.

4.4. VARIABLES:

4.4.1. Dependent variable:

Dependent variable:

In the present study the dependent variable is knowledge of adults regarding swine flu and its prevention.

4.4.2. Independent variable:

Independent variable:

In this study, the independent variable structured teaching program on swine flu and its prevention.

4.4.3. Extraneous:

Includes socio-demographic characteristics of adults Age, religion, educational status, occupation, type of family, type of house, type of house, family income, source of information, if yes, any of your family and friend suffer from H1N1

POPULATION:

Population:

The target population for this study is the adults.

4.6 SAMPLE:

In the present study, samples are adults those who fulfilled the inclusive criteria of research study.

4.7 SAMPLE SIZE:

N= 60 adults.

4.8 SAMPLING TECHNIQUE:

In the present study, convenient sampling technique. Used.

4.9 CRITERIA FOR SELECTION OF SAMPLE:

4.9.1 Inclusion criteria: The study includes the adults, who are;

- Available at the time of data collection.
- Willing to participate in the study.
- Who can read and write kannada or English

4.9.2 Exclusion criteria:

The study excludes the adults.

- Who are sever ill during data collection.
- Who were absent on the day of present study.

4.10 DESCRIPTION OF THE TOOL:

In this study, the investigator has prepared two sections

Section- A: Socio-demographic Data.

Section- B: A Self administered structured knowledge Questionnaire on swine flu and its prevention among adults to develop assess the knowledge of the adults on swine flu and its prevention. The tool was exclusively prepared after an extensive review of literature of the present study, questionnaires derived from the previous studies and the investigator's personal experience. The tool has been developed considering the reliability, feasibility and content validity. Based on the suggestion of the experts, the tool was modified as follows.

Section-A: Socio-demographic data.

The items included in the first draft were 13 items for obtaining information about the selected baseline data about the adults, out of which three items were modified and retained, one items were deleted and the remaining items were relevant. The socio-demographic data includes Age ,religion.educational status, occupation, type of family, type of house religion, type of house, family income, if yes, source of information; any of your family and friend suffer from H1N1

4.11 PILOT STUDY :

A Pilot study was conducted At Tumukur uraban area. An administrative approval was obtained from the medical superintendent to conduct the study the investigator given self introduction and explained the purpose of the study and the written consent was obtained from the subjects and assured them to maintain the confidentiality of the information provided. Purposive sampling technique was used to select 6 adults. These, 6 adults are excluded from the main study. The purpose of the pilot study was to find out the feasibility of conducting the study.

Feasibility: The language of the tool was found to be clear and all the items in the tool were clearly understood by the subjects without ambiguity. The Pilot study results showed that the settings, samples and tool were feasible enough to conduct the main research study. Hence, the tool was found to be feasible and practicable for the study.

Data analysis was done by using both descriptive and inferential statistics. The mean Post test score was 72.23% which were more than the mean Pretest score of 42.23% which was significant at 0.05 level with an enhancement of knowledge score of 1.96 The paired't' test value was 12.62 which showed significant improvement in the knowledge scores between Pre test and Post test.

4.12 DATA COLLECTION PROCEDURE:

Data collection is a systematic gathering of information (data) relevant to the research purpose.

The investigator obtained formal written permission from Medical superintendent The data collection was carried out for a period of one month from 25.07.2016. to 25.10.2016. A Purposive sampling technique was used to select 60 adults. The study was conducted as follows:

On day one, the purpose of the study was explained to the sample and informed consent was taken before starting the study. A Pre test was conducted by self administered structured knowledge questionnaire to each sample. Duration of 30-40 minutes was given for each sample to complete the tool. On the same day, structure teaching program regarding flu and its prevention was administered for 45 minutes. Post test was conducted by using the same self administered structured knowledge questionnaire after 5 days of the structural teaching program on swine flu and its prevention. All adults co-operated well with the investigator in both Pre and Post test. It was found that the adults appreciated the structural teaching program The data collection procedure was terminated by thanking the adults.

4.13. DATA ANALYSIS METHOD:

After coding the collected data, it was transferred to the master coding sheet. Then both descriptive and inferential statistics were used for analysis of the data. The Knowledge scores of the adults before and after the structural teaching program were analyzed in terms of frequency, percentage, mean, and mean percentage and standard deviation. The comparison of Pre and Post test level score were determined by paired't test, further, chi square was employed to measure the association between knowledge level and selected demographic variables. The test results were subjected for testing at 0.05% level of probability. The outcome of the result interpreted using diagrams and graphs. Details of the analysis and interpretations are given in the following chapters.

CHAPTER V

5. DATA ANALYSIS AND INTERPRETATIONS OF RESULTS

In order to find a meaningful answer to the research problem, the data must be processed, analyzed in systematic and some orderly coherent fashion so that pattern and relationship can be discerned. This chapter deals with the analysis and interpretation of the data collected to evaluate the effectiveness of structural teaching program on swine flu & its prevention among the adults in selected urban community at Tumukur. The analysis of the data was a process by which quantitative information is reduced, organized, summarized, evaluated, interpreted and communicated in a meaningful way.

The analysis and the interpretation of the data of this study were based on data collected by self administered Structured knowledge questionnaire on swine flu & its prevention among the adults (N=60). The results were computed using both the descriptive and inferential statistics based on the objectives of the study. The analysis of data was organized and finalized according to the plan for data analysis and presented in the form of tables and figures. The analyzed data were presented under the following headings:-

SECTION A: Describing the frequency and percentage distribution of Socio demographic variables of adults.

SECTION B: Assessing the Pre test knowledge levels on swine flu & its prevention among the adults.

SECTION C: Analyzing the Post test knowledge levels on swine flu & its prevention among the adults.

SECTION D: Evaluating the Effectiveness of structure teaching program by comparing Pre and Post test mean knowledge scores on importance of swine flu & its prevention among the adults.

SECTION E: Associating the Pre test knowledge level Scores with selected Socio demographic variables of

adults.

Section A – Description of Frequency and Percentage Distribution of Socio Demographic**Characteristics of Adults.****Table 1:** depicts the frequency and percentage distribution of selected socio demographic variables of

Adults.

N=60

SI No.	Socio demographic Variable	Category	Frequency	Percentage
1	Age Group (years)	21-25	41	68.33
		26-30	10	16.67
		31-35	9	15.00
		35 above	-	0.00
2	Adults Education	Primary	11	18.33
		Secondary	40	66.67
		Graduation	9	15.00
		Illiteracy	-	0.00
3	Occupation of adults	Govt. Servant	-	0.00
		Private Employer	19	31.67
		Farmer	31	51.67
		Self business	10	16.67
4	Religion	Hindu	44	73.33
		Christian	6	10.00
		Muslim	10	16.67
		Others	0	0.00

Continue table no 1

5	Number of children	one child	32	53.33
		Two child	17	28.33
		Three child	9	15.00
		More	-	0.00
6	Family income	Less than 1000	11	18.33
		1001-5000	33	55.00
		5001-10000	8	13.33
		10001-above	8	13.33
7	Type of house	Semi pucca house	19	31.67
		Pucca house	41	68.33
		Kachha house	-	0.00
8	Type of family	Nuclear family	42	70.00
		Joint family	18	30.00
		Extended Family	-	0.00
9	Previous knowledge	Yes	28	46.67
		No	32	53.33
10	If yes specified	News paper	9	32.14
		Radio	5	17.86
		Television	5	17.86
		Internet	-	0.00
		Others	9	32.14
11	Any of your family or friends children suffered from swine flu	Yes	19	31.67
		No	41	68.33

The above Table 1 shows that out of 60 adults majority 68.33% were found in the age group of 21-25 years followed by 34.0% in the age group of 26-30 years, 15.00% in the age group of 31-35 years and non of one above 35 years. Educational level shows that majority 66.67% of the adults were secondary (high school), followed by 18.33% were primary and remaining 15.00% Graduates respectively and no one uneducated.

Regarding Occupation, The majority 51.67 % were Farmer, 31.67 % were Private employer, 31.67 % were Self business none of them government servant. The majority 73.33% were Hindu, 16.67% were Muslim 10, 00% were Christian. Regarding numbers of children's in family 53.33% adults had single child 28.33% had two children's, and 15.00% had three children's but no one have more than three children's. Regarding income status, 55.00% were having family income between Rs 1001-5000/m, 18.33% have less than Rs100/m, 13.33% between Rs 5001-10,000/m and 13.33% above Rs 10001/m. regarding house, 68.33% were pucca house and remaining 31.61% semipucca house. 70.00% were belonged to nuclear family, and 30.00% belonged to joint family none of them belongs extended family.

Regarding previous knowledge on swine flu, 53.33% do not have previous knowledge and 46.67% have previous knowledge, the source of knowledge obtained from news paper 32.14%, 17.86% from radio, 17.86% from television and 32.14% from others. Any of your family or friends children suffered from swine flu, 68.33% adults do not know the swine flu & its prevention and 31.67% well know the swine flu & its prevention.

SECTION B: ASSESSING THE PRE TEST KNOWLEDGE LEVEL ON SWINE FLU AND ITS PREVENTION AMONG ADULTSS

Table 2: shows over all Pre test knowledge levels on swine flu and its prevention among Adults.

N=60

S No	Knowledge Level	Range of Score	Adults	
			Frequency (f)	Percentage (%)
1	Inadequate	< 50 Score	18	30.00
2	Moderate	50% - 75% Score	42	70.00
3	Adequate	>75% Score	0	0.00
	Total		60	100.00

Table–2 and Figure 2, depicts the overall Pre test knowledge levels of adults regarding swine flu and its prevention among adults. The result shows that 30% of the adults had inadequate knowledge, 70% of the adults had moderate knowledge level in the Pre test. Further none of the adults had adequate knowledge on swine flu and its prevention in the Pre test.

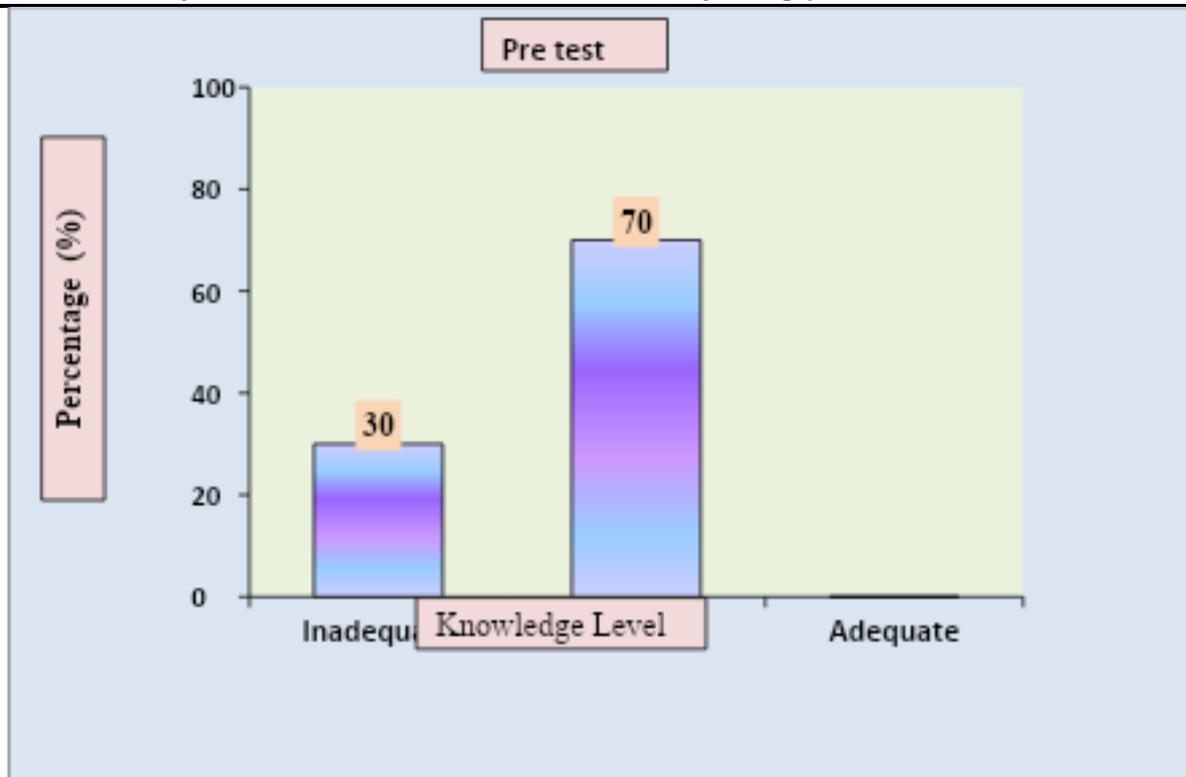


Fig 2: Bar diagram showing Pre test mean knowledge scores on swine flu and its prevention among Adults.

Table 3: shows overall Pre test overall knowledge scores on swine flu and its prevention among Adults.

N=60

Sl .no	overall	Maximum score	Mean	S.D	Mean%
1	Pretest	30	13.7	2.14	45.67

The above Table 3 shows that the overall pre test mean knowledge score was found to be 45.67% with SD as 2.14

Table 4: shows aspect wise Pre test mean knowledge scores on swine flu and its prevention among Adults.

N=60

Sl. No.	Aspect wise	No. of Items	Mean	Mean %
1	General Information & causes	9	4.27	47.44
2	Mode of transmission	7	3.18	45.43
3	Signs & Symptoms	4	1.77	44.25
4	Prevention & Treatment	10	4.48	44.80
Over all total		30	13.7	45.67

Table- 4 shows the aspect wise Pre test mean knowledge scores among Adults. The result indicates that Adults had highest Mean knowledge score of 47.44% in the aspect of General Information & causes on swine flu & its prevention, followed 45.43% in Mode of transmission on swine flu & its prevention, 44.25% in Signs & Symptoms on swine flu & its prevention and 44.80% were seen in importance of Prevention & Treatment on swine flu & its prevention. However, the overall Pretest mean knowledge score was found to be 45.67%.

Section C: Analyzing the Post Test Knowledge Level on swine flu and Its Prevention among Adults.

Table 5: Depicts over all Post test Knowledge level on swine flu and its prevention among Adults.

N=60

Sl. No	Knowledge Level	Range of Score	Adults	
			Frequency (f)	Percentage (%)
1	Inadequate	< 50 Score	-	-
2	Moderate	50% - 75% Score	36	60
3	Adequate	>75% Score	24	40
Total			60	100

Table 5 and figure-3, depicts that 40.0% of the adults had adequate knowledge level and 60.0% had moderate knowledge level and none of the adults had inadequate knowledge level in the Post test.

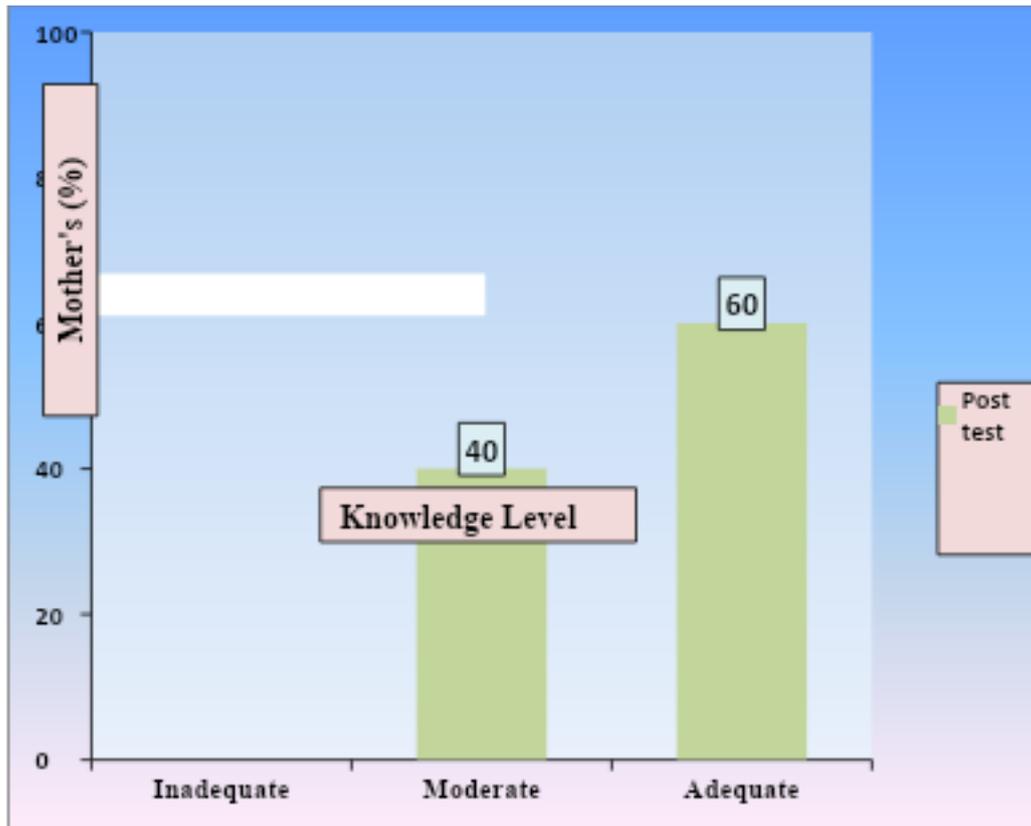


Fig- 3: Cylindrical bar diagram showing over all Post test Knowledge level on swine flu and its prevention among Adults.

Table 6: Shows overall Post test over all Knowledge Scores on swine flu and its Prevention among Adults.

Sl. No	Over all	Maximum score	Mean (\bar{x})	SD (σ)	Mean%
1	Post test	30	22.02	1.88	73.40

The above table shows overall Post test mean knowledge scores of adults. The overall Post test mean knowledge score was found to be 73.40% with SD as 1.88.

