

**PROFICIENCY, RECOGNITION AND PRAXIS ABOUT DENGUE PYREXIA AMONG
MEDICAL STUDENTS IN CHHATTISGARH****Rajni Thakur*, Deepti Gautam and Sangeeta Khare**

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ABSTRACT

Background: Dengue is the mosquito born viral condition a particular ensue in equatorial and semitropical field of the universe. Dengue creates for leading element of paradise in children. WHO endorse bestows to avert dengue endemic is to yield proficiency around dengue and precautionary quota to nation. Bestow to WHO, always it was predicted that almost 70-100 trillion populations were affect each one panorama. The latest nationwide audit evidence express a particular ubiquity of dengue amidst community is hush on the boost. **Aim:** To divine the proficiency, recognition and praxis of selected medical College students in Chhattisgarh regarding Dengue pyrexia. **Materials and Methods:** Total of 405 medical students aged 16 years and above in Pt.J.N.M. Medical College, Raipur, Chhattisgarh were using pre-tested census regarding Proficiency, Recognition and Praxis about Dengue pyrexia, after assessing proficiency focusing on stoppage of dengue pyrexia. **Result:** This research we found that 405 medical students, 88.88% 16 – 20 years, 53.08 % male and 46.91% female students perceived 100%, had 60% proficiency about dengue pyrexia and 61.47% had recognition, proficiency of executive, 71.23% had praxis about mosquito – man approach, 64.81% had knew how to remove mosquito rearing location. **Conclusion:** It is concluded in medical students were having average proficiency regarding stoppage of dengue pyrexia. Therefore, there is require for additional facts, instruction and exchanging information agenda regarding stoppage of dengue pyrexia and this may be execute by arrange well - being breeding campaigns in society including colleges.

KEYWORDS: Recognition, Praxis, Proficiency, Chhattisgarh.**INTRODUCTION**

In current years, dengue pyrexia has grown into a worldwide civic well - being responsibility.^[1] Dengue pyrexia, too recognized smash bone high temperature, is a contagious insect – carried illness that is brought along the dengue virus together with take place in equatorial and sub torrid region of the planet. The dengue virus is in to the Flaviviridae group of viruses a certain element illness in human being. Dengue is a self-restraint illness certain illustrate on it generally in a fortnightly. The preparation time as dengue is 5 to 8 diurnal course.^[2] Dengue is an illness of numerous equatorial and subequatorial domains certain can appear epidemic, give rise to along dengue virus, an affiliate of the group Flaviviride. Dengue is communicated in human being through two species of Aedes mosquitoes especially, Aedes aegypti and Aedes albopitus. In that exist 4 specific serotypes of dengue virus that can each of origin a chromatic spectrum of illness, varying against asymptomatic contamination to the almost all harsh configuration of the illness Dengue Hemorrhagic Fever (DHF). The manifestation of dengue contamination are high level pyrexia, very bad neuralgia, sore joints and muscles, emit, queasiness, agony at the back of the eyes

and skin spots. These manifestation utmost considering seven days, yet feebleness and fatigue can lag as assorted times. In few patients' dengue pyrexia experience to growth of DHF and the patient can give back dilemma containing blood in the urine and feces, oozing gums or bleeding nose. The particular symptoms can drive to demise if untreated.^[3]

In India, amid 2011, almost 18,059 cases were stated near 119 demise. Greater than 500 dengue pyrexia cases In Punjab, had been stated out of reach 243 cases were stated in 2013 Ludhiana district.^[4] In 2015, Chhattisgarh 384 cases, demise 1, in 2016, 356 cases, in 2017, 444 cases, in 2018, 2674 cases, demise 10, in 2019, 681 cases according to national health mission.^[5] A sum of determinant have been involved as the harmless increase in predominance being hominid populace hike, raised journey and feeble vector command, haphazard urbanizing including raised activity of human beings.^[6]

