

**IMPACT OF AWARENESS PROGRAM ON CAUSES AND PREVENTION  
OF WATERBORNE DISEASES AMONG HOUSE WIVES AT SELECTED  
VILLAGES**

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**ABSTRACT**

**BACKGROUND OF THE STUDY:** Child is a precious gift which has a lot of potentials with one which can be the best resource for the nation if developed and utilize well. Healthy child make healthy generation. There is a close relationship between unhealthy children to a worsened future of the world.

**OBJECTIVES:** To Assess pre-test level of knowledge regarding causes and prevention of water borne diseases among housewives, To assess the impact of awareness program through pre-test and post test scores & to find out association between pre-test knowledge scores on causes and prevention of water borne diseases with selected demographic variables.

**METHODS:** The research approach was the evaluative approach. The study was conducted using pre-experimental design with one group pre-test post-test design. The study was conducted on 100 housewives in rural area of Waghodia Taluka. The purposive sampling technique was used. The data was collected by using structured knowledge questionnaire. The data was tabulated and analyzed in term of objectives of the study, using descriptive and inferential statistics.

**RESULT:** The result shows that the mean post-test knowledge score (19.43) also was higher than the mean pre-test score (6.87). The significance difference of pre-test and post-test knowledge score shows that there was significant gain in knowledge scores of housewives after awareness program on causes and prevention of water borne diseases. It was found that calculated value 57.47 was much higher than the tabulated 'value-1.98 at 0.05% level of

significance. So statistically prove that there was significant difference in knowledge scores of housewives regarding causes and prevention of water borne diseases.

**CONCLUSION:** The study finding revealed that awareness program was highly effective in improving knowledge of housewives.

**KEY WORDS:** Evaluate, Effectiveness, Awareness program, Water borne diseases.

## **INTRODUCTION**

Children are one of the most valuable groups of the society, social, political and environmental any changes in have maximum impact on children. Their development and wellbeing is influenced by a variety of factor including economic condition of family, education status of parents especially the mother, availability of safe drinking water and sanitary facilities, approachability to health care services and availability of education.

The foundations of life-long responsibility for the maintenance of personal cleanliness are laid down in childhood, which is important for a healthy-wealthy childhood, for a healthy adulthood and for the development of positive values about health and the use of health services.<sup>2</sup>

Improper family planning, ineffective primary education, decreased adult literacy, decreased knowledge in health practices, over-crowding, poor housing, poor sanitation and poor sewage facilities all contributes to increased incidence of communicable diseases and water borne diseases.<sup>3</sup>

Waterborne diseases are caused by pathogenic micro-organisms that most commonly are transmit in contaminated water. Infection commonly results during bathing, drinking, washing, drinking, in the preparation of food, or the consumption of food thus infected. Various forms of waterborne diarrhoeal diseases probably are the most prominent examples, and affect mainly children in developing nations: according to the World Health Organization (WHO), such diseases account for an estimated 4.1% of the total daily global burden of disease, and cause about 1.8 million human deaths every year.

Water borne diseases are any illness caused by water, people drink that is contaminated by micro-organisms, which contain pathogenic micro-organisms. The complete picture of water borne disease is complex for some different reasons. Over a period of years, the picture of water related human issues has become more and more comprehensive with the emergence of

new water related infection diseases.<sup>5</sup>

Water is essential for life on earth. Proper diet and sufficient nutrition is one way of drastically reducing the chances of acquiring or spreading water borne illness. In terms of treatment, most people recover from water borne diseases on their own and only require supportive care. Some people may require antibiotics or other treatment depending on the type of pathogen or contaminant in the water and their ability to fight infections.<sup>6</sup>

## **MATERIALS & METHODS**

In this study, the research approach was the evaluative approach. The study was conducted using pre-experimental design with one group pre-test post-test design. Sample is the representative part of the population, in this study samples 100 housewives who were selected as a sample by using non-probability purposive sampling technique. The tool for data collection was consist of two parts. The first part was demographic variables such as age, education, occupation, type of family, family income, previous knowledge regarding causes and prevention of water borne diseases. The second part was Structured knowledge questionnaire consists of 25 questions to assess the knowledge regarding causes and prevention of water borne diseases. Data is analyzed by using descriptive and inferential statistics such as median, frequencies and paired “t” test, chi-square test.