Table 7: Shows aspect wise Post test Mean Knowledge Scores on swine flu and its Prevention among

Adults.

N=60

S. No.	Aspect wise	No. of Items	Mean (\bar{x})	Mean %
1	General Information & causes	9	6.68	74.22
2	Mode of transmission	7	5.02	71.71
3	Signs & Symptoms	4	2.95	73.75
4	Prevention & Treatment	10	7.37	73.70
Over all total		30	22.02	73.40

Table 7 shows the aspect wise Post test mean knowledge scores of adults. Its findings indicates that highest mean knowledge score 74.22 % was found in the aspect of General Information & causes on swine flu & its prevention, followed by 71.71% in Mode of transmission on swine flu & its prevention, 73.75% in Signs & Symptoms on swine flu & its prevention, 73.70% Prevention & Treatment on swine flu & its prevention. However, the overall Post test mean knowledge score was found to be 73.40%.

Section D- Evaluating The Effectiveness Of Structured Teaching Program By Comparing Pre And**Post Test Mean Knowledge Scores On swine flu And Its Prevention Among Adults**

TABLE 8: comparison between overall pre and post test mean knowledge levels of adults regarding swine flu and its prevention.

N=60

S N o	Knowledg e Level	Range of Score	Pre test		Post test	
			Frequency (f)	Percentag e (%)	Frequency (f)	Percentag e (%)
1	Inadequate	< 50 Score	18	30.00	0	0
2	Moderate	50% - 75% Score	42	70.00	36	60
3	Adequate	>75% Score	0	0.00	24	40
	Total		60	100.00	60	100
	χ^2 value		54.59*			

* Significant at 5 % Level,

$$\chi^2 (0.05, 2 \text{ df}) = 5.991$$

Table 8 and Figure 4, reveals that 30% of the adults had inadequate knowledge level in Pre test as compared to none found inadequate knowledge level in the Post test, followed by 70% had moderate knowledge level in Pre test as compared to 60% moderate knowledge level in the Post test. Further, none of the adults had adequate knowledge level in Pre test as compared to 40% adequate knowledge level in the Post test on swine flu and its prevention among adults. The data subjected for chi-square test reveals that the knowledge level from Pre test from Post test found significant among adults on swine flu and its prevention. ($\chi^2 = 54.59^*$, $P < 0.05$).

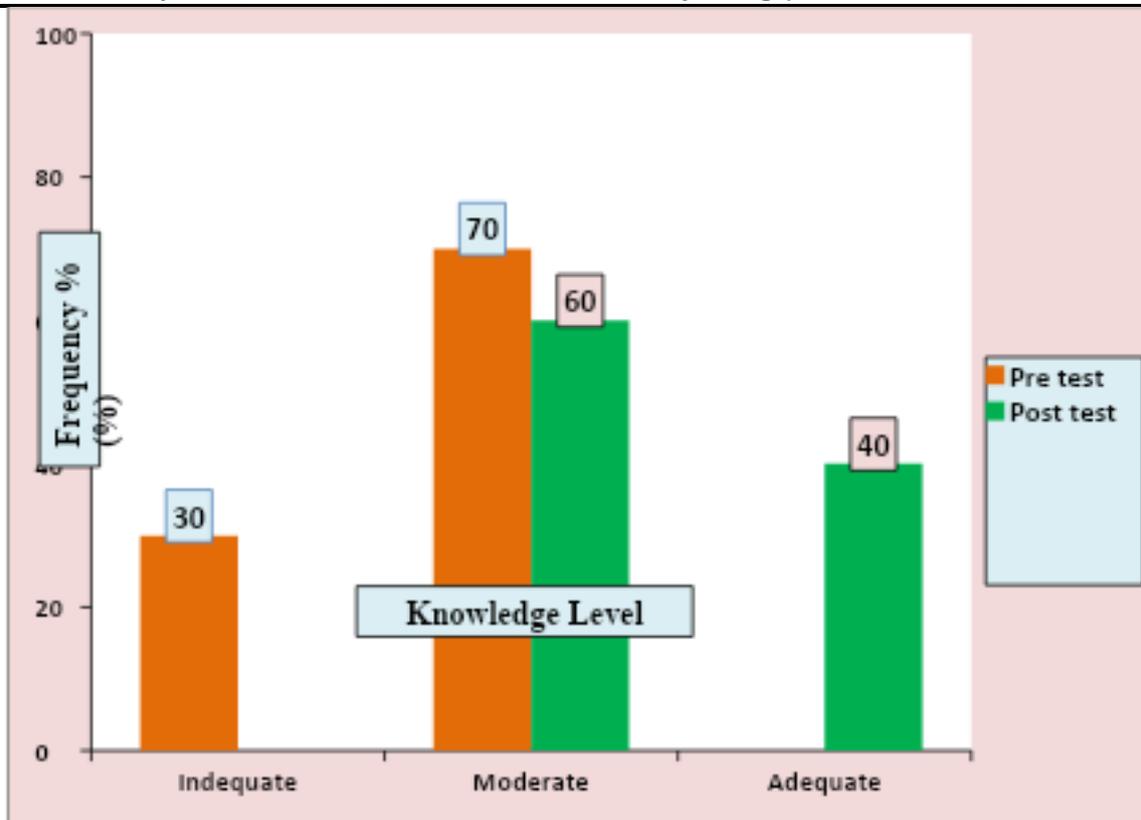


Fig 4 Bar diagram showing comparing between Pre and Post test Knowledge levels of Adults on swine flu and its prevention

TABLE – 9: shows over all differences of Pre test and Post test Mean Knowledge scores on swine flu and Its Prevention among Adults.

N=60

Sl. No	Category	Max Score	Respondent Knowledge			Paired 't' test value
			Mean (\bar{x})	SD (σ)	Mean Percentage (\bar{x})(%)	
1	Pre test	30	13.7	2.14	45.67	32.01
2	Post test	30	22.02	1.88	73.40	
Enhancement			8.32	2.01	27.73	

*Significant at 5% level,

t (0.05, 49df) = 1.96

Table 9 and figure 5, reveals the comparison of overall Pre and Post test Mean Knowledge level on swine flu and its prevention among adults. The mean knowledge score of the Pre test was 45.67, whereas, the mean knowledge score of the Post test was 73.40%. Further, the enhancement of mean knowledge was found to be 27.73%. The statistical Paired 't' test was found to be 32.01* indicating significant enhancement of knowledge score from Pre test to Post test at $P < 0.05$ revealing the effectiveness of structure teaching program on swine flu and its prevention among the adults.

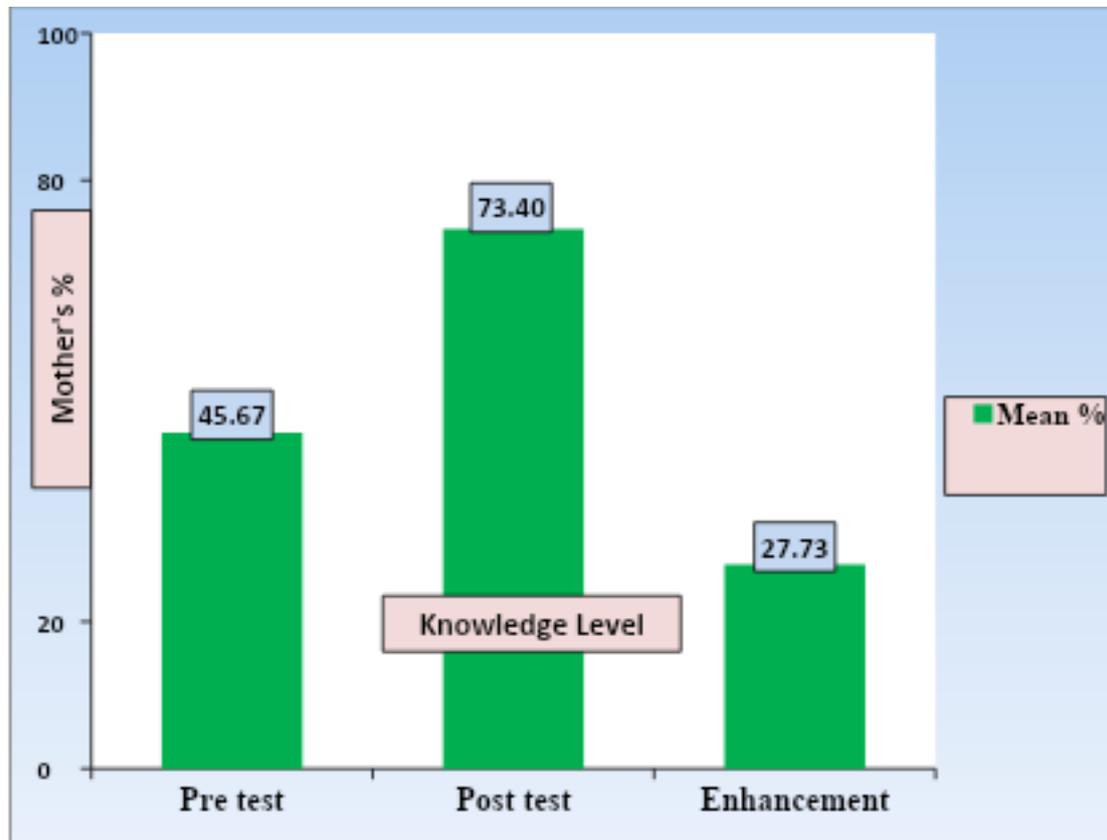


Fig 5 Cylindrical Bar diagram showing Comparison between overall Pre and Post test Mean Knowledge Scores on swine flu and Its Prevention among Adults.

Table 10: Depicts Comparison between Aspect wise Pre and Post test Mean Knowledge Scores on swine flu and Its Prevention among Adults.

N=60

Sl. No	Aspects wise knowledge	Pre test			Post test			't' value
		Mean (x̄)	SD (σ)	Mean %	Mean (x̄)	SD (σ)	Mean %	
1	General Information & causes	4.27	1.05	47.44	6.68	0.79	74.22	22.76*
2	Mode of transmission	3.18	0.99	45.43	5.02	0.7	71.71	16.52*
3	Signs & Symptoms	1.77	0.56	44.25	2.95	0.67	73.75	16.29*
4	Prevention & Treatment	4.48	1.06	44.80	7.37	0.97	73.70	20.36*
Over all total		13.7	2.14	45.67	22.02	1.88	73.40	32.01

*Significant at 5% level,

t (0.05, 49df) = 1.96

Table 8 and Figure 6, depicts comparison of aspect wise Mean knowledge score between Pre and Post test on importance of swine flu and its prevention among the , children. In the Pre test, knowledge scores were considerably less compared to Post test performance in all the aspects of knowledge under study. The findings showed that the maximum mean score 47.44% found in the aspect of General Information & causes in the Pre test and that in Post test was 74.22% with a 't' value of 22.76*. The mean score in Pre test was 45.43% whereas, that in Post test was 71.71% in the aspect of Mode of transmission with a 't' value of 16.52*, The mean score found in the aspect of Signs & Symptoms in Pre test knowledge

was 44.25% and that in Post test was 73.75% with a 't' value of 16.29*, Regarding Prevention & Treatment, the mean score obtained in Pre test was 44.80% whereas, that in Post test was 73.70% with a 't' value of 20.36*. Hence, the statistical paired 't' test value 32.01* reflects the significant enhancement of mean knowledge score for all the selected knowledge aspects at 0.05 level of significance which indicates the effectiveness of structure teaching program on swine flu and its prevention among the adults.

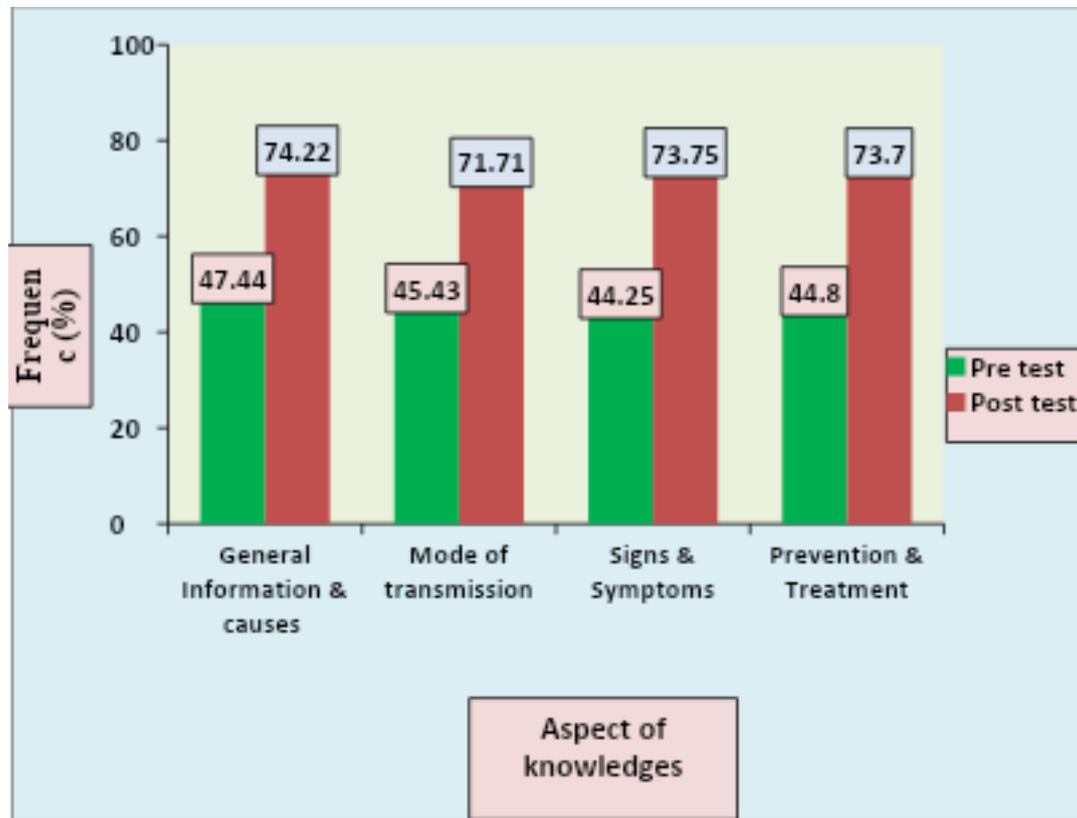


Fig 6 Multiple Bar diagram showing comparison between aspect wise Pre and Post test Mean Knowledge Scores on swine flu and Its Prevention among Adults.

SECTION E: ASSOCIATING OF THE PRE TEST KNOWLEDGE SCORES WITH SELECTED**SOCIO- DEMOGRAPHIC VARIABLES ADULTS.**

Table 11: Shows Association of Pre test Knowledge Scores with selected Socio demographic variables of swine flu and Its Prevention among Adults.

N=60

p	Socio demographic Variables	Category	Knowledge scores					χ^2 cal	d.f	Table value
			Inadequate		Moderate		Total			
			f	%						
1	Age Group (years)	21-25	32	78.05	9	21.95	41	4.54*	2	5.99
		26-30	6	60.00	4	40.00	10			
		31-35	4	44.44	5	55.56	9			
		35 above	-	-	-	-	-			
2	Adults Education	Primary	7	63.64	4	36.36	11	7.88*	2	5.99
		Secondary	32	80.00	8	20.00	40			
		Graduation	3	33.33	6	66.67	9			
		illiteracy	-	-	-	-	-			
3	Occupation of adults	Govt. Servant	-	-	-	-	-	2.06 NS	2	5.99
		Private Employer	11	57.89	8	42.11	19			
		Farmer	23	74.19	8	25.81	31			
		Self business	8	80.00	2	20.00	10			

COntnue table no 11

4	Religion	Hindu	32	72.73	12	27.27	44	1.3 NS	2	5.99
		Christian	3	50.00	3	50.00	6			
		Muslim	7	70.00	3	30.00	10			
		Others	-	-	-	-	-			
5	Number of children	one child	24	75.00	8	25.00	32	1.45 NS	2	5.99
		Two child	11	64.71	6	35.29	17			
		Three child	5	55.56	4	44.44	9			
		More	-	-	-	-	-			
6	Family income	Less than Rs 1000/-	8	72.73	3	27.27	11	2.3 NS	3	7.82
		Rs 1001-5000	25	75.76	8	24.24	33			
		Rs 5001-10000/-	5	62.50	3	37.50	8			
		Rs 10001-above	4	50.00	4	50.00	8			
7	Type of house	Semi pucca house	12	63.16	7	36.84	19	0.62 NS	1	3.84
		Pucca house	30	73.17	11	26.83	41			
		Kachcha house	-	-	-	-	-			

Continue table no 11

8	Type of family	Nuclear family	30	71.43	12	28.57	42	0.14 NS	1	3.84
		Joint family	12	66.67	6	33.33	18			
		Extended Family	-	-	-	-	-			
9	Previous knowledge	Yes	16	57.14	12	42.86	28	4.13*	1	3.84
		No	26	81.25	6	18.75	32			
10	If yes specified	News paper	8	88.89	1	11.11	9	8.22*	3	7.82
		Radio	3	60.00	2	40.00	5			
		Television	3	60.00	2	40.00	5			
		Internet	-	-	-	-	-			
		Others	2	22.22	7	77.78	9			
11	Any of your family or friends children suffered from swine flu	Yes	9	47.36	10	52.63	19	11.71*	1	3.84
		No	33	80.48	8	19.51	41			

(<0.05) and NS- Not significant at 5% level ($p>0.05$).