Avert mosquito nibble is the persuasive method to avoid dengue pyrexia.^[7] The mosquito mostly strains in human built storage.^[8] Around 90% of dengue pyrexia is detected amid school adolescent due to institute

recreation area; ground and constructed dwelling are deliberate while hidden mosquito cultivation of insect location.^[9] Present there is no distinguishing aid or dose as its medical care.^[10]

Impartial of this research were to recognize students flow concerning pursuit of protective calculate in governing the dengue expansion through querying the proficiency of dengue, praxis of dengue command, affiliation amid aligned of breeding and information around illness amid the research students. In addition to it does value perceive certain that protective part is greatest commonly used in case vend yield should be precisely preserve. The research can be beneficial in plotting proof located persuasive protective and management approach and tenable student's engrossment.

METHODS

Research layout and students -This research was pilot total of 405 medical students aged 16 years and above, maneuver to the research, permission was obtained from in Pt.J.N.M. Medical College, Raipur, Chhattisgarh were using pre-tested census regarding Proficiency, Recognition and Praxis about Dengue pyrexia, the aim of the research was interpreted to students and they were query as their enthusiasm to students. Subsequently description was built, the students were query to gesture the cognizant consent framework to pinpoint their generous and concurrence to students.

Research implement along with info convocation - Info were placid for pre-tested census. The census enclosed the subsequent extent medical students distinguishing, gender and youth age, address, regarding Proficiency, Recognition and Praxis about Dengue pyrexia.

Mediation manual work and determination of info - Subsequently amass the pretext census; the students visit one day manual work on protection and mastery. The manual work exists of speech and mutual discussion along the aid of audile - ocular supports. There were manifestation of figure of unlike mosquitoes, bug, and maggot. The gathering was pursuing through an argument and query – reply all over. When the manual work was accomplished, a post tax census was provided above to the students to padding. The info possessed were registered and calculate using SPSS software, registered info were examine closely for completeness; inadequate info were not audit. Easy commonness tables were processed for the social and demographic changeable, proficiency changeable concerning dengue pyrexia, proficiency of executive, avert mosquito – man approach and remove mosquito rearing location tables. Students were deliberate to have enough proficiency in case that they right reply the census.

OBSERVATION AND RESULTS

In this research total 405 medical students (table – 1), we found 16 – 20 years 88.88%, 20 – 25 years 11.11%, 53.08% male and 46.91% female students, belongs to

