



A STUDY ON “AWARENESS ABOUT COMMON COMMUNICABLE DISEASES AND PREVENTIVE MEASURES IN A RURAL COMMUNITY.”

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Abstract

Health is wealth. But most of the time people neglect their own health. It is because of low level awareness about disease, its transmission, symptoms, cause and implications. Communicable disease, the name itself indicator that it transmits/transfers diseases from infected person to person. So the awareness about the common communicable diseases is very essential for everyone. Creating awareness is one of the important tasks for social worker. Before going to provide awareness, it is very important to know about the awareness level of the identified community. Social work intervention needs proper knowledge about the problem. Hence, the present study focuses on identifying the basic information about the health awareness aspect of the rural people.

Key Words: *Communicable Disease, Transmission, Symptoms, Awareness, Intervention.*

Introduction

Social work is a helping profession, which help families, groups, organizations, and communities in order to assist them in functioning better in their social environments. Social work helps to solve social problems by applying different methods and techniques. Social work addresses the barriers, inequities and injustices that exist in society. It responds to crises and emergencies as well as to everyday personal and social problems. A major part of the required social work courses is the field experience in social welfare agencies. In addition to preparing students for the professional practice of social work, the social work program also provides appropriate preparation for responsible citizenship.

Social work utilizes a variety of skills, techniques, and activities consistent with its holistic focus on persons and their environments. Social work interventions range from primarily person-focused psychosocial processes to involvement in social policy, planning and development. These include counselling, clinical social work, group work, social pedagogical work, and family treatment and therapy as well as efforts to help people obtain services and resources in the community. Interventions also include agency administration, community organization and engaging in social and political action to impact social policy and economic development. Social workers serve as counsellors (e.g., in adoption, domestic violence, vocational and rehabilitation, hospital, mental health, substance abuse, youth service); as coordinators and case managers of services (e.g. in home health care, child welfare, housing, human resources, public affairs, student life, employee assistance programs; as therapists (e.g. child, adolescent, marriage and family); as administrators in public and private human service agencies; as community development workers, public policy analysts, global rights workers; and in juvenile and adult justice systems. Social workers are found in health and human service agencies, governmental agencies, hospitals and schools and research organizations.

According to British Association of social workers (1973) “Social work aims to harness the potential in society towards solving its own problems. It is concerned with bridging the gap between individual and society, with supporting him when he is vulnerable and with striving to improve the quality of life by ensuring that human needs are not overlooked or overridden.” (Ghatage, 2006).

According to International Federation of Social Workers (2001) “The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilizing theories of human behavior and social systems, social work intervenes at the points where people interact with their environments. Principles of human right and social justice are fundamental to social work”.

With above mentioned definitions we can understand, social work is a profession, which provide service to help in relieving distress, preventing suffering removing social injustice and provide opportunity for social development.

Community Health

Community health, a field of public health, is a discipline which concerns itself with the study and improvement of the health characteristics of biological communities. While the term community can be broadly defined, community health tends to focus on geographical areas rather than people with shared characteristics. The health characteristics of a community are often examined using geographic information system (GIS) software and public health datasets. Because health (broadly defined as well-being) is influenced by a wide array of socio-demographic characteristics, relevant variables range from the



proportion of residents of a given age group to the overall life expectancy of the neighborhood/community. Medical interventions aimed at improving the health of a community range from improving access to medical care to public health communications campaigns, recent research efforts have focused on how the built environment and socio-economic status affect health.

Success of community health programs relies upon the transfer of information from health professionals to the general public using one-to-one or one-to-many communication / mass communication. Communicable diseases disproportionately impact the poor, both rural and urban, and mortality from these diseases is highest among children under age 5. In recent years, technological advances such as oral rehydration salts for diarrheal disease, triple (pharmaceutical) therapy for AIDS, and vaccines for common diseases like pneumococcal pneumonia have resulted in significant reductions in morbidity and mortality from communicable diseases in some countries.