Table: 10 and fig 7,8,9,10 shows depict the association between selected demographic variables and knowledge level in pretest among adults regarding swine flu and Its Prevention. Chi-square test was done to find the association between the knowledge of the adults with selected socio demographic variables. From the table, it is found that there is statistical significant association in knowledge level of adults with age ($\chi^2=4.54^*$), Educational level ($\chi^2=7.88^*$), previous knowledge ($\chi^2 = 4.13^*$), knowledge obtain regarding swine flu and its prevention among the adults if yes ($\chi^2 = 8.22^*$) and Any of your family or friends children suffered from swine flu ($\chi^2 = 11.71^*$). The remaining variables like Occupation, Religion, Number of children, Family income, Type of house, Type of family, were found to be non significant.

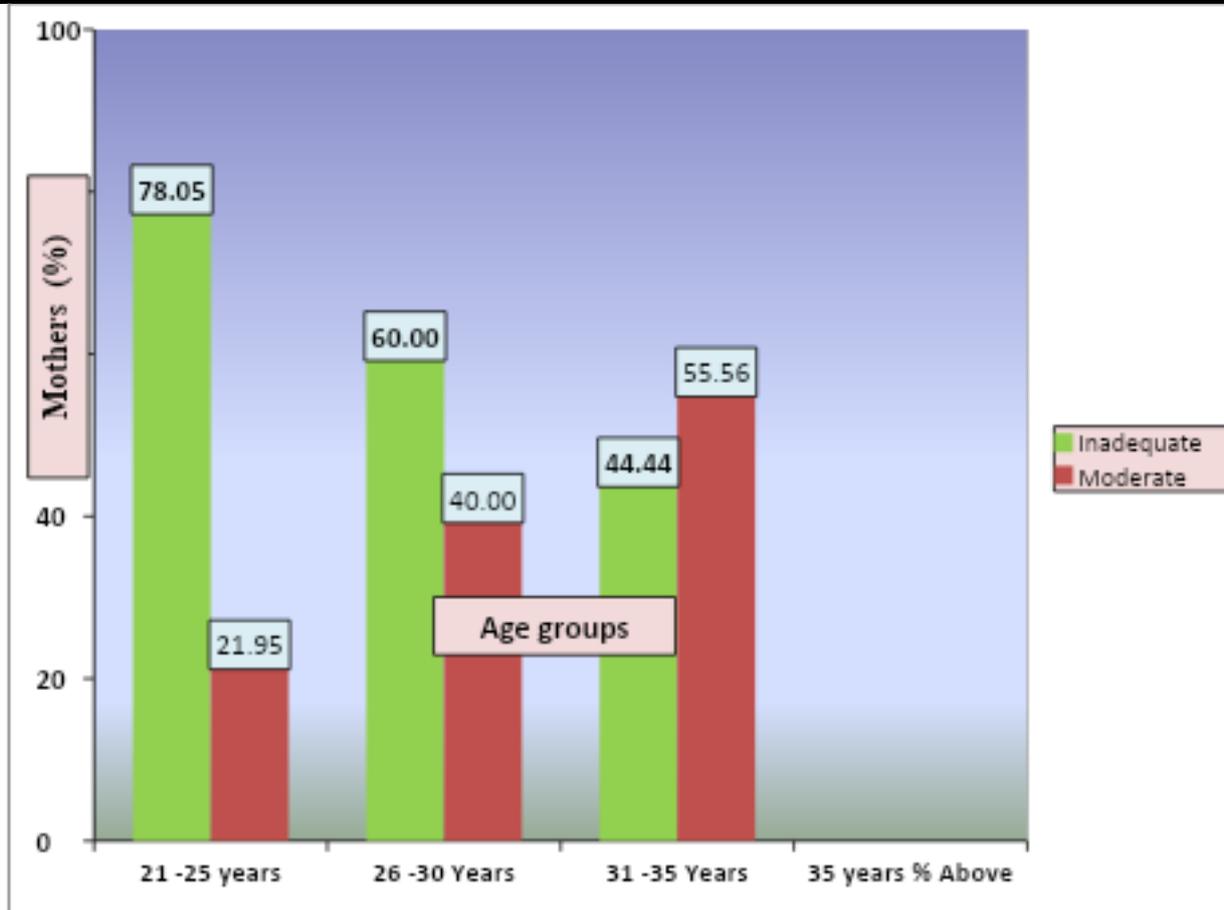


Fig 7 Bar diagrams showing Association between age group and Pre test knowledge level of Adults on swine flu and its prevention.

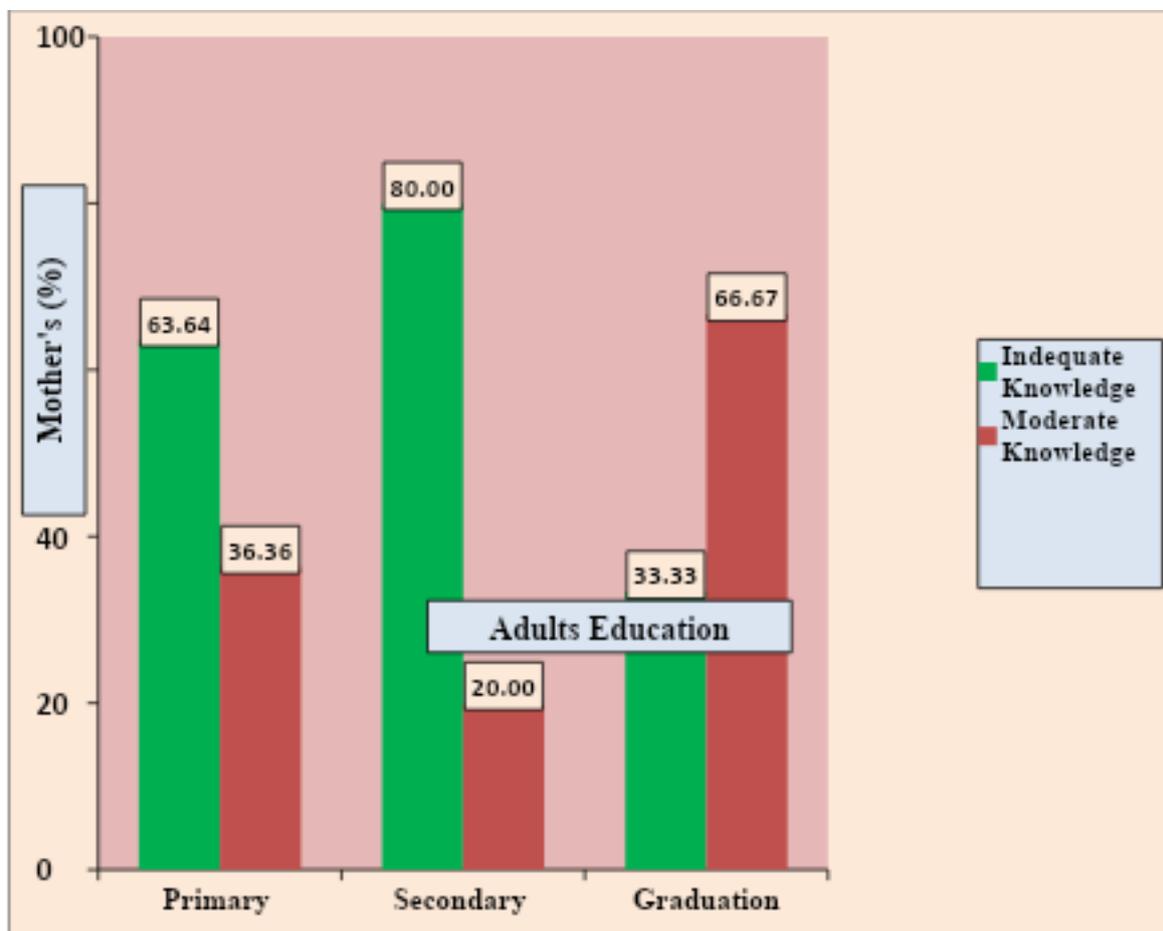


Fig 8 Cylindrical bar diagrams showing association between Adults education and Pre test knowledge level on swine flu and its prevention.

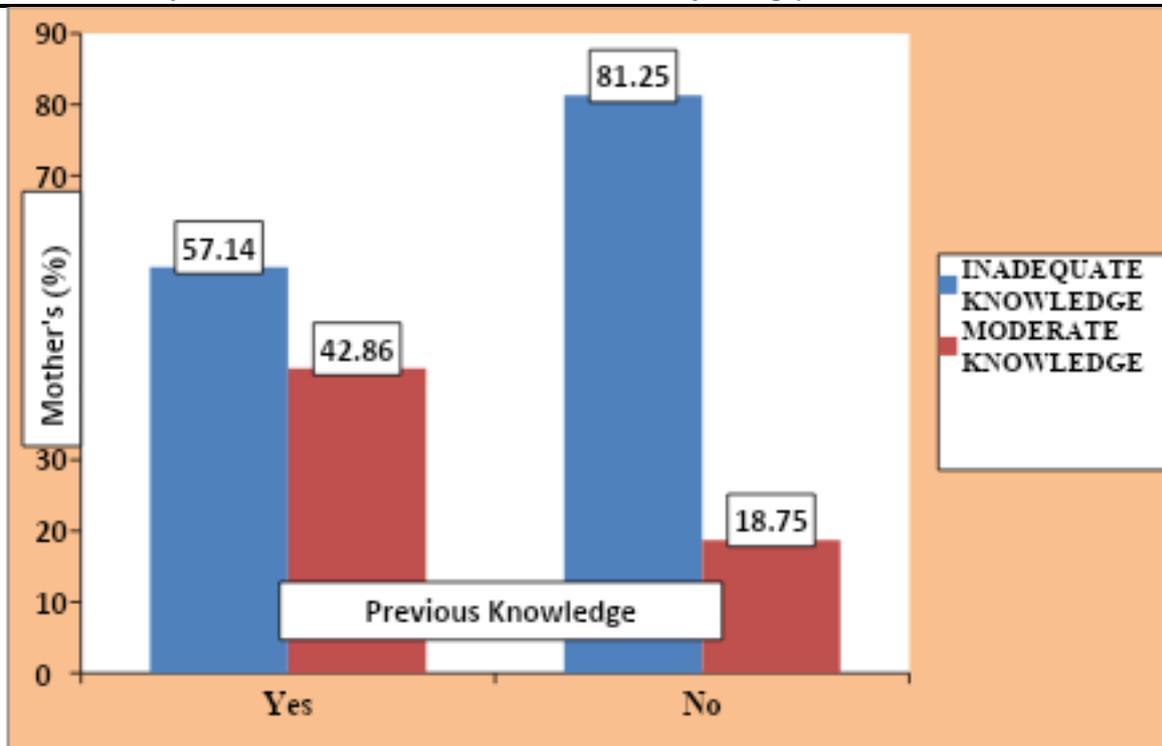


Fig 9 Multiple cone diagrams showing Association between Previous Knowledge and Pre test knowledge level of Adults on swine flu and its prevention.

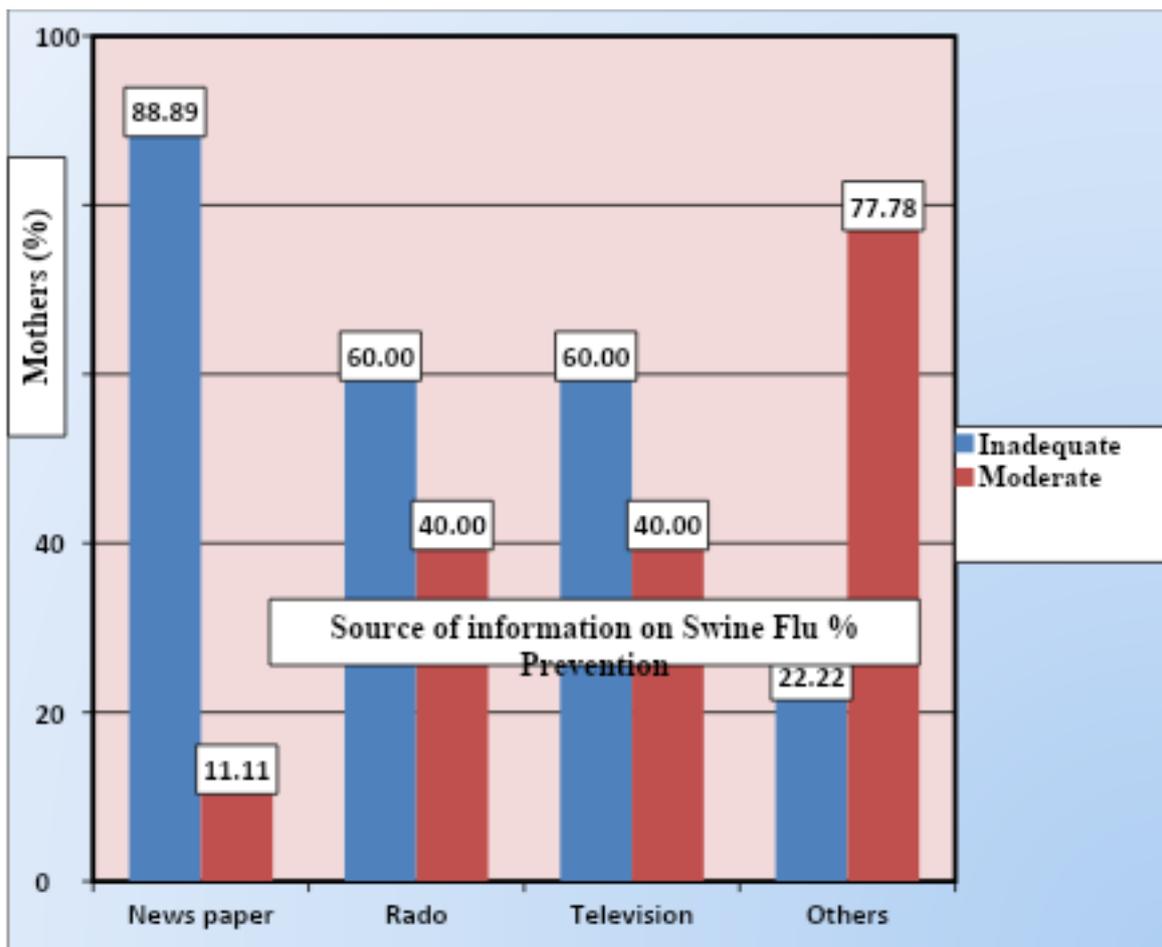


Fig 10 Multiple cylindrical bar diagrams showing Association between Source of information and Pre test knowledge level of Adults on swine flu and its prevention

CHAPTER-VI**6. DISCUSSION**

This chapter deals with the discussion, based on the formulated objectives of the study and hypothesis. The study was designed to assess the effectiveness of structured teaching program on knowledge regarding swine flu and its prevention among adults in selected urban area at Tumukur. The finding of the study is discussed in terms of the findings compared and contrasted with those of other related similar findings conducted in different settings.

The findings of the study were based on its objectives and are discussed under the following headings:-

First Objective: To assess the level of knowledge regarding swine flu and its prevention among adults

Out of 60 adults 30.0 % of the adults had inadequate knowledge, 70% had moderate knowledge and none of the adults had adequate knowledge. The highest mean percentage knowledge score of 45.67% in the aspect on General Information & causes followed by 47.44% in Mode of transmission, 45.43%, Signs & Symptoms 44.25%.and in Prevention & Treatment 44.80%. Thus the investigator assumes that there is a need for imparting knowledge to all the adults.

The finding of the study was supported by a study on “A cross-sectional study was conducted on “knowledge, attitudes, and practices related to the swine flu pandemic among the Saudi public”. The aim of the study is to assess the knowledge, attitudes, and practices related to the swine flu pandemic Results show that more than half (54.3%) of the participants showed high concern, 43.7 % showed a low level of knowledge, and 60.8% had taken minimal or no precautionary measures.

Second objective: To assess the post test knowledge regarding swine flu and its prevention among adults

Out of 60 adults, 40.0% of the adults had adequate knowledge, 60.0% had moderate knowledge and none of the adults had inadequate knowledge. The mean knowledge score 74.22% was found in the aspect of General Information & causes, followed by Mode of transmission 71.71%, mean knowledge score of 73.70% in Prevention & Treatment and mean knowledge score was seen in Signs & Symptoms 73.75 %. It is evident from the Post test knowledge assessment that there is considerable gain in knowledge among the mothers of adults on adults and its prevention.

A study was conducted to determine whether influenza vaccination of pregnant women prevents visits for respiratory illness in their infants born during the influenza. A total of 41 129 infants (3160 and 37 969 born to vaccinated and unvaccinated mothers, respectively) born between 1995 and 2001 was assessed. Infants were considered exposed if their gestational age at birth was at least 30 weeks, if the time from maternal vaccination to birth was at least 28 days and if they were exposed to at least 14 days of the influenza season. Results show that during the peak influenza weeks, infant visit rates were 15.4 and 17.1 per 100 person-months for exposed and unexposed infants respectively (IRR, 0.90; 95% confidence interval, 0.80-1.02). The study concluded that maternal influenza vaccination reduces respiratory illness visit rates among their infants.¹⁰

Third objective: To compare pre and post test knowledge scores on swine flu and its prevention among the adults.

The Pre test mean knowledge is 45.67 % with standard deviation of 2.14. Further, Post test mean knowledge found to be 73.40 %. It indicates that there is enhancement of knowledge score of 27.73* of the adults. The statistical paired 't' test value is found significant $32.02 \text{ t } (0.05, 49\text{df}) = 1.96$ revealing the effectiveness of Structural teaching program on Adults and its prevention among the mothers of adults.