23.45% rural, 76.54% urban area. Proficiency changeable concerning dengue pyrexia (table – 2), 100% students were perceived about dengue, they answered all query that was following extremely existence menacing sign of dengue, bleeding 2.46%, fever 13.58, low platelets 49.38%, shock 13.58%, do not know 20.98%. Vector as dengue, mosquito 4.9%, Aedes mosquito 87.65%, 7.40% do not know about vector. Mosquito sting human beings at what era, sunset 22.22%, sunrise 9.87%, night 22.22%, day time 41.97 %, do not know 3.70%. Where dengue did generate? Clean water 16.04%, dirty water 66.66%, and do not know 17.28%. Water necessary through mosquito to generate, 80% yes, and 1.23% no and do not know 18.51%. Is dengue pyrexia communicable? Yes 33.33%, no 39.50%, 27.16% do not know. Which ailment is communicable through dengue? Fever 2.46%, malarial 1.23%, dengue pyrexia 76.54%, do not know 19.75%. What is the manifestation of dengue, high fever 12.34%, headache 2.46%, joint pain 3.70%, and rashes 1.23%, all above 80%. What are the subsequently belongings of dengue pyrexia, pyrexia 17.28%, joint pain 44.44%, death 11.11% and do not know 14. 81%. What kind of mosquito is transporter of dengue pyrexia, 90.12% Aedes mosquito, All types of mosquito and Do not know 4.9%. Why the adolescent are greatest afflicted through dengue distinguished a mature, 1.23% high immune system 58.02% low immune system, 40.74% do not know. Do you believe it is stoppable, yes 98.76%, do not know 1.23%. How many human being achieve through dengue each year, 100 3.70%, 800 2.46%, 2500 8.64%, do not know 85.18%. What is domestic securing portion to avert dengue, 23.45% use of mosquito coil, 3.70% use of mosquito net, 4.9% replants, 67.90% all above. How can we avert dengue, 12.34% covering storage, 6.17% window screens, 1.23% insecticide, and 80% all above. Can dengue pyrexia be communicated by a blood exchange? 53.08% yes, 37.03% no, 9.87% do not know. Can dengue pyrexia be communicated by a needle poke with pointed object, 35.35% yes, 49.38% no, 17.28% do not know. Can dengue pyrexia be communicated by intercourse, 6.17% yes, 81.48% no, 12.34% do not know. What is the origin of facts about dengue contamination, 14.81% T.V. 7.40% Radio, 41.97% School, 4.93% Hospitals, 30.86% Newspaper. Proficiency of executive (table -3) they answered all query that was following, would you get aspirin for dengue, 24.69% yes, 16.04% no, 59.25% do not know. Would you take abundance of relaxation for dengue pyrexia, 70.37% yes, 1.23% no, 28.39% do not know. Would you drink abundance of water for dengue pyrexia, 64.19% yes, 0% no, 35.80% do not know. Would you confer a doctor for dengue pyrexia, 81.48% yes, 1.23% no, 17.28% do not know. Is there a medical care for dengue pyrexia, 75.30% yes, 3.70% no, 20.98% do not know. Dengue is a crucial ailment, 34.56% strongly agree, 54.32% agree, 0% disagree, 0% strongly disagree, 11.11% not sure. You are at hazard of pursuing dengue, 1.23% strongly agrees, 34% agree, 19.75% disagree strongly, 2.46% disagree, 41.97% not sure. Dengue pyrexia can be stopped, 34%

strongly agree, 54.32% agree, 1.23% disagree, strongly disagree 0%, 9.87% not sure. Avert mosquito – man approaches (table -4) they answered all query that was following, Use insecticide aerosol to decrease mosquitoes, 74.07% yes, and 8.64% no, 17.28% do not know. Use trained pest curb to decrease mosquitoes, 77.77% yes, 1.23% no, 20.98% do not know. Use shield frame work to decrease mosquitoes, 83.95% yes, 0% no, 16.04% do not know. Use bow of air to decrease mosquitoes, 50.61% yes, 19.75% no, 29.62% do not know. Use cot mesh midnight to decrease mosquitoes, 86.41% yes, and 0% no, 13.58% do not know. Use cot mesh mean while day time to decrease mosquitoes, 71.60% yes, and 12.34% no, 16.04% do not know. Remove permanent water everywhere the home to decrease mosquitoes, 83.95% yes, 0% no, 16.04% do not know. Diminution down bushes in the courtyard to

decrease mosquitoes, 61.72% yes, and 12.34% no, 25.92% do not know. Use mosquito consuming fish to decrease mosquitoes, 80% yes, and 3.70% no, 16.04% do not know. Use mosquito tendril to decrease mosquitoes, 80% yes, 6.17% no, 13.58% do not know. Carry out zero to decrease mosquitoes, 12.34% yes, and 67.90% no, 19.75% do not know. Discharging chemicals (ammunition) in permanent water can destroy mosquito to larvae, 66.66% yes, and 8.64% no, 24.69% do not know. Remove mosquito rearing location (table -5) they answered all query that was following, closed water storage in the domestic, 75.30% always, 4.9% often, 7.40% sometimes, 3.70% never, 8.64% do not know. Repetitiveness washing water suffused storage and trench, gully everywhere home, 54.32% always, 25.92% often, 7.40% sometimes, 3.70% never, 8.64% do not know.

Table 1: Social and demographic feature of medical students.

Social and demographic changeable		commonness (n= 405)	%
Age	16 – 20 years	360	88.88%
	20– 25 years	45	11.11%
	> 25 years	0	0%
Gender	Male	215	53.08%
	Female	190	46.91%
Address	Rural	95	23.45%
	Urban	310	76.54%

Table 2: Proficiency changeable concerning Dengue pyrexia.