The economic and societal impacts of common communicable diseases such as AIDS, tuberculosis, and malaria are significant in low-income countries. AIDS often impacts young adults in these countries and can reduce average life expectancy by up to 20 years. Beyond the obvious personal costs, this has major impacts on the work force and can impact overall economic growth. There are significant social impacts as well; it is estimated that about 40 million children worldwide have lost a parent to AIDS. Individuals with tuberculosis, a chronic, debilitating disease, can lose up to four months of work time annually. Treatment for malaria, which most often impacts children in low-income countries, can cost up to 25% of family's income (Fonkwo, 2008).

Cause for communicable disease is varied, 'Place of living' is also one of the important factor in cause and spread of communicable diseases all over the world. Alirol et al (2011) in his study mentioned, "Global factors that influence the spread of communicable disease include migration, urbanization, and environmental degradation. More than half of the world population already resides in cities and this trend is expected to continue in coming decades; it is estimated that the urban population in Africa will triple by 2050. The crowded conditions and poor sanitation in many cities, particularly in poorer communities, can serve as the perfect setting for infectious agents to incubate and propagate. Cities also serve as hubs of international travel, which facilitates the spread of pathogens globally".

Particularly poor communities, life style, place of living may spread communicable diseases. As mentioned, environmental degradation also influences the spread of communicable diseases. Rural residents who can no longer meet their basic needs due to drought, floods, or soil degradation often migrate to cities, resulting in the transmission of predominantly rural diseases to urban populations.

Communicable Diseases

Communicable diseases are also known as infectious diseases. A disease is said to be communicable if it spreads from one person to the other. They spread from one person to another, that is, a healthy person may catch it from a patient. Common thinking is that a communicable disease is communicated either by air or touch. These are just two modes of spread but there are other too. For example, a disease is communicated by food and water too. In other words, communicable disease spread through air, water, food and contact. Some of the communicable disease is:

- Typhoid
- Malaria
- Measles
- Mumps
- Chickenpox
- Tuberculosis
- HIV/AIDS
- Cholera
- Dengue fever
- Diphtheria
- Leprosy
- Rabies

(http://en.wikipedia.org/wiki/Non-communicable_diseases).

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communicable diseases is very essential for everyone. Creating awareness is one of the important tasks for social worker. Before going to provide awareness, it is very important to know about the awareness level of the identified community. Social work intervention needs proper knowledge about the problem. Hence, the present study focuses on identifying the basic information about the health awareness aspect of the rural people.

Methodology

Statement of the Problem

Communicable diseases form a major chunk of illnesses that cause high level of morbidity and mortality in our country. Prevention is the major tool that can combat the spread of communicable disease. Prevention is better than cure in terms of treatment cost, disability due to illness, and human suffering. In India, People become victims to communicable diseases very easily. Geographical condition as well as lack of awareness about general health and hygienic well as unhygienic conditions contributes to this problem in major way.

In this context, the current study of “Awareness about Common Communicable Diseases and Preventive Measures in a Rural Community” was envisaged to understand the awareness about five types of communicable diseases which commonly affect the people.

Aim of the Study

To understand the Knowledge and awareness of Rural People about Common Communicable Diseases and Measures to prevent them.

Objectives

- To find out the knowledge about common communicable diseases among the rural people.
- To know the awareness level about the signs, symptoms and transmission of common communicable diseases in rural area.
- To know the awareness level about diagnosis and preventive of common communicable diseases.
- To find out the measures taken by the rural people to prevent common communicable diseases.
- To study the PHC (Primary Health Centre) and any other organization's initiative regarding conducting awareness programs on communicable diseases.

Research Design

The researchers adopted descriptive research design to gather information pertaining to the objective framed for the study. If a researcher is studying a community which is familiar and his research purpose is to depict accurately and in detail the characteristics of a particular institution, group or an event in the community, the appropriate research design is called Descriptive research Design. For the purpose of the study this design considered to be the most suitable one. Hence descriptive research design is adopted for the study. (Saran K.K, 2012).