The findings of the study are supported by a similar study conducted on "Annual influenza epidemics are estimated to affect 5–15% of the global population. Although most cases are mild, these epidemics still cause severe illness in 3–5 million people and 250,000–500,000 deaths worldwide. On average 41,400 people die of influenza each year in the United States, based on data collected between 1979 and 2001. In industrialized countries, severe illness and deaths occur mainly in the high-risk populations of infants, the elderly and chronically ill patients, v¹² although the H1N1 outbreak (like the 1918 Spanish) differs in its tendency to affect younger, healthier people.³³

Fourth objective: To find out the association between pre tests level of knowledge with selected socio demographic variables

The association of knowledge level of Mothers of adults with selected demographic variables reveals that there is statistical significant association of Pre test knowledge level of adults with their Age, Mothers educational status, Previous knowledge, if yes, Any of your family member or children suffering from adults with their corresponding Chi-square value found to be 4.54*, 7.88*, 4.13* 8.22* and 11.71* respectively 0.05 level of significance.

The findings of the study were supported by an article on “Among parents of healthy young children, to determine how parental knowledge and attitudes regarding influenza infection and immunization changed during the 2003 to 2004 influenza season and to identify factors predictive of influenza immunization. Results shows that Compared with their attitudes before the influenza season, 48% of parents interviewed after the season viewed their child as more susceptible to influenza, 58% viewed influenza infections as more severe, and 66% perceived fewer risks associated with influenza vaccine. Ninety-five percent of parents reported hearing in the media about Colorado’s influenza outbreak, and having heard about the outbreak in the media was associated with viewing influenza infections as more severe. A total of 258 parents (82%) immunized their child against influenza. Parent attitudes about influenza infection and immunization changed substantially during the 2003 to 2004 influenza season, with changes favoring increased parental acceptance of influenza vaccination for young children.¹¹

TESTING OF HYPOTHESIS:

RH₁: “There is a significant difference between pre-test and post test knowledge scores regarding swine flu and its prevention among adults”. In pre test the mean knowledge scores is 45.67 %. Further, Post test mean knowledge found to be 73.40 %. It indicates that there is enhancement of knowledge score of 27.73* of the mothers of adults. The statistical paired ‘t’ test value is found significant $32.02 t (0.05, 49df) = 1.96$ revealing the effectiveness of Structure teaching program on Adults and its prevention among the adults. Thus, the analysis reveals that there is significant difference between Pre test and Post test knowledge score of swine flu and its prevention among adults. Hence, the researcher based on the findings, stated that the Research hypothesis (RH₁) “There is significant difference between pre and post test knowledge scores on adults and its prevention among adults.” has been accepted. Hence the stated Research hypothesis (RH₁) is accepted

RH₂: There is a significant association between pretest score levels of and its swine flu prevention among mothers of adults with selected socio demographic variables

The obtained chi-square value shows statistical significant association in knowledge levels of mothers with Age, Educational status, Previous knowledge, if yes, Any of your family member or children suffering from swine flu with their corresponding Chi-square value found to be 4.54*, 7.88*, 4.13*, 8.22* and 11.71* respectively 0.05 level of significance with pre test level of knowledge adults regarding swine flu and its prevention. But the chi-square value did not show any significant association with other socio demographic

variables such as Occupation, Religion, Number of children, Family income, Type of house, Type of family, were found to be non significant in the Pre test knowledge.

“Hence, the stated hypothesis H_2 is accepted. However, the stated Research hypothesis (H_{02}) is rejected with the socio demographic variables in pre test such as Occupation, Religion, Number of children, Family income, Type of house, Type of family, were found to be non significant in the Pre test knowledge as the association of knowledge score of adults regarding swine flu and its prevention”.

CHAPTER-VII

7. CONCLUSION

This study presents conclusions drawn, implications, limitations and recommendations of the present study. The focus of this study was to evaluate effectiveness of STP on knowledge regarding swine flu and its prevention among adults in selected urban areas at Tumukur.

The study involved one group pre-test and post test using quasi experimental design, with convenient sampling technique to draw the samples. The size of sample 60 adults and selection of the sample was done according to inclusion and exclusion criteria. The adults completed the self structured administered questionnaire in the pre test followed by implementation of STP on the same day. Post test was conducted 5 days after the STP using the same self structured knowledge questionnaire to find out the effectiveness. The results were analyzed by using both descriptive and inferential statistics.

Findings of the study

The knowledge of adults regarding swine flu and its prevention was inadequate before the administration of STP. The STP was effective in all knowledge aspects in the post test. There was significant association of the knowledge level of regarding the swine flu and its prevention with the age group, educational level, previous knowledge if yes, Any of your family member or children suffering from swine flu and there were no significant association in knowledge level with selected demographic variables such as Age, Occupation, Religion, Family income, Type of house, Type of family, previous knowledge, if yes, any of your family members or friends suffer from swine flu.

7.1 NURSING IMPLICATION OF THE STUDY

The finding of the study has implication in the areas of nursing education, practice, administration and research

7.1.1 NURSING EDUCATION

The nursing curriculum should consist of increased depth, content and activities which help to develop knowledge and skill among nurses in imparting knowledge on swine flu and its prevention. As a nurse educator, there is abundant opportunity for nursing professionals to educate, as well as their family members regarding swine flu and its prevention. The STP study emphasizes significance of short term in-service education program for nurses and peripheral health workers related to health education of family members regarding swine flu and its prevention.

Nursing personnel working in different areas should be given in service education and help them to abreast with recent trends. The nurse educator needs to conduct health campaigns and use different informational modalities, teaching strategies about imparting knowledge regarding swine flu and its prevention. The nurse should educate about the utilization of local health services and voluntary health agencies assistance which helps promote in imparting knowledge to the adults.

Nurse educators need to prepare SIM such as self-learning packages, Power point presentations and video films which can be placed in the library. Students should be encouraged to give health education to adults and others family members regarding swine flu and its prevention so that they will be able to understand regarding prevention of swine flu.

7.1.2 NURSING PRACTICE

In modern times, health care delivery system has changed from a care-oriented approach to promotion of health and prevention of illness oriented approach. The role of nurses in the health care delivery is a vital aspect in society. They shoulder the responsibility of promoting health, preventing illness and rehabilitation. Nurses are the key persons of the health team who play a major role in effective health promotion and maintenance. This study implies a basis for developing standards of imparting knowledge in the hospital as well as in the community. Imparting knowledge and giving health education are importance functions of nursing personnel; its accountability should be stressed. Structured Teaching programmed can be used as a teaching strategy in the hospital as well as in the community. Health education can be imparted through mass media, such as through radio, television, documentary films, pamphlets, leaflets and booklets.

7.1.3 NURSING ADMINISTRATION

The nurse administrator can take part in developing protocols, standing orders related to design of the health education programmed to update nursing personnel's knowledge regarding swine flu and its prevention among mother's adults. The nurse administrator can mobilize the available resource personnel towards the health education of adults regarding swine flu and its prevention. They should take interest in providing information on selected aspects of swine flu and its prevention. They should be able to plan and organize programs, taking into consideration of cost effectiveness and carry out successful educational programs. The nurse administrator should explore their potentials and encourage innovative ideas in the preparation of appropriate information and modalities. She should organize sufficient man power, money, and material for disseminating health information.

7.1.4 NURSING RESEARCH

Research enables nurses to build on existing knowledge. This study helps the nurse researchers to develop appropriate health education tools for educating the regarding swine flu and its prevention according to their demographic characteristics. Nurses, who form an importance cadre of health professionals, should take initiative to conduct Research on various aspects of swine flu and its prevention. The public and private agencies should also encourage research in this field through materials and funds.

7.2 LIMITATIONS OF THE STUDY

The study was limited only to the adults in selected urban committee at Tumukur. The study did not use any control group.

7.3 DELIMITATION

The study is delimited to all adults in selected urban area at Tumukur irrespective of religion, caste, creed, culture, poor or rich available during the period of the study, adults who are willing to participate in the study and for a period of 4 weeks for data collection.

7.4 RECOMMENDATIONS

On the basis of the findings of the study following recommendations have been made.

- A similar study can be replicated on large sample to generalize the findings.

- An experimental study can be conducted with control group for the effective comparison of the results.
- A similar comparative study can be conducted between rural and urban settings.
- A study can be carried out to evaluate the efficiency of various teaching strategies like self instruction module, pamphlets, leaflets, and computer assisted instruction on swine flu and its prevention.

CHAPTER- VIII

8. SUMMARY

This chapter deals with summary of the whole study which includes the statement of the problem objectives assumptions hypotheses, conceptual framework, review of literature, research methodology statistical inference, final findings of the study and the conclusion.

The statement of the problem was “A study to evaluate the effectiveness of structured teaching program on knowledge regarding Swine flu and its prevention among adults in selected urban areas at Tumukur”.

Objectives of the study: To assess the pretest level of knowledge regarding Swine flu and its prevention among adults. To assess the post test knowledge regarding Swine flu and its prevention among adults. To compare pre and post test knowledge scores on Swine flu and its prevention among the adults and To find out the association between pre test level of knowledge with selected demographic variables. The study was based on the following assumptions: The adults may not have knowledge regarding types and major complication of swine flu and how to prevent. The study attempted to examine the following hypothesis.

RH₁: There is significant difference between pre and post test knowledge scores on swine flu and its prevention among adults.

RH₂: There will be a significant association on the pre-test knowledge of score with selected socio demographic variables of the study participants.

In the present study, the conceptual framework adopted was based on the **General System theory** by **Ludwig von Bertalanffy**. It is based on the concepts of personal, interpersonal and social system including perception, judgment action reaction, interaction and transaction.

The review of literature was reviewed according to the present study variables. They were supportive and related to the present study. They enriched the investigator with knowledge in the study aspects.

The research design of the present study was Quasi experimental one group Pre test and Post test research design with evaluative approach which convenient sampling technique was used to draw the samples. The results were analyzed by using both descriptive and inferential statistical analysis. The independent variable was structured teaching program on swine flu and its prevention and the dependent variable was Knowledge of adults regarding swine flu and its prevention.

The tool used for the study was self administered structured knowledge questionnaire. 8 experts validated the content of the tool and were found to be reliable and feasible. After obtaining permission from the respective authority, pilot study was conducted for a period of one week at Tumukur. The reliability of the tool was established by using Spearman Brown's Prophecy formula using split half technique.

After obtaining the formal prior permission, the study was conducted at Tumukur.

The sample size was 60 adults. The selection of the sample was done according to Inclusion and Exclusion criteria. After obtaining the consent from the Medical Officer, the Pre test knowledge was assessed by using Self administered Structured knowledge Questionnaire. On the 5th day after, the Post test knowledge of adults were assessed using the self administered structured knowledge Questionnaire to assess the effectiveness importance of swine flu and its prevention.

The data obtained were analyzed in terms of achieving the objectives of the study by using both descriptive and inferential statistics.

In the present study 30.0% of the adults had inadequate knowledge level in Pre test whereas, none found with inadequate knowledge level in the Post test, followed by 70% of the adults had moderate knowledge level in Pre test while 60.0% moderate knowledge level in the Post test. Further none of the adults had adequate knowledge level in Pre test as compared to 40.0% adequate knowledge level in the Post test swine flu and its prevention among adults

The major findings of the study are related to the Pre test and Post test knowledge scores on selected aspects, importance of swine flu and its prevention among adults. The Post test mean knowledge score was found higher as 73.40% when compared with the Pre test mean knowledge score of 45.67% with an enhancement of knowledge of 27.73 % revealing the effectiveness of structural teaching program at 0.05 level of significance. ($t = 32.01^* P < 0.05$).

There is statistical significant association in Pre test knowledge level scores of adults regarding importance of swine flu and its prevention among adults with Age, Mothers educational status, Previous knowledge, if yes, Any of your family member or children suffering from swine flu with their corresponding Chi-square value found to be 4.54*,7.88*,4.13* 8.22*and 11.71* respectively at 0.05 level of significance .There is no statistical significant association in knowledge level of adults with other selected demographic variables like Occupation, Religion, Number of children, Family income, Type of house, Type of family, were found to be non significant in the Pre test knowledge

The overall observation showed that the adults regarding wine flu and its prevention among adults in selected rural area at Tumukur was effective in the enhancement of knowledge score of adults

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ANNEXURE –I

LETTER GRANTING PERMISSION TO CONDUCT THE RESEARCH STUDY

ANNEXURE –II

A FORMAT OF LETTER SEEKING EXPERTS'CONTENT VALIDATION OF CONSTRUCTED TOOL

From:

MRS. LAKSMI.M.

II Year M.Sc. Nursing

Akshaya College Of Nursing

Tumukur.

To

Forwarded through:

Principal,

Akshaya College Of Nursing

Tumukur

Respected Sir / Madam,

Sub: Requisition for acceptance to validate the tool.

I am an II Yr. M.Sc. Nursing student. I have selected the topic for my dissertation for the academic year 2014-2016, as partial fulfillment of Rajiv University of Health Sciences requirement. I request your kind self to validate my tool with your valuable corrections and suggestions for standardizing this tool to conduct the present study as enclosed with this.

TITLE OF THE STUDY: “Effectiveness of Structural teaching program

On H1N1 and its prevention among adults”.

STATEMENT OF THE PROBLEM: A study to evaluate the effectiveness of structured teaching program on H1N1 and its prevention among adults selected urban community at tumkuru.

OBJECTIVES OF THE STUDY:

5. To assess pretest level of knowledge regarding H1N1 and its prevention among adults. .
6. To assess the post test knowledge regarding H1N1 and its prevention among adults. .

7. To compare pre and post test knowledge scores on H1N1 and its prevention among adults. .
8. To find out the association between pre tests level of knowledge with selected demographic variables.

QUESTIONNAIRE INCLUDES TWO PARTS:

SECTION A – Selected Demographic Data.

SECTION B– Multiple Choice Questionnaires.

Kindly give your valuable suggestions for the study and issue the certificate of validation for the tool and Slide Show Material.

Thanking you.

Yours sincerely

MRS. LAKSMI.M.

. ENCLOSURE:

1. Sociodemographic variable tool
2. Self-Administered structured knowledge on H1N1 and its Prevention among adults.
3. Lesson plan knowledge on H1N1 and its prevention among adults.
4. Certificate of validation.

ANNEXURE – III

LIST OF EXPERTS WHO VALIDATED THE TOOL AND STRUCTURED TEACHING PROGRAMME:

ANNEXURE –IV

CONTENT VALIDITY CERTIFICATE

I hereby certify that I have validated the tools of MRS. LAKSMI.M. , II year M.Sc Nursing student of Akshaya College Of Nursing Tumukur. (Affiliated to Rajiv Gandhi University of Health Sciences) who is undertaking topic “**Effectiveness of Structural teaching program on H1N1 and its prevention among adults. Selected urban area at Tumukur.**”

(Signature of the Validator with Designation)

Place:

Date:

ANNEXURE- V

A FORMAT OF PARTICIPANT’S CONSENT FORM

Dear Participant,

I, MS. Lakshmi.m. II year M.Sc Nursing student of Akshaya College Of Nursing Tumukur. conducting a study on “**Effectiveness of Structural teaching program on H1N1 and its prevention among adults, selected urban community at Bangalore**”.

“I kindly request you to participate in this study by answering the questions asked to you. The information obtained from you will be kept confidential and will be used only for study purpose. You are free to withdraw from the study at any time, if you do not like. Your kind cooperation will always be appreciated with deep gratitude.

Thanking you.

CONSENT FORM

I, Mr./Ms./Mrs....., hereby give consent for the above said study knowing that all the information provided by me would be treated with utmost confidentiality by the investigator.

Date

Signature of respondent

Time

Name:

ANNEXURE- VI**CERTIFICATE OF ENGLISH EDITING****ANNEXURE-VII****CERTIFICATE OF KANNADA EDITING****ANNEXURE-VIII****BLUE PRINT OF THE TOOL**

SL NO.	AREAS	TOTAL NO OF ITEMS UNDER EACH DOMAIN	WEIGHT AGE GIVEN IN PERCENTAGE (%)
1.	General Information & causes	9(1-9)	30.00
2.	Mode of transmission	7(10-16)	23.33
3.	Signs & Symptoms	4(17-20)	13.33
4.	Prevention & Treatment	10(21-30)	33.33
5.	Total	30	100

ANNEXURE-IX**SECTION-A
SOCIODEMOGRAPHIC DATA****INSTRUCTIONS:**

Dear participants,

I am Ms.LAKSHMI M as a part of my M.Sc. Nursing course curriculum. I am administering a self administered structured knowledge questionnaire related to my study. So you are requested to cooperate and kindly give the relevant information. The information collected from you will be kept confidential and will be used for the Research purpose only.

CODE.....

Part 1: Socio demographic data

1. Age in years.....
 - a. 21-25 years ()
 - b. 26-30 years ()
 - c. 31-35 years ()
 - d. 36 above ()
2. Sex
 - a. Male ()
 - b. Female ()
3. Education
 - a. Primary ()
 - b. Secondary ()
 - c. Higher secondary ()
 - d. Graduation ()
4. Occupation
 - a. Government servant ()
 - b. Private Employer ()
 - c. Self Business ()

5. Religion
- a. Hindu ()
- b. Christian ()
- c. Muslim ()
- d. Other ()
6. . Family Income
- a. Less than 1000/-m ()
- b. RS 1001/-5000/m ()
- c. RS 5001/-10000/m ()
- d. RS 10000/m and above ()
7. Type of House
- a. Semipucca House ()
- b. Pucca house ()
- c. Kachha house ()
8. Type of Family
- a. . Nuclear family ()
- b. Joint family ()
- c. Extended family ()
9. Previous knowledge
- a. Yes ()

- b. No ()
-)
10. Source of knowledge.....
- a. News paper ()
-)
- b. Radio ()
-)
- c. Television ()
-)
- d. Internet ()
-)
- e. Others ()
-)
11. Any of your family or friends or children suffered from H1N1
- a. Yes ()
-)
- b. No ()
- ()

SECTION B

INSTRUCTIONS:

Dear participants,

I am Ms.LAKSHMI M as a part of my M.Sc. Nursing. Course curriculum. I am administering A self administered structured knowledge questionnaire related to my study. So, you are requested to co-operate and kindly give the relevant information. The information collected from you will be kept confidential and will be used for the Research purpose only.