## **FINDINGS:**

**Table 1: Overall pre-test knowledge scores of housewives regarding causes and prevention of water borne diseases. (n=100)**

<b>SR.NO.</b>	<b>KNOWLEDGE LEVEL</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
<b>1</b>	Adequate	00	00%
<b>2</b>	Moderate	11	11%
<b>3</b>	Inadequate	89	89%

Table no.1 shows that majority of housewives (89%) had inadequate knowledge and 11% of housewives had moderate knowledge and no one had adequate knowledge regarding water borne diseases which motivated the researcher to conduct further more research studies by organizing campaign in wide range among the rural women.

**Table 2: Overall post- test knowledge scores of housewives regarding causes and prevention of water borne diseases. (n=100)**

<b>SR.NO.</b>	<b>KNOWLEDGE LEVEL</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
<b>1</b>	Adequate	87	87%
<b>2</b>	Moderate	13	13%
<b>3</b>	Inadequate	00	00%

Above table shows that majority of housewives (87%) had adequate knowledge and 13% had moderate knowledge regarding causes and prevention of water borne diseases in post-test which shows that awareness program was effective in imparting the knowledge to housewives.

**Table 3: Comparison of pre-test and post-test knowledge scores of housewives regarding causes and prevention of water borne diseases.**

<b>KNOWLEDGE ASPECTS</b>	<b>PRE-TEST</b>			<b>POST-TEST</b>			<b>T TEST</b>	<b>S IG.</b>
	<b>Mean</b>	<b>SD</b>	<b>Mean %</b>	<b>Mean</b>	<b>SD</b>	<b>Mean %</b>		
Knowledge related to the introduction of water borne diseases	0.63	0.580	31.5%	1.68	0.566	84%	14.66	S
Causes of water borne diseases	1.55	0.988	25.83%	4.73	0.851	78.83%	24.65	S
Types of water borne diseases	1.28	0.975	25.6%	3.97	0.834	79.4%	21.47	S
Prevention and treatment of water borne diseases	3.41	1.231	28.41%	9.05	1.095	75.41%	33.59	S
<b>OVER ALL SCORE</b>	<b>6.85</b>	<b>1.71</b>	<b>27.46%</b>	<b>19.43</b>	<b>1.51</b>	<b>57.70%</b>	<b>57.47</b>	<b>S</b>

From the above table it was observed that the overall  $t$ -value 57.48 is greater than the table value at 0.05 (1.98) level of significance. Therefore the  $t$ -value is to be found significant which indicate that there is a difference between pre-test and post- test knowledge of housewives regarding water borne diseases.

## **DISCUSSION:**

This chapter deals with the discussions in accordance with the objectives of the study and hypothesis. The statement of problem was –Impact of awareness program on –causes and prevention of water borne diseases“ among housewives at selected villages of waghodia taluka.

The investigator found that in the pre-test, overall mean knowledge score is with standard deviation of 1.72 regarding causes and prevention of water borne diseases. In post-test, overall mean score was 19.43 with standard deviation of 1.52 regarding causes and prevention of water bornediseases.

Value compared between the pre-test knowledge level of housewives regarding water borne diseases and selected demographic variables shows that chi-square value of age ( =8.24) and education ( =6.06) were found to be significant at 0.05 level. The variables such as types of family ( =0.02), occupation (=0.06), sources of water (=1.98), drainage system (=0.06), and previous knowledge (=0.42) were not significant at 0.05 level. It can be interpreted that there is a significant association between pre-test knowledge of housewives with selected demographic variables such as age and education.

## **CNCLUSION:**

The present study assessed the knowledge regarding causes and prevention of water borne diseases among housewives and found that the housewives had inadequate knowledge related to water borne diseases in the pre-test. After the awareness program there was significant improvement in the knowledge of housewives.

## **CONFLCTS OF INTEREST**

The authors declares that they have no conflict of interest.

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