Journal Of Harmonized Research (JOHR)

Journal Of Harmonized Research in Medical & Health Sci. 3(3), 2016, 195-200



ISSN 2395 - 6046

Original Research Article

A STUDY TO EVALUATE THE EFFECTIVENESS OF ROLE PLAY AND VIDEO ASSISTED TEACHING ON PREVENTION AND TREATMENT OF SWINE FLU AMONG HIGH SCHOOL STUDENTS IN SELECTED SCHOOLS IN MORADABAD.

Gaurav Kumar, Mr. Prabhu J, Prof. Dr. N.V. Muninarayanappa, Mr. Nageshwar V.

Teerthanker Mahaveer College of Nursing, Teerthanker Mahaveer University Moradabad, U.P.

Abstract: Swine flu refers to swine influenza or the viral infection caused by any of the several types of swine influenza virus. Only people who used to have direct contact with pigs were observed to get swine flu in the past. But, H1N1 virus is a new swine flu virus and it contains the genetic material of swine, bird and human influenza virus. H1N1 is an Influenza A virus. Swine flu can produce a number of symptoms in both adults and children. the study shows that, in India day by day the graph of infected person has been climbed up so, it is important to take into consideration about this disease as it may prove deadly one. The intensity of this disorder can be lowered by diagnosing and taking proper treatment. The main objective of the study was to assess the level of knowledge on prevention and treatment of swine flu among high school students in selected high school at Moradabad, U.P. Quasi experimental research design was adapted. The study was conducted at high school in Moradabad. 90 high school students were selected as a sample by simple random sampling technique. The tool designed to collect the data were socio demographic Performa, Self-structured knowledge questionnaire on prevention and treatment of swine flu. The study revealed that out of 90 sample, 42 (46.67%) sample had poor knowledge, 46 (51.11%) sample had average knowledge and 2 (2.22%) sample had good knowledge on prevention and treatment of swine flu during the pretest, and after intervention 15 (16.67%) sample had poor knowledge, 59 (65.56%) sample had average knowledge and 16 (17.77%) sample had good knowledge on prevention and treatment of swine flu the posttest among high school students in selected high schools at selected high school during. The chi-square test showed that there was no significant association selected demographic variables with level of knowledge. Overall knowledge of high school students on prevention and treatment of swine flu was Average. So by the help of different teaching method and teacher can improve the knowledge of students on prevention and treatment of swine flu. And also teachers can make study interesting by using different method of teaching.

Keywords: Swine flu, knowledge, prevention, role play, video assisted teaching.

Introduction: Health is the most Fundamental and basic human right. Every human Being has the right to enjoy the highest attainable standard of health whose many human beings throughout the world are being denied of this human Right. Good health is always around the corner but never actually reached, because there is always something more to be achieved. Like proverbial elephant, it is difficult to define but easy to spot when we see it.

Communicable diseases spread from one person to another or from an animal to a person. The spread often happens via airborne viruses or bacteria, but also through blood or other bodily fluid. The terms infectious and contagious are also used to describe communicable disease. There are many communicable diseases like AIDS/HIV, Hepatitis, Malaria, Polio, and Tuberculosis which affect the peoples. In communicable disease, there is one problem is also occurring now a days that is swine flu. In U.P. recently there have been 165 positive cases reported and 36 had died to this sever condition. Even UP Government started a toll free helpline 18001805145 has also been established in all the districts to make people aware of the flu and effectively contain it.

Swine flu has been creating a terror effects all-round the globe and has been declared epidemic in most part of the world. Swine flu refers to swine influenza or the viral infection caused by any of the several types of swine influenza virus. H1N1 <u>flu</u> is also known as swine flu. It's called swine flu because in the past, the people who caught it had direct contact with pigs. That changed several years ago, when a new virus emerged that spread among people who hadn't been near pigs. In 2009, H1N1 was spreading fast around the world, so the World Health Organization called it a pandemic. Since then,

For Correspondence:

gauravkumartmu81@gmail.com Received on: June 2016

Accepted after revision: September 2016 Downloaded from: www.johronline.com people have continued to get sick from swine flu, but not as many. While swine flu isn't as scary as it seemed a few years ago, it's still important to protect yourself from getting it. Like seasonal flu, it can cause more serious health problems for some people. The best protection is to get a flu vaccine, or flu shot, every year. Swine flu one of the viruses included in the vaccine. Swine influenza virus is common throughout pig populations worldwide. Transmission of the virus from pigs to humans is not common and does not always lead to human flu, often resulting only in the production of antibodies in the blood. transmission does cause human flu, it is called zoonotic swine flu. People with regular exposure to pigs are at increased risk of swine flu infection.

In the mid-20th century, identification of influenza subtypes became possible, allowing accurate diagnosis of transmission to humans. Since then, only 50 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 to of influenza and of influenza-like those illness in, namely chills, fever, sore throat, muscle pains, severe headache, coughing, weakness and general discomfort.