S.N.	Census	commonness (n= 405)	%
1.	Have you perceived about dengue		
	yes	405	100%
	no	0	0%
2.	Extremely existence menacing sign of dengue		
	Bleeding	10	2.46%
	Fever	55	13.58%
	Low platelets	200	49.38%
	Shock	55	17.58%
	Do not know	85	20.98%
3.	Vector as dengue		
	Mosquito	20	4.9%
	Aedes mosquito	355	87.65%
	Air droplets	0	0%
	Houseflies	0	0%
	Do not know	30	7.40%
	All above	0	0%
4.	Mosquito sting human beings at what era		
	Sunset	90	22.22%
	Sunrise	40	9.87%
	Night	90	22.22%
	Day time	170	41.97%
	Do not know	15	3.70%
5.	Where dengue did generate?		
	Clean water	60	16.04%
	Dirty water	270	66.66%
	Hot water	0	0%
	Do not know	70	17.28%
6.	Water necessary through mosquito to generate		

	Yes	325	80%
	No	5	1.23%
	Do not know	75	18.51%
7.	Is dengue pyrexia communicable		
	Yes	135	33.33%
	No	160	39.50%
	Do not know	110	27.16%
8.	Which ailment is communicable through dengue		
	Fever	10	2.46%
	Malaria	5	1.23%
	Dengue pyrexia	310	76.54%
	Do not know	80	19.75%
9.	What are the manifestation of dengue		
	High pyrexia	50	12.34%
	Headache	10	2.46%
	Joint pain	15	3.70%
	Muscle pain	0	0%
	Rashes	5	1.23%
	All above	325	80%
10.	What are the subsequently belongings of dengue pyrexia		
	Pyrexia	70	17.28%
	Joint pain	180	44.44%
	Skin rashes	50	12.34%
	Death	45	11.11%
	Do not know	60	14.81%
11.	What kind of mosquito is transporter of dengue pyrexia		
	Aedes mosquito	365	90.12%
	Flavi virus	0	0%
	All types of mosquito	20	4.9%
	Do not know	20	4.9%
12.	Why the adolescent are greatest afflicted through dengue distinguished a mature		
	High immune system	5	1.23%
	Low immune system	235	58.02%
	Do not know	165	40.74%
13.	Do you believe it is stoppable		
	Yes	400	98.76%
	No	0	0%
	Do not know	5	1.23%
14.	How many human being achieve through dengue each year		
	100	15	3.70%
	800	10	2.46%
	9500	35	8.64%
	Do not know	345	85.18%
15.	What is domestic securing portion to avert dengue		
	Use of mosquito coil	95	23.45%
	Use of mosquito net	15	3.70%
	Replants	20	4.9%
	All above	275	67.90%
16.	How can we avert dengue		
	Covering storage	50	12.34%
	Window screens	25	6.17%
	Insecticide	5	1.23%
	All above	325	80%
17.	Can dengue pyrexia be communicated by a blood exchange?		
	Yes	215	53.08%
	No	150	37.03%

	Do not know	40	9.87%
18.	Can dengue pyrexia be communicated by a needle poke with pointed object		
	Yes	135	33.33%
	No	200	49.38%
	Do not know	70	17.28%
19.	Can dengue pyrexia be communicated by intercourse		
	Yes	25	6.17%
	No	330	81.48%
	Do not know	50	12.34%
20.	What is the origin of facts about dengue contamination		
	T.V.	60	14.81%
	Radio	35	7.40%
	School	170	41.97%
	Hospitals	20	4.93%
	Newspaper	125	30.86%

Table 3: Proficiency of executive.

