Study on the Effectiveness of Structured Teaching Program Regarding Knowledge of Swine Flu among Nursing Students

Sir,

Swine influenza, additionally called Hog or Pig influenza, is a contamination brought about by any of the few kinds of Swine flu infection which is regular all through pig populace worldwide. The term “flu” is originated from the Italian word “influence” and instituted in 1357AD as the sickness believed to be brought about by impact of stars.[1] New strain is transmitted through human to human. Manifestations of this influenza are same as that of other seasonal flu in general. It incorporates “fever, cough, sore throat, body throbs, cerebral pain, chills and weakness.” This season’s cold virus can aggravate ceaseless medical issues. Immunizations are accessible for various types of seasonal flu. Our knowledge, attitude, and practices regarding swine flu are the foundation in preventing the spread of disease.[2]

Our country is positioned third among the highest influenced nations for cases and fatalities of swine flu worldwide. [1] Maximum count of cases accounted in 2009, trailed by 2010 and 2012. Maximum number of fatalities due to swine flu occurred in “2011 (1763),” tracked by “2009 (981)” and “2012 (405).”[4] Increased number of cases will overburden our health system which will cause significant suffering in population around world.[5] Keeping in view all these things, the study was intended to determine the knowledge of nursing students about swine flu because they are the first who deal with the patients and people in community, if they will be knowledgeable, they can provide quality care and create awareness in people in community.

A quantitative research approach with one group pretest posttest design was adopted to achieve the objectives of the study. The target population was students of BSc Nursing of Himalayan group of professional institutions, Kala-Amb. 60 subjects were selected for study by nonprobability convenience sampling technique. The study was approved by the institutional ethical review board and informed consent was obtained from all the respondents. Data were collected by self-designed knowledge questionnaire to assess the knowledge designed in multiple-choice format consisted of 40 questions.

The results of the study revealed that 100% of subjects were female. Majority of the study subjects were under the age group of 18–19 years. Almost 95% of subjects were unmarried. In religion, 91.7% of the study subjects belonged to the religion Hindu. About 35% of the study subjects were doing BSc (nursing), 35% subjects were undergoing post basic BSc (nursing), and 30% subjects were doing GNM.

There is a significant relationship between structured teaching program and knowledge score (Table 2).

Only 28.3% were had clinical work experience. As per source of information, i.e., 28.3% of subjects had family, 30% had friends, 23.3% had mass media, whereas 18.3% had others as their source of information [Table 1].

We found that in pretest, maximum subjects (60%) had inadequate knowledge, 35% had subjects had moderate knowledge, and 5% subjects and adequate knowledge about swine flu. After implementing a structured teaching program, in posttest, majority of the subjects, i.e., 78.3%, had adequate knowledge, 21.67% had moderate knowledge, and none of the subject had inadequate knowledge. During pretest, the mean score was 12.85 and standard deviation (SD) was 3.19, whereas posttest, the mean score was 29.12 and SD was 3.17. There is a significant relationship between structured teaching program and knowledge score [Table 2].

2 depicts that the association with posttest knowledge score and sociodemographic variables such as age, marital status, religion, course, clinical work experience, and source of information found nonsignificant, as the calculated value is less than the tabulated value at “p level of significance <0.05.” Hence, it can be concluded that the posttest scores were not associated with any of the demographic variables.

In general, like other developing countries, India has a high rate of respiratory diseases and mortality rates. The major contributing factor is inappropriate health system and lack of awareness in people. As we all know, India has a limited number of hospitals, which causes staff to be overworked by an increasing number of cases, causing health systems to degrade in our country. Setting up a sufficient number of health systems and awareness programs will scale up the knowledge and reduce the mortality rate. Health-care workers must raise the knowledge regarding swine flu among the general public.

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**Table 1: Grading the subjects pre- and posttest knowledge scores regarding swine flu (n=60)**

| Level of knowledge                  | Frequency, n (%) |
|-------------------------------------|------------------|
|                                     | Pretest          | Posttest        |
| Inadequate knowledge (1-13)         | 36 (60)          | 0               |
| Moderate knowledge (14-26)          | 21 (35)          | 13 (21.67)      |
| Adequate knowledge (27-40)          | 3 (5)            | 47 (78.3)       |
| Mean±SD                             | 12.85±3.19       | 29.12±3.17      |

T-test value 21.31. Table value: 2.00. SD: Standard deviation

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Table 2: Association between posttest knowledge scores with sociodemographic variables (n=60)

| Demographic variables | Level of knowledge | df | χ², P     |
|-----------------------|--------------------|----|-----------|
|                       | Adequate | Moderate |           |
| Age (years)           |           |          |           |
| 18-19                 | 36        | 11       | 2         | 0.537 (NS), 0.764 |
| 20-21                 | 10        | 2        |          |
| 22-23                 | 1         | 0        |          |
| Marital status*       |           |          |           |
| Married               | 3         | 0        | 1         | 0.8735 (NS), 0.3499 |
| Unmarried             | 44        | 13       |          |
| Religion              |           |          |           |
| Hindu                 | 42        | 13       | 2         | 1.508 (NS), 0.4702 |
| Muslim                | 3         | 0        |          |
| Sikh                  | 2         | 0        |          |
| Course                |           |          |           |
| BSc nursing           | 18        | 3        | 2         | 2.623 (NS), 0.269 |
| Post basic BSc nursing| 14        | 7        |          |
| GNM                   | 15        | 3        |          |
| Clinical working experience |        |          |           |
| Yes                   | 15        | 2        | 1         | 1.370 (NS), 0.241 |
| No                    | 32        | 11       |          |
| Source of information |           |          |           |
| Family                | 15        | 2        | 3         | 1.8501 (NS), 0.6040 |
| Friends               | 13        | 5        |          |
| Mass media            | 10        | 4        |          |
| Others                | 9         | 2        |          |

*Yates correction applied. Significant at P<0.05. NS: Not significance

Conflicts of interest
There are no conflicts of interest.

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