A General information &causes.

1. H1N1 is a
- a. Disease of digestive system ()
-)
- b. Disease of respiratory system ()
-)

- c. Disease of circulatory system ()
)
2. Respiratory tract starts with
- a. Nose ()
)
- b. Mouth ()
)
- c. Eye ()
)
3. Number of lungs in respiratory system
- a. 3 ()
- b. 2 ()
- c. 1 ()
4. InH1N1enza virus, usually effects.
- a. people ()
- b. horses ()
- c. mosquitoes ()
5. H1N1 is a disease
- a. Communicable ()
)
- b. Non communicable ()
- c. Hereditary ()
6. Microorganisms that causes H1N1
- a. Bacteria ()
- b. Parasites ()
- c. Virus ()
)
7. Most common people who are prone to H1N1
- a. Infants, children and immune compromised patients. ()
- b. People working industries field. ()
- c. Adults, adolescents & young adult ()
8. H1N1 is prevalent in

- a. Summer season ()
- b. Winter season ()
- c. Late spring & early summer ()
9. Organisms that causes H1N1
- a. HIV Virus ()
- b. Retro virus ()
- c. InH1N1enza virus ()

B. Mode of transmission

10. H1N1 is a.....borne disease
- a. Blood ()
- b. Air ()
- c. Water ()
11. H1N1transmitted trough
- a. Indirect transmission ()
- b. Indirect transmission ()
- c. Direct and indirect ()
12. H1N1 same as
- a. Diarrhea ()
- b. Common cold ()
- c. Mouth ulcer ()
13. H1N1 is a

- a. Mild infection
()
- b. Fetal infection ()
)
- c. Seasonal infection
()
14. H1N1 is transmitted more
- a. Human to animal
()
- b. Human to human
()
- c. Animal to human
()
15. . It is possible to diagnose swine H1N1
- a. Always possible
()
- b. Not possible
()
- c. Possible in early stages
()
16. Human being infected with H1N1 the signs & symptoms develops usually after
- a. 1 - 3 days.
()
- b. 1 - 4 days
()
- c. 1 - 10 days
()

C Signs & Symptoms

17. Common signs and symptoms of H1N1
- a. Insomnia, weight lose
()
- b. Abdominal pain, giddiness
()
- c. Fever, cough, sore throat
()

18. H1N1 is most infective
- a. Soon after symptoms develops
()
- b. As soon as I catch it from someone else
()
- c. When the symptoms start to subside
()
19. Sever manifestation of H1N1
- a. High fever & weakness
()
- b. Difficulty in breathing
()
- c. Cardiomyopathy
()
20. Suitable diagnostic test for H1N1
- a. Trout and nose swab culture.
()
- b. Blood test
()
- c. Tissue biopsy
()

D Prevention & Treatment

21. H1N1 is a
- a. Vaccine preventable disease
()
- b. Prevents by medicating
()
- c. Prevents by Consulting doctor & treatment
()
22. H1N1 can be managed by
- a. Doing exercises
()

- b. Consulting doctor & treatment
()
- c. Not informing any one
()
- 23.** H1N1 can prevent by
- a. Regular H1N1 vaccination
()
- b. Breast feeding
()
- c. Regular supplementary food
()
- 24.** Drugs prescribed for H1N1
- a. Antifungal and anti malarial drugs
()
- b. Antibiotics and antifungal drug
()
- c. Antibiotics and antiviral drug
()
- 25.** Name of drug are used to treat H1N1
- a. Paracetamol
()
- b. Symmetry(amantadine)& TamiH1N1
()
- c. Sinarest
()
- 26.** Vaccine used to prevent H1N1
- a. Polio vaccine
()
- b. B.C.G vaccine
()
- c. Dandem vix & celvepam
()
- 27.** Precaution should taken, whenever any family members is suspected to H1N1
- a. Isolation of suspected Infected cases
()

- b. Taking rest
()
- c. Taking drugs
()
- 28.** H1N1 transmission can be minimized by
 - a. Regular taking bath
()
 - b. Using mosquitoes net
()
 - c. Wearing mask and Hand washing
()
- 29.** Specific Life style practice advisable during H1N1 out break
 - a. Personal hygiene
()
 - b. Over eating
()
 - c. Sleeping longer period
()
- 30.** Most common complication of H1N1
 - a. Heart failure
()
 - b. Kidney failure
()
 - c. Pneumonia
()

**Key answers for the questionnaire on knowledge regarding H1N1
And its prevention**

Item	Correct Answer	Score
1.	B	1
2.	A	1
3.	B	1
4.	A	1
5.	A	1
6.	C	1
7.	A	1
8.	B	1
9.	C	1
10.	B	1
11.	C	1
12.	B	1
13.	C	1
14.	B	1
15.	A	1
16.	B	1
17.	C	1
18.	A	1
19.	C	1
20.	A	1
21.	A	1
22.	B	1
23.	A	1
24.	C	1
25.	B	1
26.	C	1
27.	A	1
28.	C	1
29.	A	1
30.	C	1

ANNEXURE-X

STRUCTURED TEACHING PROGRAM ON H1N1 AND ITS PREVENTION

Name of the student teacher : Ms.LAKSHMI M

Subject : Community Health Nursing

Topic : H1N1

Size of the group : pp 60.

Venue : Adults

Medium of teaching : English

Instructional aides : Flash cards

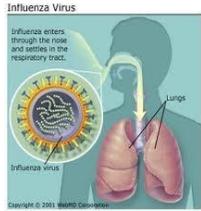
General objectives:

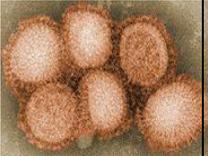
1. After the teaching program the adults will develop in-depth knowledge on prevention and control of H1N1.

Specific objectives:

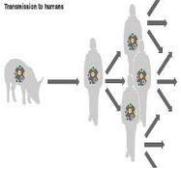
The Under five Mother should able to

1. Describe the anatomy and physiology of the lungs.
2. Understand the incidence of H1N1
3. Define H1N1
4. Describe incubation period of H1N1
5. List the causes & transmission of H1N1
6. List the signs and symptoms of H1N1
7. List diagnostic evaluation of H1N1
8. Describe care with H1N1
9. Describe to parents regarding the prevention of H1N1
10. Describe vaccination Of H1N1

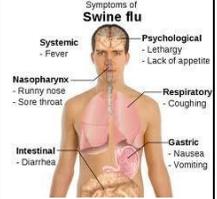
S.No	Time	Objective	Contents	Teaching activities	Lerner activities	A.V Aids	Evolution
1	2 min		<p><u>INTRODUCTION:</u></p> <p>Swine flu or H1N1 is a respiratory infection caused influenza viruses. The most familiar aspect of the H1N1 is the way it can "knock you off your feet" as it sweeps through entire fucking the girl. The H1N1 is caused by viruses that infect the respiratory tract. Most people who get the H1N1 recover completely in 1 to 2 weeks, but some people develop serious and potentially life-threatening medical complications, such as pneumonia. Much of the illness and death caused by in H1N1 can be prevented by annual influenza vaccination.</p>	Lecture come discussion	Listening		

2	2	Mothers will be able to describe the anatomy and physiology respiratory system	<p><u>ANATOMY AND PHYSIOLOGY:</u></p> <p>The respiratory system is consists of</p> <ul style="list-style-type: none"> • Nostrils larynx, • Trachea, • Bronchioles and lung • Alveoli. <p>The alveoli are functional unit of respiratory system. Oxygen enter trough nose into lungs and reach to the alveoli, exchange of oxygen and carbon dioxide in between blood and alveoli. Carbon dioxide comes out from lungs through the nose.</p>	Teacher explain anatomy physiology of respiratory system	Listening	chart	describe the anatomy and physiology Respiratory system.?
3	3	Describe the incidence of H1N1	<p><u>INCIDENCE</u></p> <ul style="list-style-type: none"> ➤ CDC estimates that in the United States more than 100,000 people are hospitalized and more than 20,000 people die from the H1N1 and its complications every year. ➤ The U.S. Centers for Disease Control and Prevention (CDC) estimates that 35 to 50 million Americans come down with the H1N1 during each H1N1 season, which typically lasts from November to March. 	Lecture	listening		What is incidence rate of H1N1?

			<p>➤ The H1N1 usually occurs in small outbreaks, but epidemics — when the illness spreads rapidly and affects many people in an area at the same time — tends to occur every few years. Epidemics often peak within 2 or 3 weeks after the first cases occur.</p> <p>When an epidemic spreads worldwide, it's called a pandemic. The most recent H1N1 pandemic occurred in 2009, with the H1N1 ("swine") H1N1.</p>				
4	1	will be able to define H1N1	<p style="text-align: center;"><u>DEFINITION</u></p> <p>Swine flu commonly known as "the H1N1," is a highly contagious viral infection of the respiratory tract. It affects all age groups, though kids tend to get it more often than adults.</p> <p>Swine flu H1N1 is a respiratory disease of pigs caused by type A influenza viruses that causes regular outbreaks in pigs. People do not normally get swine H1N1, but human infections can and do happen.</p>	Lecture	listening		Define H1N1?

5	3 min	Able to know incubation period of H1N1	<p style="text-align: center;"><u>INCUBATION PERIOD</u></p> <ul style="list-style-type: none"> ● The incubation period, the time period from exposure to the onset of symptoms, is fairly short, between 1 and 4 days. ● Human H1N1 usually peaks in winter months (which are December – March in the Northern Hemisphere and May – September in the Southern Hemisphere) within temperate zones but can occur year-round in tropical zones. ● Most people who get the H1N1 get better within a week For elderly people, newborn babies, and people with certain chronic illnesses, however, the H1N1 and its complications can be life-threatening 	Lecture	listening	 <p>Transmitted to humans</p>	What is incubation period of H1N1.?
6	6 min	The person will be able to list down the etiology & transmission	<p style="text-align: center;"><u>CAUSES & TRANSMISSION</u></p> <ul style="list-style-type: none"> ❖ You can get the H1N1 if someone around you who has the H1N1 coughs or sneezes.. ❖ The viruses can pass through the air and can enter your body through your nose or mouth. If you've touched a contaminated surface, they can pass 	Lecture cum discussion	Listening	 <p>RISK OF CONTACT</p>	List down causes & how transmission of H1N1?

			<p>from your hand to to your nose or mouth.</p> <ul style="list-style-type: none">❖ The H1N1 is contagious, spread by virus-infected droplets that are coughed or sneezed into the air. Children are two to three times more likely than adults to get sick with the H1N1, and children frequently spread the virus to others.❖ You can get the H1N1 simply by touching a surface like a telephone or door knob that has been contaminated by a touch from someone who has the H1N1.❖ You are at greatest risk of getting infected in highly populated areas, such as in crowded living conditions and in schools.❖ The inH1N1enza virus is contagious and can easily spread from person to person.❖ Indirect transmission from objects (such as contact with “fomites” on contaminated surfaces or clothing) is also a possible means of transmission			 	
--	--	--	--	--	--	---	--

			<p>Transmission</p> <ul style="list-style-type: none"> – Regular person-to-person transmission – Primarily through contact with respiratory droplets – Transmission from objects (fomites) possible – Contact, droplet, and droplet nuclei (airborne) transmission all likely occur – Droplet thought most important. 				
7	7 min	Able to enlist the clinical features of H1N1	<p><u>SIGNS AND SYMPTOMS</u></p> <p>All symptoms are usually gone within a week or two. However, it's important to treat the H1N1 seriously because it can lead to pneumonia and other life-threatening complications, particularly in infants, senior citizens, and people with long-term health problems.</p> <p>The H1N1 is often confused with the common cold, but H1N1 symptoms usually are more severe than the typical sneezing and stuffiness of a cold.</p>	Lecture cum discussion.	Listening	 <p>The diagram illustrates the symptoms of Swine flu, categorized into four groups: Systemic (Fever), Psychological (Lethargy, Lack of appetite), Respiratory (Coughing), and Gastric (Nausea, Vomiting). It also shows symptoms related to the Nasopharynx (Runny nose, Sore throat) and Intestinal (Diarrhea).</p>	Enlist the clinical features of H1N1?

			<p>Symptoms, which usually begin about 2 days after exposure to the virus, can include:</p> <ul style="list-style-type: none">▪ Fever▪ Chills▪ Headache▪ Muscle aches▪ Dizziness▪ Loss of appetite▪ Tiredness▪ Cough▪ Sore throat▪ Runny nose▪ Nausea or vomiting▪ Weakness▪ Ear pain				
--	--	--	---	--	--	--	--

8	3 min	Enumerate the diagnostic evaluation of H1N1	<p><u>DIAGNOSTIC EVALUATION:</u></p> <ul style="list-style-type: none"> ▪ Diagnosis is usually established through sputum analysis. ▪ Chest X-ray ▪ Additional laboratory studies include the following <ul style="list-style-type: none"> - Complete blood count - Nasopharyngeal cultures to look for source of infection 	Lecture	Mothers listening		Enumerate the diagnostic evaluation of H1N1?
9	8 min	Able to provide care of a child with	<p><u>CARE OF A CHILD WITH H1N1</u></p> <p>Many people treat their H1N1 infections by simply</p> <ul style="list-style-type: none"> • Resting in bed • Drinking plenty of H1N1ids 	Lecture and discussion	listening	Power point 	Explain about care of a child with H1N1?

			<p><u>Medical care</u></p> <p>If you do get the H1N1 and want to take medicine to treat it, your doctor may prescribe one of four available antiviral medicines:</p> <ul style="list-style-type: none"> • FDA recently approved Tamiflu for use in children 1 year of age and older who have had symptoms for no more than two days. Both treat inH1N1enza type A and type B infections. • flumadine® (rimantadine) helps adults who have influenza type A virus infections. • Symmetrel® (amantadine) can be taken by adults and children who are 1 year of age and older to prevent and treat type A or type B influenza virus infections. • To work well, you must take these medicines within 48 hours after the H1N1 begins. They reduce the length or time fever and other symptoms last and allow you to return to your daily routine. <p>Medication is prescribed, be sure to discuss any possible side effects with your doctor.</p>			 	
--	--	--	--	--	--	--	--

Home care

These at-home tips can help most otherwise healthy kids cope with the H1N1. Have them:

- Drink lots of fluids to prevent dehydration
- Get plenty of sleep and take it easy
- Take acetaminophen or ibuprofen to relieve fever and aches (do *not* give aspirin to children or teens as it may cause a rare but serious illness called Reye syndrome)
- Wear layers, since the H1N1 often makes them cold one minute and hot the next (wearing layers — like a T-shirt, sweatshirt, and robe — makes it easy to add or subtract clothes as needed)

Kids who are sick should stay home from school and childcare until they are without fever for at least 24 hours without the use of a fever-reducing medicine. Some might need to stay home longer, depending on how they feel. If you have questions or concerns, talk to your doctor.

People who got the vaccine one year aren't protected from getting the H1N1 the next because the protection wears off and H1N1 viruses constantly change. That's why the vaccine is updated each year to include the most current strains of the virus.



10	4 min	Able know regarding H1N1	<p><u>ADVICE TO PARENTS:</u></p> <p>Do's</p> <ul style="list-style-type: none"> ➤ Cover your mouth and nose with a handkerchief or tissue while coughing or Sneezing. ➤ Wash your hands every time after coughing or sneezing, thoroughly with soap and water, before and after touching your nose, eyes or mouth. ➤ Avoid crowded places. ➤ Stay at home if infected with H1N1 like illness. ➤ Keep at least an arm's distance from people affected with symptoms of influenzalike cough, running nose, sneezing and fever. ➤ Sleep well, stay physically active and effectively manage stress. ➤ Drink plenty of water and eat nutritious food. <p>Dont's</p> <ul style="list-style-type: none"> ➤ Shake hands, hug and kiss socially, or use other contact greetings. ➤ Take medicines without consulting the physician. ➤ Spit outdoors. 	Lecture cum discussion	Listening	 	What is importance of H1N1?
----	-------	--------------------------	---	------------------------	-----------	---	-----------------------------

- Aspirin not to be used in children.

When to Call the Doctor

Call the doctor if your child:

- Has H1N1 symptoms
- Has a high fever, or fever with a rash
- Has trouble breathing or rapid breathing
- Has bluish skin color
- Is not drinking enough H1N1ids
- Seems very sleepy or lethargic
- Seems confused
- Has H1N1 symptoms that get better, but then get worse

For the most part, though, the H1N1 is usually gone in a week or two with a little rest and tender loving care.

Control measures:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.