In August 2010, the World Health Organization declared the swine flu pandemic officially over. Cases of swine flu have been reported in India, with over 31,156 positive test cases and 1,841 deaths till March 2015. Facing an unprecedented spike in swine flu casualty, the Health Ministry has issued guidelines not to test flu patients for H1N1, unless essential. This would mean that patients would be treated for the disease, but would not add to the already explosive swine flu statistics across the country. India has reported 5,157 cases of H1N1 since January 1. There have been 407 deaths in the first 41 days of 2015. In India day by day the graph of infected person has been climbed up so, it is important to take into consideration about this disease as it may prove deadly one.

Materials and Method: The main aim of the study is to evaluate the effectiveness of role play and video assisted teaching on prevention and treatment of swine flu among high school students. A quantitative research approach was adopted and Quasi-experimental research design was used. The study population for the study was high school students in selected high schools and colleges in Moradabad. Sample was drawn from high school students respectively and the sample size were 90 students, 30 students from each school and intercollege respectively. Structured knowledge

questionnaire was used to collect data from the study population and it entailed information about swine flu and its treatment and preventive measures. The collected data were analyzed using descriptive and inferential statistic based on the research objectives and hypothesis. Knowledge level scores were calculated using percentage and mean. Comparison was calculated by ANOVA test. There was no significant association between levels of knowledge with selected demographic variables was determined by chi square test.

Results:

Table 1:-Frequency and percentage of Demographic variables of the respondents

Demographic variable		Ex group (VAT)		Ex group (Role Play)		Control group		Overall %	
		F	%	F	%	f	%	f	%
Age	10 - 15 Yrs	26	86.67	15	50	24	80	65	72.22
	16 - 20yrs	4	13.33	15	50	6	20	25	27.78
	Male	0	0	30	100	30	100	60	66.67
Sex	Female	30	100	0	0	0	0	30	33.33
	Primary	11	36.67	14	46.67	15	50	40	44.44
Education Of	High School	13	43.33	12	40	9	30	34	37.74
Father	Graduation And Above	6	20	4	13.33	6	20	16	17.77
	Primary	17	56.67	19	63.33	23	76.67	59	65.56
Education Of Mother	High School	5	16.67	8	26.67	1	3.33	14	15.55
	Graduation And Above	8	26.66	3	10	6	20	17	18.89
Occupation Of	Majduri	24	80	19	63.33	15	50	58	64.44
Father	Service	2	6.67	7	23.33	5	16.67	14	15.56
	Business	4	13.33	4	13.33	10	33.33	18	20
Occupation Of Mother	Housewife	29	96.67	29	96.67	29	96.67	87	96.67
	Service	1	3.33	1	3.33	1	3.33	3	3.33
	Below 5000	12	40	20	66.67	14	46.67	46	51.11
Family Monthly Income	5000 - 10000	12	40	7	23.33	10	33.33	29	32.22
	10000 - 15000	4	13.33	3	10	2	6.67	9	10
	Above 15000	2	6.67	0	0	4	13.33	6	6.67
Religion	Hindu	4	13.33	27	90	13	43.33	44	48.89
	Muslim	22	73.34	3	10	17	46.67	42	46.67
	Christian	4	13.33	0	0	0	0	4	4.44
Have You	Yes	15	50	22	73.33	24	80	61	67.78
Heard About Swine Flu	No	15	50	8	26.67	6	20	29	32.22

Majority of age of students was same 72.22% students were between age group of 10-15 years and 27.78% students were between the age group of 16-20 years. Majority of gender shows that 66.67% students were male, 33.33% students were female. In education majority of father 44.44% had primary education, 37.74% had high school education and 17.77% had complete graduation or above education. In education majority of mother 65.56% had primary education, 15.55% had high school education and 18.89% had complete graduation or above education. In occupation majority of father 64.44% were doing Majduri, 15.56%

were doing service and 20% had business. In occupation majority of mothers 96.67% were housewife, 3.33% were doing service and 0% had business. Majority of family income 51.11% was under below 5000 Rs, 32.22% family income was under 5000-10000 Rs, 10% family income was under 10000-15000 and 6.67% family had income more than 15000 Resin religion Majority i.e.48.89% students were Hindu, 46.67% students were Muslim and 4.44% students were Christian and 0% students were of other cast. Majority 67.78% of students had heard before about swine flu and 32.22 % students had not heard about swine flu ever

TABLE 2:-frequency and percentage distribution of high school students on level of knowledge on prevention and treatment of swine flu during Pre-test and Post- test of Experimental (Role play and Video assisted Teaching) and Control Group.