Universe

In order to meet the objectives of the study, one of the Gram Panchayats belonging to Mysore district was selected through simple random sampling method. Mysore district has 6 taluks. The taluk of H.D Kote has 39 Gram Panchayats. Out of 39 Gram Panchayats, B.Matakeri Gram Panchayat was selected through simple random sampling method.

B.Matakeri was chosen as a sample frame through purposive sampling method. B.Matakeri village was chosen for the following reasons:

- The village contains the Gram Panchayat head office.
- The village has primary health care centre.
- It has largest population among all 32 villages of the village cluster.

Sample Frame and Sample

According to the records of the Gram Panchayat office of B.Matakeri, this village has 529 houses and total population of the village is 2116. The 529 household formed the sample frame of the study. Out of 529 household 15% of the households were taken sample. This amounts to 80 households. The 80 households were selected through Systematic Random Sampling Technique to identify every 15th household according to the house number given by the Gram Panchayat.

Tools for the Data Collection

The researcher prepared an Interview schedule to collect information pertaining to awareness and knowledge of common communicable Disease and Preventive Measures to stop the spread of communicable diseases.



Process of Data Collection

The data was collected through personally administered interview schedule by the researcher team. Each interview lasted for 30 minutes. The data collection was done in the month of May 2016.

Results and Discussion

Table No 1: Awareness about Malaria

Factors	N	Percentage
Yes	45	52.9%
No	40	47.1%
Total	85	100%

Table number 1 shows that 52.9% of respondents had heard about Malaria, 43% of them were aware that Malaria get transmitted through mosquito, 30.6% of the respondents identified symptoms of Malaria as chest pain, coughing blood, night sweats, fever and weakness, pain in breathing etc. 14.1% of respondents could identify high fever, intense headache, muscle and joint pains, extreme weakness and chill, as symptoms of Malaria. 49.4% of the respondents responded that blood test/Malaria antigen detection tests are the tests required for diagnosis malarial infection. 23.6% of the respondents expected to take treatment through health care centers after laboratory test, 3.5% identified taking medicine for Malaria, 14% respondents choose treatment from nearest primary health center, 47% of respondents identified control of mosquito's as the primary measures to prevent Malaria, 1.2% each of the respondents identified education about health and hygiene and safe drinking water and personal hygiene as a measure to prevent Malaria.47.1% of the respondents do not have knowledge how malaria disease spread.

Table No 2: Awareness about HIV/AIDS

Factors	N	Percentage
Yes	58	68.2%
No	27	31.8%
Total	85	100%

Table number 2 shows that 68.2% of respondents have heard about HIV/AIDS, 75.3% of the respondents were aware that HIV/AIDS does not get cured. 56.5% of respondents identify unprotect sexual contact and infected blood transfusion as the modes of transmission of HIV/AIDS. 22.4% of the respondents identified symptoms of HIV/AIDS as chronic weigh loss for more than 1 month, 12.9% respondents could identify decreasing (CD count) white blood cells as symptoms of HIV/AIDS, 55.3% of respondents reported that blood test as the test required for diagnosis of HIV/AIDS infection, 25.88% of respondents are aware about ICTC center, 12.9% of the respondents are aware about ART treatment. 47% of the respondents identified sex education for safe sexual practice and using of condoms has the measure to prevent HIV/AIDS.31.8%of respondents do not have knowledge about HIV/AIDS.

Table No 3: Awareness about Leprosy

Factors	N	Percentage
Yes	22	25.9%
No	63	74.1%
Total	85	100%

Table number 3 shows that 25.9% of the respondents have heard about leprosy, 16.5% of the respondents were aware that leprosy is curable by treatment, 18.8% of the respondents told that leprosy is not curable. 5.9% of the respondents identified that leprosy is spread by micro bacteria leprosy none of the respondents identified the symptoms of leprosy has presence of lumps especially in the skin of the face and ears, loss of finger etc.9.4% of the respondents reported that skin smears has the test required for diagnosis of leprosy. Only 2.3% of the respondents expected treatment by drugs. 5.9% of the respondents identified keeping away from infected person and infected persons need to be identified as soon as possible as a preventive measures for leprosy.74.1%of respondents do nothave knowledge and awareness about how leprosy will spread.