			<ul style="list-style-type: none"> ● Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective. ● Avoid touching your eyes, nose or mouth. Germs spread this way. ● Try to avoid close contact with sick people. ● If you get sick with inH1N1enza, CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them. <p>The American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), and the CDC recommend that certain high-risk groups — and those in close contact with them — be given priority for receiving the H1N1 shot in times of shortage:</p> <ul style="list-style-type: none"> ● All kids 6 months through 4 years old ● Anyone 50 years and older ● Women who will be pregnant during the H1N1 season ● Anyone with a weakened immune system ● Residents of long-term care facilities, such as nursing homes 				
--	--	--	---	--	--	---	--

			<ul style="list-style-type: none"> ● Any adult or child with chronic medical conditions, such as asthma ● Anyone who lives or works with: infants under 6 months old, children under 5, adults 50 or older ● Health care personnel who have direct contact with patients ● Caregivers of anyone in a high-risk group ● Those who live with someone in a high-risk category ● People who should <i>not</i> get the H1N1 shot include: ● Infants under 6 months old ● Anyone who's severely allergic to eggs and egg products. (People with a mild egg allergy can receive the vaccine, but it should be given in a doctor's office so that they can be monitored for side effects for 30 minutes after the shot is given.) ● anyone who's ever had a severe reaction to a H1N1 vaccination <p>If you are sick and have a fever, talk to your doctor about rescheduling your H1N1 shot.</p>				
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11	4 min	Able to state the prevention of H1N1	<p><u>PREVENTION:</u></p> <p><u>H1N1 VACCINE OR INFLUENZA VACCINE</u></p> <p>So to have the best protection against the H1N1, it's important to get the vaccine every year.</p> <p>The seasonal H1N1 vaccine becomes available each fall. It is given in places like hospitals, clinics, community centers, pharmacies, doctor's offices, and schools. Many kids receive the H1N1 vaccine at school.</p> <ul style="list-style-type: none"> • Influenza vaccine is the best prevention for seasonal influenza. • Inactivated viruses in the vaccine developed from three circulating strains (generally 2 Type A and 1 Type B strain) • Inactivated, injectable vaccine for persons 6 months and older' • Dosage 0.2ml.subcutaneous. <p><u>Side effects of the H1N1 vaccine</u></p> <p>The most common side effect of the H1N1 shot in children and adults is soreness at the injection site.</p> <p>Less than 1 percent of people who get the H1N1 shot report symptoms such as fever, chills, and muscle aches..</p> <p>Children who get the nasal spray vaccine may develop a runny nose, wheezing, headache, vomiting, muscle aches, and fever.</p>	Teacher explains regarding prevention of H1N1	listening	Power point	What are the preventive measures of H1N1?
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		<p>There's no guaranteed way — including being vaccinated — to prevent anyone from getting the H1N1. Avoiding large crowds can help, but it's often impossible to keep kids cooped up.</p> <p>Here are some practical ways to help prevent the spread of the H1N1: Wash your hands thoroughly and frequently with soap, especially after using the bathroom, after coughing or sneezing, and before eating.</p> <ul style="list-style-type: none"> • Never pick up used tissues. ,Never share cups and eating utensils. <p>Stay home from work or school when you're sick with the H1N1, Cover your mouth and nose with a tissue when you cough or sneeze, and then put it in the trash. If a tissue isn't available</p>				
12	2 min	<p><u>CONCLUSION:</u></p> <p>H1N1 is one of the significant causes of illness and most dreadful emergencies met within pediatric practice. It is a major cause of hospitalization of children with high mortality rate. Provide adequate knowledge about H1N1 disease which can prevent families from experiencing the tragic death of a child</p>	Lecture cum discussion	listening		

ANNEXURE-XIಜನ ಸಂಖ್ಯಾ ವಿವರ

ಪ್ರತಿಯ ಸ್ಪರ್ಧಿಗಳಾ ಭಾಗ ಒಂದರಲ್ಲಿ ನಿಮ್ಮನ್ನು ಕುರಿತು ಪಶ್ನೆಗಳು ಹೊಂದಿದೆ ಸೂಕ್ತವಾದ ಉತ್ತರವನ್ನು ಆಯ್ಕೆಮಾಡಿ.

ಭಾಗ - 1

ಸಾಮಾಜಿಕ ಜನಸಂಖ್ಯಾ ಮಾಹಿತಿ

1) ವಯಸ್ಸು ವರ್ಷಗಳಲ್ಲಿ.....

- ಅ) 21 - 25 ವರ್ಷಗಳು ()
 ಆ) 26 - 30 ವರ್ಷಗಳು ()
 ಇ) 31 - 35 ವರ್ಷಗಳು ()
 ಈ) 36 ವರ್ಷಗಳ ಮೇಲ್ಪಟ್ಟು ()

2) ಶಿಕ್ಷಣ.....

- ಅ) ಪ್ರಾಥಮಿಕ ()
 ಆ) ಪ್ರೌಢಶಾಲೆ ()
 ಇ) ಅನರ್ಹರಸ್ಥರು ()
 ಈ) ಪದವೀದರರು ()

3) ಉದ್ಯೋಗ.....

- ಅ) ಸರ್ಕಾರಿ ಸೇವೆ ()
 ಆ) ಖಾಸಗಿ ಸೇವೆ ()
 ಈ) ಸ್ವಂತ ಉದ್ಯೋಗ ()

4) ಧರ್ಮ.....

- ಅ) ಹಿಂದು ()
 ಆ) ಕ್ರೈಸ್ತ ()
 ಇ) ಮುಸ್ಲಿಮ್ ()
 ಈ) ಇತರೆ ()

5) ಮಕ್ಕಳ ಸಂಖ್ಯೆ

- ಅ) ಒಂದು ಮಗು ()
 ಆ) ಎರಡು ಮಕ್ಕಳು ()
 ಇ) ಮೂರು ಮಕ್ಕಳು ಅಥವಾ ಮೇಲ್ಪಟ್ಟಂತೆ ()

6) ಕುಟುಂಬದ ವರಮಾನ.....

- ಅ) ರೂ.1000ದ ಒಳಗೆ ()
 ಆ) ರೂ.1001 ರಿಂದ ರೂ.5000 ()
 ಇ) ರೂ.5001 ರಿಂದ ರೂ.10.000 ()
 ಈ) ರೂ.10.000 ಮೇಲ್ಪಟ್ಟು ()

7) ಕುಟುಂಬ ಆಕಾರ

- ಅ) ಸಣ್ಣ ಕುಟುಂಬ ()
 ಆ) ದೊಡ್ಡ ಕುಟುಂಬ ()
 ಇ) ಅತಿ ದೊಡ್ಡ ಕುಟುಂಬ ()

8) ಮನೆಯ ಆಕಾರ

- ಅ) ಹೆಂಚಿನ ಮನೆ (ಸೆಮಿ ಪಕ್ಕಾ) ()
 ಆ) ಸಿಮೆಂಟಿನ ಮನೆ (ಪಕ್ಕಾ) ()
 ಇ) ಗುಡಿಸಲು ಮನೆ (ಕಚ್ಚಾ) ()

9) ಮೊದಲು ಊಟದ ತಡೆಗಟ್ಟುವಿಕೆ ಬಗ್ಗೆ ಮಾಹಿತಿ

- ಅ) ಹೌದು ()
ಆ) ಇಲ್ಲ ()

10) ಹೌದು ಅಂದರೆ ಸೂಚಿಸಿ

- ಅ) ದಿನ ಪತ್ರಿಕೆ ()
ಆ) ರೇಡಿಯೋ ()
ಇ) ಟಿ.ವಿ ()
ಈ) ಅಂತರ್ ಜಾಲ (ಇಂಟರ್ ನೆಟ್) ()

11) ನಿಮ್ಮ ಸಂಬಂಧಿಕರು ಅಥವಾ ಮಕ್ಕಳು ರೋಗದಿಂದ ನರಳುತ್ತಿದ್ದಾರೆಯೇ

- ಅ) ಹೌದು ()
ಆ) ಇಲ್ಲ ()

ಭಾಗ - 2

ಭಾಗ 2 ರಲ್ಲಿ ರೋಗದ ಬಗ್ಗೆ ಮಾಹಿತಿ ಕೊಟ್ಟಿದೆ ಹಾಗೂ 3 ಉತ್ತರಗಳನ್ನು ಕೊಡಲಾಗಿದೆ ಸೂಕ್ತವಾದ ಉತ್ತರಕ್ಕೆ ಗುರುತನ್ನು ಹಾಕಿ.

ರೋಗದ ಮಾಹಿತಿ ಮತ್ತು ಕಾರಣಗಳು

1) ಇದು ಒಂದು

- ಅ) ಜೀರ್ಣಾಂಗದ ವ್ಯವಸ್ಥೆಯ ರೋಗ ()
ಆ) ಉಸಿರಾಟದ ವ್ಯವಸ್ಥೆಯ ರೋಗ ()
ಇ) ರಕ್ತ ಪರಿಚಲನಾ ವ್ಯವಸ್ಥೆಯ ರೋಗ ()

2) ಉಸಿರಾಟ ಅಂಗ ಪ್ರಾರಂಭವಾಗುತ್ತದೆ

- ಅ) ಮೂಗಿನಿಂದ ()
ಆ) ಬಾಯಿಂದ ()
ಇ) ಕಣ್ಣುಗಳಿಂದ ()

3) ಉಸಿರಾಟ ಅಂಗದಲ್ಲಿ ಪುಷ್ಟಿಗಳು

- ಅ) ಮೂರು ()
ಆ) ಎರಡು ()
ಇ) ಮೂರು ()

4) ಸ್ಪೈನ್ ಪ್ಲೂ ಸಾಮಾನ್ಯವಾಗಿ ಹೆಚ್ಚು ಕಂಡು ಬರುತ್ತೆ

- ಅ) ಮನುಷ್ಯರಲ್ಲಿ ()
ಆ) ಪ್ರಾಣಿಗಳಲ್ಲಿ ()
ಇ) ಸೊಳ್ಳೆಗಳಲ್ಲಿ ()

5) ಸ್ಪೈನ್ ಪ್ಲೂ ರೋಗವು

- ಅ) ಸಾಂಕ್ರಾಮಿಕ ()
ಆ) ಅಸಾಂಕ್ರಾಮಿಕ ()
ಇ) ವಂಶಪಾರಂಪರ ()

6) ಸ್ಪೈನ್ ಪ್ಲೂ ಉಂಟುಮಾಡುವ ಸೂಕ್ಷ್ಮ ಜೀವಿಗಳು

- ಅ) ವೈರಸ್ ()
ಆ) ಬ್ಯಾಕ್ಟೀರಿಯಾ ()
ಇ) ಪ್ರಾಪ್ರಿಯೋಟಿಸ್ ()

7) ಸಾಮಾನ್ಯವಾಗಿ ಯಾರಲ್ಲಿ ಊರಿನಲ್ಲಿ ಹೆಚ್ಚಾಗಿ ಕಾಣಿಸಿಕೊಳ್ಳುತ್ತದೆ

- ಅ) ಮಕ್ಕಳಲ್ಲಿ ರೋಗಪ್ರತಿಕಾರಶಕ್ತಿ ಕಡಿಮೆ ಇರುವವರಿಗೆ ()
ಆ) ಕಾರ್ಖಾನೆಯಲ್ಲಿ ಕಾರ್ಮಿಕರಿಗೆ ()

ಇ) ವಯಸ್ಕರಲ್ಲಿ ()

8) ಸ್ಪೈನ್ ಪಲ್ಲ ಬಹಳ ಹೆಚ್ಚಾಗಿ ಈ ಕಾಲದಲ್ಲಿ ಕಾಣಿಸಿಕೊಳ್ಳುತ್ತದೆ

- ಅ) ಬೇಸಿಗೆ ಕಾಲದಲ್ಲಿ ()
ಆ) ಚಳಿಗಾಲದಲ್ಲಿ ()

ಇ) ಮಳೆಗಾಲದಲ್ಲಿ ()

9) ಹಂದಿಜ್ವರ (ಸ್ಪೈನ್ ಪಲ್ಲ) ಕಾರಣವಾದ ಸೂಕ್ಷ್ಮಣು ಜೀವಿ

ಅ) ರೆಸ್ಟೋಕ್ಟ್ ವೈರಸ್ ()

)

ಆ) ಹೆಚ್.ಐ.ವಿ ವೈರಸ್ ()

)

ಇ) ಹೆಚ್1. ಎನ್1 ವೈರಸ್ ()

)

ಈ ರೋಗ ಹರಡುವಿಕೆಯ ಪದ್ಧತಿ ()

ರೋಗ ಹರಡುವ ವಿಧಾನ

10) ಸ್ಪೈನ್ ಪಲ್ಲ ಒಂದು

ಅ) ರಕ್ತರೋಗ ()

ಆ) ಗಾಳಿಯ ರೋಗ ()

ಇ) ಸಂಭೋಗದಿಂದ ರೋಗ ಹರಡುತ್ತದೆ ()

11) ಸ್ಪೈನ್ ಪಲ್ಲ ರೋಗ ಇದರ ಮೂಲಕ ಹರಡುತ್ತದೆ

ಅ) ಡೈರೆಕ್ಟ್ ()

ಆ) ಇನ್ ಡೈರೆಕ್ಟ್ ()

ಇ) ಡೈರೆಕ್ಟ್ ಮತ್ತು ಇನ್ ಡೈರೆಕ್ಟ್ ()

12) ಸ್ಪೈನ್ ಪಲ್ಲ ರೋಗವು ಇತರೆ ರೋಗದಂತೆ ಗೋಚರಿಸುತ್ತದೆ

ಅ) ಭೇದಿ ರೋಗ ()

ಆ) ನೆಗಡಿ ()

ಇ) ಬಾಯಿಯ ಹುಣ್ಣು ()

13) ಸ್ಪೈನ್ ಪಲ್ಲ 1 ಇದು

ಅ) ಸಾದಾರಣ ಸೋಂಕು ()

ಆ) ಮಾರಣಾಂತಿಕ ಸೋಂಕು ()

ಇ) ವಂಶಪರಂಪರೆ ಸೋಂಕು ()

14) ಊರಿನಲ್ಲಿ ಇದು ಸಾಮಾನ್ಯವಾಗಿ ಹರಡುತ್ತದೆ

ಅ) ಮನುಷ್ಯರಿಂದ ಪ್ರಾಣಿಗೆ ()

ಆ) ಮನುಷ್ಯರಿಂದ ಮನುಷ್ಯರಿಗೆ ()

ಇ) ಪ್ರಾಣಿಗಳಿಂದ ಮನುಷ್ಯರಿಗೆ ()

15) ಸ್ಪೈನ್ ಪಲ್ಲ ರೋಗ ಕಂಡುಹಿಡಿಯಲು

ಅ) ಯಾವಾಗಲೂ ಸಾಧ್ಯ ()

ಆ) ಸಾಧ್ಯವಿಲ್ಲ ()

ಇ) ಆರಂಭಿಕ ಹಂತದಲ್ಲಿ ಸಾಧ್ಯ ()

16) ಸ್ಪೈನ್ ಪ್ಲೂ ಹರಡುವ ಕಾಲಾವಧಿ

- ಅ) 1 ರಿಂದ 4 ದಿನಗಳು ()
 ಆ) 1 ರಿಂದ 10 ದಿನಗಳು ()
 ಇ) 1 ರಿಂದ 2 ದಿನಗಳು ()

ಚಿಹ್ನೆಗಳು ಮತ್ತು ರೋಗಲಕ್ಷಣಗಳು

17) ಸಾಮಾನ್ಯವಾಗಿ ಉಂಟಾದ ರೋಗಲಕ್ಷಣಗಳು()

- ಅ) ನಿಂದ್ರಾಹೀನತೆ, ತೂಕ ಕಡಿಮೆಯಾಗುವುದು ()
 ಆ) ಹೊಟ್ಟೆನೋವು, ತಲೆ ಸುತ್ತುವುದು ()
 ಇ) ಜ್ವರ, ಕೆಮ್ಮು, ಗಂಟಲು ಹುಣ್ಣು ()

18) ಸ್ಪೈನ್ ಪ್ಲೂ ರೋಗ ಬಹಳ ಪರಿಣಾಮಕಾರಿ

- ಅ) ರೋಗ ಲಕ್ಷಣ ಕಾಣಿಸಿದನಂತರ ()
 ಆ) ರೋಗ ಹರಡುವ ಹಂತದಲ್ಲಿ ()
 ಇ) ರೋಗ ಲಕ್ಷಣ ಕಡಿಮೆಯಾದಾಗ ()

19) ಸ್ಪೈನ್ ಪ್ಲೂ ಇದು ಪ್ರಾಥಮಿಕವಾಗಿ ಪರಿಣಾಮಕಾರಿಯಾಗುವ ಅಂಗ

- ಅ) ಮೂತ್ರ ವ್ಯವಸ್ಥೆ ()
 ಆ) ಉಸಿರಾಟ ವ್ಯವಸ್ಥೆ ()
 ಇ) ಹೃದಯ ವ್ಯವಸ್ಥೆ ()

20) ಸ್ಪೈನ್ ಪ್ಲೂ ರೋಗವನ್ನು ಕಂಡುಹಿಡಿಯುವ ವಿಧಾನ

- ಅ) ರಕ್ತ ಪರೀಕ್ಷೆ ()
 ಆ) ಮೂಗು ಅಥವಾ ಗಂಡಲು ಪರೀಕ್ಷೆ ()
 ಇ) ಮಾಂಸ ಕಂಡಗಳ ಪರೀಕ್ಷೆ ()

ರೋಗ ತಡೆಗಟ್ಟುವುದು ಮತ್ತು ಉಪಚಾರ

21) ಸ್ಪೈನ್ ಪ್ಲೂ ರೋಗ

- ಅ) ಲಸಿಕೆ ಮೂಲಕ ತಡೆಗಟ್ಟಬಹುದು ()
 ಆ) ಮಾತೆಗಳ ಮೂಲಕ ತಡೆಗಟ್ಟಬಹುದು ()
 ಇ) ವೈದ್ಯರ ಭೇಟಿಯ ಮೂಲಕ ()