Pre test Post test Level of knowledge **Frequency %** % **Frequency** Poor 42 46.67% 15 16.67% (1 - 7)Average (8 - 15)59 46 51.11% 65.56% Good (16 - 25)2 2.22% 16 17.77%

The above table depicts that during pre test, 46.67% high school students had poor knowledge, 51.11% had average knowledge and 2.22%% had good knowledge on prevention and treatment of swine flu. Contrary to this, post test revealed 16.67% high school students had poor knowledge, 65.56% had

average knowledge and 17.77% had good knowledge on prevention and treatment of swine flu. It was thus inferred that Role play and Video assisted teaching had a significant effect to increase on the level of knowledge among high school students to increase the level of knowledge post test scores.

Table 3:- ANOVAs Test

Scoring Group Name	N	Mean	Standard Deviation	
Pre-test control group	30	7.7667	3.00211	
Post-test control group	30	8.3333	2.45418	
Pre-test experimental video	30	8.8333	4.00933	
Post-test experimental video	30	11.9667	3.18924	
Pre-test experimental role play	30	8.6667	3.42741	
Post-test experimental role play	30	13.9000	4.61146	

ANOVA Scoring

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	898.044	5	179.609	14.505	.000
Within Groups	2154.533	174	12.382		
Total	3052.578	179			

By comparing the mean and SD value of both the experimental groups, the mean value of role play experimental group is 13.90 and SD value is 4.61. Where the mean value of video assisted teaching group came 11.96 and SD value is 3.18. So after comparing both the mean and SD value of both the experimental group (role play) (13.90±4.61) is higher than the experimental group (video assisted teaching) group mean value (11.96) and SD value (3.18). Posthoc test after ANOVA shows that ROLE PLAY is more effective than video assisted teaching.

Table 4:-Post Hoc Tests (Multiple Comparisons)

(I) group	(J) group	Mean Difference (I-J)	Std. Error	Sig.
Post-test	Pretest experimental video	3.13333 [*]	.90857	.011
experimental video	pre test experimental role play	3.30000*	.90857	.006
	post test experimental roleplay	-1.93333	.90857	.521
	pretest control group	.90000	.90857	1.000
	post test control group	.33333	.90857	1.000
	pretest control group	6.13333 [*]	.90857	.000
post test	post test control group	5.56667 [*]	.90857	.000
experimental	pretest experimental video	5.06667 [*]	.90857	.000
roleplay	post test experimental video	1.93333	.90857	.521
	pretest Ex.grp role play	5.23333 [*]	.90857	.000

In the above table after conducting the PostHoc test. Both the value role play (.521) and video assisted teaching (.521) Value came significant in both the post test of experimental groups (video assisted teaching and role play).

Discussion: In the present study during pre test, 46.67% high school students had poor knowledge, 51.11% had average knowledge and 2.22%% had good knowledge on prevention and treatment of swine flu. Contradictory result found in the study in which students had very high knowledge about H1N1 influenza. In the current study there is increase in the mean score knowledge undergoing video assisted teaching that is from 8.33 (pretest) to 11.96 in post-test. Similar result found in the study which was conducted to assess the effectiveness of Video

Assisted Teaching Programme on Prevention of Swine Flu among Students, Majority 50.0% of students in pre-test were having poor knowledge (Scores 0-12), 50.0% of students in pre-test were having average knowledge (Scores 13-22) and 0% of students in pre-test were having good knowledge (scores 23- 34), Whereas in post-test majority 77.5% of the students had average knowledge (Scores 23-34). 22.5% of students in post-test were having average knowledge which indicates that the video assisted teaching program improved knowledge regarding prevention of swine flu among students.

Conclusion: The study revealed that there is no significant different in level of knowledge between high school students on prevention and

treatment of swine flu. It can be understood from this study that most of the students have average knowledge on prevention and treatment of swine flu. Thus more information about this topic is needed to improve the level of knowledge on prevention and treatment of swine flu in high school students.

Acknowledgement: I am grateful to God for the good health and wellbeing that were necessary to complete this article. I wish to express my sincere thanks to all the people who contributed in the success of this study especially study participants for their active participation in this study.

References:

1. Centers for disease control and prevention. '2009 H1N1 Flu': Situation update. November 20, 2009.

- **2**. Belak.S. Experiences of an OIE collaborating center in molecular diagnosis of transboundary diseases. January 2007; 103-112.
- **3.** Swine flu-introduction, classification and history. {Serial online} 2009 June: {cited 200}
- **4.** Editorial in "Indian Express"; September 01, 2009
- **5.** Swine flu statistics in turkey and Mexico. {Serial online} 2009 Nov; {cited 2009 Nov20th};URL;http://www.swnflu/trk.org.
- **6**. http://indianexpress.com/article/india/india-others/ministry-issues-new-norms-to-keep-down-swine-flu-numbers/.
- **7.**Basavanthappa B. T."Community Health Nursing Practice", 2nd edition, Jaypee Brother Medical Publishers, New Delhi, 2011, 463 471
- **8**. Park. K "Textbook of preventive and social medicine", 20^{th} edition, Bhanaot publishers Jabalpur India, 2010, 80-2072