Table No 4: Awareness about Tuberculosis

Factors	N	Percentage
Yes	42	49.4%
No	43	50.6%
Total	85	100%



Table number 4 shows that 49.4% of the respondents have heard about Tuberculosis. 3.5% of the respondents were aware of how TB gets transmitted. 12.9% of the respondents identified symptoms of Tuberculosis as chest pain, coughing blood, night sweats & weakness, pain in breathing. 9.4% of the respondents identified sputum examination test as the test required for diagnosis of TB infection. 15.3% of the respondents expected treatment based on sputum examination. 11.8% of the respondents identified infected persons need to be identified as soon as possible and kept away as the measure to prevent Tuberculosis. 50.6% of respondents do not have knowledge and awareness about how tuberculosis will spread.

Table No 5: Awareness about Cholera

Factors	N	Percentage
Yes	42	41.2%
No	43	58.8%
Total	85	100%

Table number 5 shows that 41.2% of the respondents have heard about Cholera, 27% of the respondents were aware that cholera gets transmitted through contaminated water and food. None of the respondents identified the symptoms and diagnosis for Cholera. 17.6% of the respondents expected treatment from nearest PHC center, 23.5% of the respondents identified drinking safe water, washing hands often with soaps, use of toilet, cook food well as the measure to prevent cholera. 58.8% of the respondents were not aware and knowledge about cholera is communicable disease.

Table No.6: Awareness Programme Related to Health Conducted

S. No	Factors	N	Percentage
1.	Programme Related to Health Conducted		
	Yes	69	81.2%
	No	16	18.8%
	Total	85	100%
2	Attended Programme		
	Yes	41	48.2%
	No	44	51.8%
	Total	85	100%

81.2% of the respondents have given information that awareness programme related to health conducted in their locality. 18.8% of the respondents told that awareness programme related to health was not conducted in their locality.

48.2% of the respondents have attended the awareness programmes related to health, 51.8% of the respondents have not attended the awareness programmes related to health. 85.9% of the respondents told that they needed awareness related to communicable diseases. 14.1% of the respondents informed that they do not need awareness related to communicable diseases.

Discussion

Communicable diseases spread very easily in our country. The awareness about spread of communicable disease in India is very less. Existing knowledge regarding safe drinking water, sanitation and hygiene in the rural community is not up to expectation. The major factor behind this could be low level of education among villagers

Suggestions

- The study can be expanded to cover entire cluster of B.Matakeri Gram Panchayat. A much larger study can be undertaken to identify the knowledge, attitude and practice of preventing measures against communicable diseases can be undertaken with a larger sample as part of Public Health Awareness program.
- Evaluation of impact of awareness programs be undertaken for future research.
- General awareness with regarding health and hygiene needs to be included in the Health Awareness program.



Conclusion

The study revealed that nearly 50% of people from the rural population of B.Matakeri had inadequate knowledge and awareness about Common Communication Diseases. The people of B.Matakeri have comparatively more knowledge about Malaria and HIV/AIDS, but less knowledge about Leprosy, Tuberculosis and Cholera. There is varying degree of awareness among the respondents about signs, symptoms, transmission, diagnosis and preventive measures of Malaria, HIV/AIDS, Leprosy, Tuberculosis and Cholera diseases. Hence, there is a need to provide specific awareness on various communicable diseases, modes of transmission, methods to prevent the disease spread through variety of programs conducted at regular intervals with stress on total stoppage of open defecation. Medical Social Workers and community social workers need to work together on the issue of providing awareness to prevent the spread of communicable diseases in rural areas.

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