22) ಸ್ಪೈನ್ ಪ್ಲೂ ಇದರ ಮೂಲಕ ತಡೆಗಟ್ಟಬಹುದು

- ಅ) ವ್ಯಾಯಾಮ ಮಾಡುವುದರಿಂದ ()
 ಆ) ವೈದ್ಯರನ್ನು ಬೇಟಿಮಾಡಿ ಚಿಕಿತ್ಸೆ ತೆಗೆದುಕೊಳ್ಳುವುದರಿಂದ ()
 ಇ) ಗುಪ್ತವಾಗಿಡುವುದರಿಂದ ()

23) ಸ್ಪೈನ್ ಪ್ಲೂ ಇಂದ ಮಕ್ಕಳನ್ನು ದೂರವಿಡಲು

- ಅ) ಲಸಿಕೆ ಹಾಕಿಸುವುದರಿಂದ ()
 ಆ) ತಾಯಿಹಾಲು ಉಣಿಸುವುದರಿಂದ ()
 ಇ) ಸ್ನಾನ ಮಾಡಿಸುವುದರಿಂದ ()

24) ಸ್ಪೈನ್ ಪ್ಲೂ ಉಪಚಾರ

- ಅ) ಆಂಟಿ ಮಲೇರಿಯಾ ()
 ಆ) ಆಂಟಿ ಫಂಗಲ್ ()
 ಇ) ಆಂಟಿ ಬೈಯೋಟಿಕ್ ಮತ್ತು ಆಂಟಿ ವೈರಲ್ ()

25) ಈ ಔಷಧಿ ತೆಗೆದುಕೊಂಡು ರೋಗತಡೆಗಟ್ಟಬಹುದು

- ಅ) ತೆಮಿಪ್ಲೂ ()
ಆ) ಪಾರಸಿಟಮಾಲ್ ()
ಇ) ಸಿನಾರಸ್ ()

26) ಲಸಿಕೆಯನ್ನು ಉಪಯೋಗಿಸಿ ಊಟತಡೆಗಟ್ಟ ಬಹುದು

- ಅ) ಪೋಲಿಯೋ ಲಸಿಕೆ ()
ಆ) ಡೆಂಟಮ್ ವಿಕಸ್ ಮತ್ತು ಕ್ಲಿವಿಪಾಮ್ ()
ಇ) ಬಿ.ಸಿ.ಜೆ ಲಸಿಕೆ ()

27) ಸ್ಪೈನ್ ಪ್ಲೂ ರೋಗಿಯನ್ನು

- ಅ) ಜನಸಂಪರ್ಕದಿಂದ ದೂರವಿಡುವುದು ()
ಆ) ವಿಶ್ರಾಂತಿ ಕೊಡುವುದು ()
ಇ) ಔಷಧಿ ಕೊಡುವುದು ()

28) ಸ್ಪೈನ್ ಪ್ಲೂ ನಿಯಂತ್ರಿಸುವುದು

- ಅ) ಕೆಮ್ಮುವಾಗ ಕರವಸ್ತ್ರ ಉಪಯೋಗಿಸುವುದು ()
ಆ) ಮುಖವಾಡಧರಿಸುವುದು ()
ಇ) ದಿನಾ ಸ್ನಾನ ಮಾಡುವುದು ()

29) ಸ್ಪೈನ್ ಪ್ಲೂ 1ಸಂಪೂರ್ಣವಾಗಿ ಹೋಗಲಾಡಿಸ ಬಹುದು

- ಅ) ವೈಯಕ್ತಿಕ ಕಾಳಜಿ ()
ಆ) ಹೆಚ್ಚು ಆಹಾರ ಸೇವೆ ()
ಇ) ಹೆಚ್ಚು ಮಲಗುವುದರಿಂದ ()

30) ಸ್ಪೈನ್ ಪ್ಲೂ ದಿಂದ ದುಷ್ಪರಿಣಾಮಗಳು

- ಅ) ಮೂತ್ರಪಿಂಡ ರೋಗ ()
ಆ) ನಿಮೋನಿಯ ()
ಇ) ಜ್ವರ ಕೆಮ್ಮು ()

ANNEXURE-XII

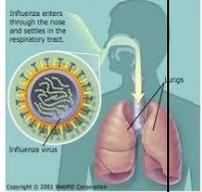
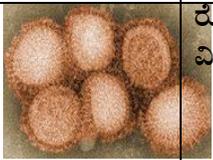
ಸಾಮಾನ್ಯ ಉದ್ದೇಶಗಳು

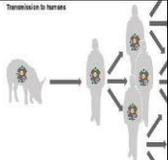
ಅಧ್ಯಾಯ ಭೋಧನೆ ನಂತರ 5 ವರ್ಷಕ್ಕಿಂತ ಕಡಿಮೆ ಇರುವ ಮಕ್ಕಳ ತಾಯಂದಿರು ಊಟತಡೆಗಟ್ಟುವ ಬಗ್ಗೆ ಸಂಪೂರ್ಣ ಮಾಹಿತಿ ಪಡೆದು ಕೊಂಡಿರುತ್ತಾರೆ.

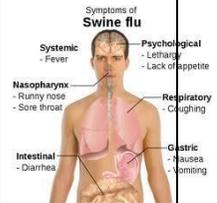
ನಿರ್ದಿಷ್ಟ ಉದ್ದೇಶಗಳು:

ಅಧ್ಯಾಯ ಭೋಧನೆ ನಂತರ 5 ವರ್ಷಕ್ಕಿಂತ ಕಡಿಮೆ ಇರುವ ಮಕ್ಕಳ ತಾಯಂದಿರು

1. ಉಪಯುಕ್ತ ರೋಗ ವ್ಯಾಖ್ಯೆ
2. ಉಪಯುಕ್ತ ರೋಗ ಪ್ರಮಾಣ
3. ಉಸಿರಾಟ ಅಂಗದ ರಚನೆ ಮತ್ತು ಕಾರ್ಯ
4. ಉಪಯುಕ್ತ ರೋಗ ಕಾರಣಗಳು ಮತ್ತು ಹರಡುವಿಕೆ
5. ರೋಗ ಚಿಹ್ನೆ ಹಾಗೂ ಲಕ್ಷಣಗಳು
6. ರೋಗ ಕಂಡು ಹಿಡಿಯುವ ವಿಧಾನ
7. ಉಪಯುಕ್ತ ರೋಗ ಕಾಳಜಿ ಹೋಗಲಾಡಿಸುವ ಸಂಬಂಧಿಸಿದ ಜ್ಞಾನ
8. ಉಪಯುಕ್ತ ರೋಗ ಕಾಳಜಿ ಅದರ ನಿವಾರಣೆ ಸಂಬಂಧಿಸಿದ ಜ್ಞಾನ
9. ಉಪಯುಕ್ತ ರೋಗ ಸಂಬಂಧಿಸಿದ ಲಸಿಕೆ ಮಾಹಿತಿ

ಕ್ರ. ಸಂ.	ಸಮಯ	ನಿರ್ದಿಷ್ಟ ಉದ್ದೇಶ	ಸಾರಾಂಶ	ಕಲಿಸುವರ ಚಟುವಟಿಕೆ	ಕಲಿಯುವವರ ಚಟುವಟಿಕೆ	ಎ.ವಿ.ಎಡ್ಸ್	ಮೌಲ್ಯಮಾಪನ	
1	2 ನಿಮಿಷ		<p>ಪೀಠಿಕೆ:</p> <p>ಇನ್ ಫ್ಲುಯಂಜ ಇದು ಒಂದು ಉಸಿರಾಟಕ್ಕೆ ಸಂಬಂಧಿಸಿದ ರೋಗ. ಈ ರೋಗ ಹರಡಲು ಇನ್ ಫ್ಲುಯಂಜ ವೈರಸ್ ಕಾರಣ. ಇದು ಒಂದು ಹಂತದಲ್ಲಿ ರೋಗ ಹರಡಲು ಪ್ರಾರಂಭವಾದರೆ ಎಲ್ಲಾ ಸಮುದಾಯದ ಜನರ ರೋಗದಿಂದ ನರಳುತ್ತಾರೆ. ಇನ್ ಫ್ಲುಯಂಜ ವೈರಸ್ ಗಳಲ್ಲಿ 3 ಪ್ರಕಾರಗಳು. ಇನ್ ಫ್ಲುಯಂಜ ಎ.ಬಿ.ಸಿ. ಇದು 1 ರಿಂದ 9 ವಾರಗಳಲ್ಲಿ ವಾಸಿಯಾಗುತ್ತದೆ. ಆದರೆ ಕೆಲವರಲ್ಲಿ ನಿರ್ಮೋನಿಯ ರೋಗ ಭೀತಿ ಇರುತ್ತದೆ. ಆದ ಕಾರಣ ಲಸಿಕೆ ಹಾಕಿಸಿ ಉಸಿರಾಟದ ರೋಗ ತಡೆಗಟ್ಟಲು.</p>	ಭೋಧನೆ ಜೊತೆಗೆ ಸಮಾಲೋಚನೆ	ಭೋಧನೆ ಕೇಳುವುದು			
2	2 ನಿಮಿಷ	ಉಸಿರಾಟದ ಅಂಗದ ಬಗ್ಗೆ ವಿವರಣೆ	<p>ಉಸಿರಾಟದ ಅಂಗದ ರಚನೆ ಮತ್ತು ಕಾರ್ಯ:</p> <p>ಉಸಿರಾಟದ ರಚನೆ</p> <ul style="list-style-type: none"> -ನೊಸ್ಟ್ರಲ್ ಧ್ವನಿ ಪೆಟ್ಟಿಗೆ, ಟ್ರಿಕಿಯಾ - ಬ್ರೂಂಕಿಯಲ್ಸ್, ಲಂಗ್ಸ್ - ಅಲುವಿಲೈ <p>ಅಲುವಿಲೈ ಇದು ಉಸಿರಾಟ ಅಂಗದ ಮುಖ್ಯಭಾಗ. ಆಕ್ಸಿಜನ್ ಮೂಗಿನ ಮೂಲಕ ಲಂಗ್ಸ್‌ನ್ನು ಸೇರಿಕೊಳ್ಳುತ್ತದೆ. ನಂತರ ಅಲುವಿಲೈ ಮುಟ್ಟುತ್ತದೆ. ನಂತರ ಆಕ್ಸಿಜನ್ ಮತ್ತು ಕಾರ್ಬನ್ ಡೈ ಆಕ್ಸೈಡ್ ಅಲುವಿಲೈ ಮತ್ತು ರಕ್ತದ ಮಧ್ಯೆ ಅದಲು ಬದಲಾಗುತ್ತದೆ. ಕಾರ್ಬನ್ ಡೈ ಆಕ್ಸೈಡ್ ಮೂಗಿನ ಮೂಲಕ ದೇಹದಿಂದ ಹೊರಗೆ ಬರುತ್ತದೆ.</p>	ಭೋಧನೆ ಮತ್ತು ಸಮಾಲೋಚನೆ	ಪಾಠ ಕೇಳುವುದು		ಉಸಿರಾಟದ ರಚನೆ ವಿವರಿಸಿ.	
3	03	3 ನಿಮಿಷ	<p>ತಾಯಿಗೆ ರೋಗದ ಬಗ್ಗೆ ಮಾಹಿತಿ ಯು.ಎಸ್. ಸೆಂಟರ್ ಡಿಸೀಜ್ ಕಂಟ್ರೋಲ್ ಮತ್ತು ಪ್ರಿವೆನ್ಷನ್ ಅಮೆರಿಕದಲ್ಲಿ ಇದೆ ನವೆಂಬರ್ ರಿಂದ ಮಾರ್ಚ್‌ವರೆಗೆ 35-50 ಮಿಲಿಯನ್ ಜನರಲ್ಲಿ ಉಸಿರಾಟದ ರೋಗ ನಿಯಂತ್ರಣವಾಗಿದೆ.</p> <p>ಉಸಿರಾಟದ ರೋಗ ಇದು ಒಂದು ಸಣ್ಣ ರೋಗ ಹರಡಲು ಪ್ರಾರಂಭವಾದರೆ ಊಟದ ರೋಗಕ್ಕೆ ಹೆಚ್ಚು ಜನರು ತುತ್ತಾಗುತ್ತಾರೆ. ಮೊದಲನೆಯ ರೋಗಿ ಪತ್ತೆಯಾದ 2 ಅಥವಾ 3 ವಾರಗಳಲ್ಲಿ ರೋಗದ ಪ್ರಮಾಣ ಇತರರಲ್ಲಿ ಹೆಚ್ಚುತ್ತದೆ. ಯಾವಾಗ ಜಗತ್ತಿನ ಎಪಿಡೆಮಿಯೋಲಜಿ ಹರಡುತ್ತದೆ ಅದಕ್ಕೆ ಪೆಂಡಮಿಕ್ ಎನ್ನುತ್ತಾರೆ. ಇದಕ್ಕೆ ಉದಾಹರಣೆ ಇತ್ತೀಚೆಗೆ 2009 ಸ್ವಯಿನ್ ಊಟದ ರೋಗ.</p>	ಇನಿಸಿಡೆನ್ಸ್: ಸಿಡಿಸಿ ಪ್ರಕಾರ ಪ್ರತಿ ವರ್ಷ ಯುನಿಟೆಡ್ ಸ್ಟೇಟ್ಸ್ ಆಸ್ಟ್ರೇಲಿಯ ದಾಖಲು ಆಗುತ್ತಾರೆ ಮತ್ತು 20,000 ಕ್ಕೂ ಹೆಚ್ಚು ಜನರು ರೋಗದಿಂದ ಸಾಯುತ್ತಾರೆ	ಭೋಧನೆ	ಕೇಳುವುದು		ರೋಗದ ಬಗ್ಗೆ ವಿವರಿಸಿ.

4	1 ನಿಮಿಷ	಼ÉàöÊËì ¥ÀÆè ವ್ಯಾಖ್ಯೆದ ಬಗ್ಗೆ ತಿಳುವಳಿಕೆ	ವ್ಯಾಖ್ಯೆ: ಇನ್‌ಫ್ಲೂಯೆಂಜವನ್ನು ಸಾಮಾನ್ಯವಾಗಿ ಼ÉàöÊËì ¥ÀÆè ಎಂದು ಕರೆಯುತ್ತಾರೆ ಇದು ಬಹಳ ಅಪಾಯಕಾರಿ ರೋಗವಾಗಿರುವುದರಿಂದ ವೈರಸ್ ಒಂದು ಸಲ ಉಸಿರಾಟ ಅಂಗ ಪ್ರವೇಶಿಸಿದರೆ ರೋಗ ನಿಧಾನ ಗತಿಯಲ್ಲಿ ದೇಹವನ್ನೆ ಆವರಿಸಿಕೊಳ್ಳುತ್ತದೆ	ಭೋಧನೆ	ಪಾಠ ಕೇಳುವುದು			಼ÉàöÊËì ¥ÀÆè ಎಂದರೇನು
5	2 ನಿಮಿಷ	ತಾಯಿಗೆ ಼ÉàöÊËì ¥ÀÆè ಹರಡುವ ಬಗ್ಗೆ ವಿವರಿಸುವುದು	ಇನ್‌ಫ್ಲೂಯೆಂಜ ರೋಗ ಹರಡುವ ಅವಧಿ: ಇನ್ ಫ್ಲೂಯೆಂಜ ಹರಡಲು 1 ರಿಂದ 4 ದಿನಗಳು ಬೇಕು ಇನ್ ಫ್ಲೂಯೆಂಜ ಸಾಮಾನ್ಯವಾಗಿ ಚಳಿಗಾಲದಲ್ಲಿ ಹೆಚ್ಚು ಕಂಡುಬರುತ್ತದೆ. ಡಿಸೆಂಬರ್ ರಿಂದ ಮಾರ್ಚ್‌ವರೆಗೆ ಹೆಚ್ಚಿರುತ್ತದೆ ಮತ್ತು ದಕ್ಷಿಣದ ಕಡೆಗೆ ಮೇ ದಿಂದ ಸೆಪ್ಟೆಂಬರ್‌ನಲ್ಲಿ ಹೆಚ್ಚು ಕಂಡುಬರುತ್ತದೆ. ಪ್ರೌಢರಲ್ಲಿ ಼ÉàöÊËì ¥ÀÆè ರೋಗ ಬೇಗನೆ ವಾಸಿಯಾಗುತ್ತದೆ, ಆದರೆ ಚಿಕ್ಕಮಕ್ಕಳು ಮತ್ತು ರೋಗದಿಂದ ಬಳಲುತ್ತಿರುವವರಲ್ಲಿ ಼ÉàöÊËì ¥ÀÆè ಹೆಚ್ಚು ಪರಿಣಾಮಕಾರಿಯಾಗಿರುತ್ತದೆ.	ಭೋಧನೆ	ಪಾಠ ಕೇಳುವುದು		಼ÉàöÊËì ¥ÀÆè ಹರಡಲು ಎಷ್ಟು ಅವಧಿ ಬೇಕು	
6	8 ನಿಮಿಷ	ಕಾರಣಗಳು	ಊ1ಓ1ರೋಗ ಹರಡುವಿಕೆ ಮತ್ತು ಕಾರಣಗಳು: ಇನ್ ಫ್ಲೂಯೆಂಜ ವೈರಸ್ ಉಸಿರಾಟದ ಅಂಗದ ಮೂಲಕ ದೇಹಕ್ಕೆ ಸೇರುತ್ತದೆ. ಇನ್ ಫ್ಲೂಯೆಂಜ ವೈರಸ್ ನಲ್ಲಿ 3 ಪ್ರಕಾರಗಳು. ಼ÉàöÊËì ¥ÀÆè ರಿಂದ 2 ವಾರಗಳಲ್ಲಿ ವಾಸಿಯಾಗುತ್ತದೆ. ಆದರೆ ಕೆಲವರಲ್ಲಿ ರೋಗವು ಬಹಳ ಪರಿಣಾಮಕಾರಿಯಾಗಿ ಜೀವನವನ್ನೇ ನಾಶಮಾಡುತ್ತದೆ ಮತ್ತು ಲಸಿಕೆ ಹಾಕಿಸಿಕೊಳ್ಳುವುದರಿಂದ ನ್ಯೂಮೋನಿಯ ಹಂತಕ ರೋಗದ ಪರಿಣಾಮದಿಂದ ದೂರವಿರಬಹುದು. ಼ÉàöÊËì ¥ÀÆè ನಿಂದ ನರಳುತ್ತಿರುವ ವ್ಯಕ್ತಿಯು ಗಾಳಿಯಲ್ಲಿ ಕೆಮ್ಮುವುದರಿಂದ, ಸೀನುವುದರಿಂದ ರೋಗ ಹರಡುತ್ತದೆ. ಚಿಕ್ಕ ಮಕ್ಕಳಲ್ಲಿ 2 ರಿಂದ 3 ಪಟ್ಟು ಹೆಚ್ಚು ಼ÉàöÊËì ¥ÀÆè ಪರಿಣಾಮಕಾರಿಯಾಗಿರುತ್ತದೆ. ರೋಗದಿಂದ ಬಳಲುತ್ತಿರುವ ರೋಗಿಯು ಮುಟ್ಟಿದ ವಸ್ತುಗಳನ್ನು ಮುಟ್ಟುವುದರಿಂದ ರೋಗ ಹರಡುವ ಸಾಧ್ಯತೆ ಹೆಚ್ಚಿರುತ್ತದೆ. ವೈರಸ್ ಗಾಳಿಯ ಮೂಲಕ ಮೂಗು ಅಥವಾ ಬಾಯಿಯ ಮೂಲಕ ನಂತರ ದೇಹವನ್ನು ಪ್ರವೇಶಿಸುತ್ತದೆ. ರೋಗದಿಂದ ಬಳಲುತ್ತಿರುವ ವ್ಯಕ್ತಿ ಮುಟ್ಟಿದ ವಸ್ತುಗಳನ್ನು ಮುಟ್ಟುವುದರಿಂದ ವೈರಸ್ ಕೈಗಳ ಮೂಲಕ ಅಥವಾ ಬಾಯಿಯ ಮೂಲಕ ದೇಹವನ್ನು ಸೇರಿಕೊಳ್ಳುತ್ತದೆ ಮತ್ತು ಼ÉàöÊËì ¥ÀÆè ಹೆಚ್ಚು ಜನಗಳು					

			<p>ವಾಸಿಸುವಲ್ಲಿ ಶಾಲೆಗಳಲ್ಲಿ ಕಂಡುಬರುತ್ತದೆ.</p> <p>ಊಟವಿಲ್ಲವೆಂದು ಹರಡುತ್ತದೆ: ಮಾನವನಿಂದ ಮಾನವನಿಗೆ</p> <p>ಉಸಿರಾಟ ಅಂಗದ ದ್ರವದಿಂದ</p> <p>ಉಸಿರಾಟದ ರೋಗಿಯ ವಸ್ತುಗಳನ್ನು ಉಪಯೋಗಿಸುವುದರಿಂದ</p> <p>ಗಾಳಿಯ ಸಂಪರ್ಕದಿಂದ ಡ್ರಾಪ್‌ಲೆಟ್ ನಿಂದ ಸೋಂಕು ಹರಡುತ್ತದೆ.</p>			 
7	8 ನಿಮಿಷ	<p>ತಾಯಿಗೆ</p> <p>ಉಸಿರಾಟದ ರೋಗದ ಚಿಹ್ನೆ ಮತ್ತು ಲಕ್ಷಣದ ಬಗ್ಗೆ ಮಾಹಿತಿ</p>	<p><u>ಚಿಹ್ನೆ ಮತ್ತು ಲಕ್ಷಣಗಳು</u></p> <p>ಎಲ್ಲಾ ಲಕ್ಷಣಗಳು 1 ಅಥವಾ 2 ವಾರದಲ್ಲಿ ಕಡಿಮೆಯಾಗುತ್ತವೆ. ಆದರೆ ಮಕ್ಕಳಲ್ಲಿ, ವಯಸ್ಸಾದವರಲ್ಲಿ ಮತ್ತು ಬಹಳ ದಿನಗಳಿಂದ ರೋಗದಿಂದ ನರಳುತ್ತಿರುವವರಲ್ಲಿ ರೋಗ ಲಕ್ಷಣಗಳು ಕಡಿಮೆಯಾಗುವುದಿಲ್ಲ.</p> <p>ಉಸಿರಾಟದ ರೋಗ ಇದು ನೆಗಡಿ ರೋಗ ಲಕ್ಷಣಗಳ ಹಾಗೆ ಕಂಡು ಬರುತ್ತದೆ.</p> <p>ವೈರಸ್ ಶರೀರ ಪ್ರವೇಶಿಸಿದ 2 ದಿನಗಳ ನಂತರ ರೋಗ ಲಕ್ಷಣಗಳು ಕಂಡು ಬರುತ್ತವೆ. ಕೆಮ್ಮು ಮೂಗು ಸೋರುವುದು ಜ್ವರ ಗಂಟಲ ನೋವು</p> <p>ಚಳಿ, ತಲೆನೋವು</p> <p>ಶರೀರದ ನೋವು ಹಸಿವು ಕಡಿಮೆಯಾಗುವುದು</p>	ಬೋಧನೆ ಮತ್ತು ಸಮಾಲೋಚನೆ	ಕೇಳುವುದು	<p>ಉಸಿರಾಟದ ರೋಗದ ಲಕ್ಷಣಗಳಾವುವು</p> 

			ತಲೆ ಸುತ್ತುವುದು ವಾಂತಿ, ಭೇಧಿ ಕಿವಿನೋವು				
8	8 ನಿಮಿಷ	ತಾಯಿಗೆ ರೋಗದ ಉಪಚಾರದ ಬಗ್ಗೆ ಮಾಹಿತಿ	<p><u>ಉಪಚಾರ:</u> ಕೆಲವು ಲಕ್ಷಣಗಳನ್ನು ವಿಶ್ರಾಂತಿ ತೆಗೆದುಕೊಳ್ಳುವುದರಿಂದ, ನೀರು ಕೊಡುವುದರಿಂದ, ಉಂಟಾದ ಲಕ್ಷಣಗಳು ಸಾಧ್ಯ ಕೆಲವು ಆಂಟಿಬಯೋಟಿಕ್ ಕೊಡುವುದರಿಂದ ಪ್ಲೂ ರೋಗದ ಲಕ್ಷಣಗಳನ್ನು ಕಡಿಮೆ ಮಾಡಬಹುದು.</p> <p><u>ವೈದ್ಯಕೀಯ ಉಪಚಾರ:</u> ತಮಿಲೂಒ1, 1ವರ್ಷ ವಯಸ್ಸಿನ ಮಕ್ಕಳಿಗೆ ಮತ್ತು ಮೇಲ್ಮಟ್ಟ ಮಕ್ಕಳಿಗೆ ರೋಗದ ಚಿಹ್ನೆಗಳು. ಕಂಡು ಬಂದಲ್ಲಿ 2 ದಿನಗಳೊಳಗೆ ಕೊಡಬೇಕು. ಈ ಮಾತ್ರೆಯು ಇನ್ ಫ್ಲೂಯೆಂಜಾ ಎ ಮತ್ತು ಬಿ ವೈರಸ್‌ನ್ನು ಹೋಗಲಾಡಿಸಲು ಯೋಗ್ಯವಾದದ್ದು. ಪೋಷಕಾಂಶ ಇದು ದೊಡ್ಡವರಿಗೆ ಕೊಡಬೇಕು ಆದರೆ ಇದು ಇನ್‌ಫ್ಲೂಯೆಂಜಾ-ಬಿ ಗೆ ಯೋಗ್ಯವಲ್ಲ . ಸೈಮೆತ್ರಿಲ ದೊಡ್ಡವರಿಗೆ, ಮಕ್ಕಳಿಗೆ ಯೋಗ್ಯವಾಗಿದ್ದು, ಈ ಮಾತ್ರೆಯು ಇನ್ ಫ್ಲೂಯೆಂಜಾ ಎ ಮತ್ತು ಬಿ ವೈರಸ್ ದೇಹವನ್ನು ಪ್ರವೇಶಿಸಿದ 48 ತಾಸಿನ ಒಳಗೆ ಮಾತ್ರೆಯನ್ನು ತೆಗೆದುಕೊಳ್ಳುವುದರಿಂದ ರೋಗವನ್ನು ತಡೆಗಟ್ಟಬಹುದು. ಈ ರೀತಿ ಕಾಳಜಿ ವಹಿಸುವುದರಿಂದ ದಿನನಿತ್ಯದ ಆರೋಗ್ಯಕ್ಕೆ ಮರಳಬಹುದು ಮತ್ತು ವೈದ್ಯರ ಸಲಹೆಯಂತೆ ಮಾತ್ರ ತೆಗೆದುಕೊಳ್ಳಬೇಕು.</p> <p><u>ಮನೆಯ ಉಪಚಾರ:</u> ಕೆಲವು ಮಹತ್ವದ ಕಾರ್ಯಗಳನ್ನು ಅನುಸರಿಸುವುದರಿಂದ ಪೋಷಕಾಂಶ ಹೋಗಲಾಡಿಸಬಹುದು. ನೀರು ಹೆಚ್ಚು ಕುಡಿಯಬೇಕು. ಜ್ವರ ಕಡಿಮೆ ಮಾಡಲು ಅಸಿಟಾಮೈನ್/ಐಬೋಪ್ರೊಪಿನ್ ಮಾತ್ರ ತೆಗೆದುಕೊಳ್ಳುವುದರಿಂದ ಜ್ವರ ಕಡಿಮೆ ಮಾಡಬಹುದು. ಆರೋಗ್ಯದ ಅನುಸಾರವಾಗಿ ಬಟ್ಟೆಗಳನ್ನು ಧರಿಸಬೇಕು. ಮಕ್ಕಳಲ್ಲಿ ಜ್ವರ ಕಾಣಿಸಿಕೊಂಡರೆ ಶಾಲೆಗೆ ಕಳಿಸಬಾರದು ಮತ್ತು ಜ್ವರದ ಮಾತ್ರೆಯು ಕೊಡದೆ ಹಾಗೆ ಜ್ವರ. ಕಡಿಮೆ ಮಾಡಬೇಕು. 24 ಗಂಟೆಗಳಲ್ಲಿ ಜ್ವರ ಕಡಿಮೆ</p>	ಭೋದನೆ ಜೊತೆಗೆ ಸಮಾಲೋಚನೆ	ತಾಯಿ ಪಾಠ ಕೇಳುವುದು	  <p>ಉಪಚಾರವನ್ನು ತಿಳಿಸಿ.</p>	

			<p>ನಿರ್ಜವಗೊಳಿಸಬೇಕು. ಕೆಮ್ಮಿದಾಗ, ಸೀನಿದಾಗ ಕೈಗಳನ್ನು ಸಾಬೂನಿನಿಂದ ಕೈಗಳನ್ನು ತೊಳೆದುಕೊಳ್ಳಬೇಕು. ಕಣ್ಣು, ಮೂಗು ಪದೇ ಪದೇ ಮುಟ್ಟಬಾರದು. ಸೂಕ್ಷ್ಮಾಣು ಜೀವಿಗಳು ಹರಡುವ ಸಾಧ್ಯತೆ ಹೆಚ್ಚುತ್ತದೆ. ರೋಗಿಯಿಂದ ದೂರವಿರಬೇಕು. ನೀವು ರೋಗದಿಂದ ಬಳಲುತ್ತಿದ್ದರೆ ಸಿ.ಡಿ.ಸಿ ಪ್ರಕಾರ ಮಕ್ಕಳು ಶಾಲೆಗೆ ಹೋಗದ ಹಾಗೆ ನೋಡಿಕೊಳ್ಳಬೇಕು ಮತ್ತು ದೊಡ್ಡವರು ಕೆಲಸಕ್ಕೆ ಹೋಗಬಾರದು.</p> <p>ಅಮೆರಿಕ ಅಕಾಡೆಮಿ ಫ್ಯಾಮಿಲಿ ಫಿಜಷಿಯನ್, ಸಿಡಿಸಿ ರೆಕಮಂಡೇಶನ್ ಅವರ ಪ್ರಕಾರ ರೋಗದಿಂದ ನರಳುತ್ತಿರುವ ವ್ಯಕ್ತಿ ಹೊರಗಡೆ ಹೋಗಬಾರದು.</p> <p>6 ತಿಂಗಳಿಂದ 4 ವರ್ಷ ಮಕ್ಕಳಲ್ಲಿ 50 ವರ್ಷ ಮೇಲ್ಪಟ್ಟವರಿಗೆ, ಗರ್ಭಿಣಿಯರಿಗೆ, ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರು. ಅಲರ್ಜಿಯಿಂದ ನರಳುತ್ತಿರುವ ವ್ಯಕ್ತಿಗಳಲ್ಲಿ, ಲಸಿಕರಣದಿಂದ</p> <p>ಅಲರ್ಜಿ, ರೋಗ ಪ್ರತಿಕಾರ ಶಕ್ತಿ ಕಡಿಮೆ ಇರುವವರಿಗೆ , ಧೀರ್ಘಕಾಲದ ,ÉàöÊËi ¥ÀÆè ಕಂಡುಬರುತ್ತದೆ.</p>				
10	5 ನಿಮಿಷ	ಲಸಿಕೆಯ ಬಗ್ಗೆ ತಿಳುವಳಿಕೆ	<p><u>ಲಸಿಕೆ ಮಹತ್ವ:</u></p> <p>ಪ್ರತಿ ವರ್ಷ ಪ್ಲು ಲಸಿಕೆ ಹಾಕಿಸಬೇಕು. ಏಕೆಂದರೆ ,ÉàöÊËi ¥ÀÆè ವೈರಸ್ ಬಹಳ ಅಪಾಯಕಾರಿ ಯಾವಾಗಲೂ ಬದಲಾವಣೆ ಹೊಂದುತ್ತದೆ. ಆದ ಕಾರಣ ಪ್ರತಿವರ್ಷ ನೊಂದಣಿ ಮಾಡಿಸಿದ ಲಸಿಕೆಗಳನ್ನು ತೆಗೆದುಕೊಳ್ಳಬೇಕು. ಲಸಿಕೆಗಳನ್ನು ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ,ಮೆಡಿಕಲ್ ಅಂಗಡಿಗಳಲ್ಲಿ, ವೈದ್ಯರ ಕಾರ್ಯಾಲಯಗಳಲ್ಲಿ ಮತ್ತು ಶಾಲೆಗಳಲ್ಲಿ ಪಡೆದುಕೊಳ್ಳಬಹುದು.</p> <p><u>ಲಸಿಕೆಯ ದುಷ್ಪರಿಣಾಮಗಳು:</u></p> <p>ಸಾಮಾನ್ಯವಾಗಿ ಮಕ್ಕಳಲ್ಲಿ ಮತ್ತು ದೂಡ್ಡವರಲ್ಲಿ ಲಸಿಕೆ ಹಾಕಿಸಿದ ಜಾಗದಲ್ಲಿ ನೋವು ಕಂಡು ಬರುತ್ತದೆ.. 1 ಶೇಕಡಕ್ಕಿಂತ ಕಡಿಮೆ ಜನಗಳಲ್ಲಿ ಜ್ವರ, ಚಳಿ ಮತ್ತು ದೇಹದ ನೋವು ಕಂಡು ಬರುತ್ತದೆ. ಯಾವ ಮಕ್ಕಳು ಲಸಿಕೆಯನ್ನು ಮೂಗಿನ ಮೂಲಕ ತೆಗೆದುಕೊಳ್ಳುತ್ತಾರೆ. ಅಂತಹವರಲ್ಲಿ ಮೂಗು, ಸೋರಿಕೆ, ತಲೆನೋವು, ದೇಹದ ನೋವು ಕಂಡು ಬರುತ್ತದೆ.</p>	ಭೋದನೆ ಜೊತೆಗೆ ಸಮಾಲೋಚನೆ	ಪಾಠ ಕೇಳುವುದು		ಲಸಿಕರಣದ ಬಗ್ಗೆ ವಿವರಿಸಿ
11	2 ನಿಮಿಷ		<p><u>ನಿರ್ಧಾರ:</u></p> <p>,ÉàöÊËi ¥ÀÆè ಬಹಳ ಮಕ್ಕಳಲ್ಲಿ ಮರಣಾಂತಿಕವಾಗಿ ಪ್ರಭಾವ ಬೀರುತ್ತದೆ. ,ÉàöÊËi ¥ÀÆè ನಿಯಂತ್ರಿಸಬೇಕೆಂದರೆ ಮೊದಲು ಕುಟುಂಬದವರಿಗೆ ಮತ್ತು ಪಾಲಕರಿಗೆ ರೋಗದ ಬಗ್ಗೆ ಸರಿಯಾಗಿ ತಿಳಿಸಬೇಕು. ಇದರಿಂದ ರೋಗದ ಪ್ರಮಾಣ ಕಡಿಮೆ ಮಾಡಲು ಸಾಧ್ಯ.</p>	ಭೋಧನೆ			

ANNEXURE-XIV

A.V.AIDS

Outbreak of Bird H1N1 January. 28. 2012



CARE OF CHILD WITH H1N1 VACCIN



ANNEXURE-XV

STUDY PHOTS

THE INVESTIGATOR ADMINISTERING THE TOOL

THE INVESTIGATOR PRESENTING TOPIC

THE INVESTIGATOR COLLECTING THE DAT