S.N.	Census	commonness (n= 405)	%
1.	Would you get Aspirin for dengue		
	Yes	100	24.69%
	No	65	16.04%
	Do not know	240	59.25%
2.	Would you take abundance of relaxation for dengue pyrexia		
	Yes	285	70.37%
	No	5	1.23%
	Do not know	115	28.39%
3.	Would you drink abundance of water for dengue pyrexia		
	Yes	260	64.19%
	No	0	0%
	Do not know	145	35.80%
4.	Would you confer a doctor for dengue pyrexia		
	Yes	330	81.48%
	No	5	1.23%
	Do not know	70	17.28%
5.	Is there a medical care for dengue pyrexia		
	Yes	305	75.30%
	No	15	3.70%
	Do not know	85	20.98%
6.	Dengue is a crucial ailment		
	Strongly agree	140	34.56%
	Agree	220	54.32%
	Disagree	0	0%
	Strongly disagree	0	0%
	Not sure	45	11.11%
7.	You are at hazard of pursuing dengue		
	Strongly agree	5	1.23%
	Agree	140	34%
	Disagree	80	19.75%
	Strongly disagree	10	2.46%
	Not sure	170	41.97%
8.	Dengue pyrexia can be stopped		
	Strongly agree	140	34%
	Agree	220	54.32%
	Disagree	5	1.23%
	Strongly disagree	0	0%
	Not sure	40	9.87%

Table 4: Avert mosquito – man approaches.

S.N.	Census	commonness (n= 405)	%
1.	Use insecticide aerosol to decrease mosquitoes		
	Yes	300	74.07%
	No	35	8.64%
	Do not know	70	17.28%
2.	Use trained pest curb to decrease mosquitoes		
	Yes	315	77.77%
	No	5	1.23%
	Do not know	85	20.98%
3.	Use shield frame work to decrease mosquitoes		
	Yes	340	83.95%
	No	0	0%
	Do not know	65	16.04%
4.	Use bow of air to decrease mosquitoes		
	Yes	205	50.61%
	No	80	19.75%
	Do not know	120	29.62%
5.	Use cot mesh midnight to decrease mosquitoes		
	Yes	350	86.41%
	No	0	0%
	Do not know	55	13.58%
6.	Use cot mesh mean while day time to decrease mosquitoes		
	Yes	290	71.60%
	No	50	12.34%
	Do not know	65	16.04%
7.	Remove permanent water everywhere the home to decrease mosquitoes		
	Yes	340	83.95%
	No	0	0%
	Do not know	65	16.04%
8.	Diminution down bushes in the courtyard to decrease mosquitoes		
	Yes	250	61.72%
	No	50	12.34%
	Do not know	105	25.92%
9.	Use mosquito consuming fish to decrease mosquitoes		
	Yes	325	80%
	No	15	3.70%
	Do not know	65	16.04%
10.	Use mosquito tendril to decrease mosquitoes		
	Yes	325	80%
	No	25	6.17%
	Do not know	55	13.58%
11.	Carry out zero to decrease mosquitoes		
	Yes	50	12.34%
	No	275	67.90%
	Do not know	80	19.75%
12.	Discharging chemicals (ammunition) in permanent water can destroy mosquito to larvae		
	Yes	270	66.66%
	No	35	8.64%
	Do not know	100	24.69%

Table 5: Remove mosquito rearing location.

S.N.	Census	commonness (n= 405)	%
1.	Closed water storage in the domestic		
	Always	305	75.30%
	Often	20	4.9%
	Sometimes	30	7.40%
	Never	15	3.70%
	Do not know	35	8.64%
2.	Repetitiveness washing water suffused storage and trench, gulley everywhere home		
	Always	220	54.32%
	Often	105	25.92%
	Sometimes	30	7.40%
	Never	15	3.70%
	Do not know	35	8.64%

DISCUSSION

The most of the students in this research had 100% perceived about dengue pyrexia; they reside in 23.45% in rural, 76.54% in urban area. Huge students identify the vector as an Aedes mosquito but scanty was not familiar about the species, rearing and augment tendency of this vector. So this proficiency could be the intention governing to inadequate securing praxis across the mosquito. An impartial balanced of recognition was identify concerning few of the existence menacing signs of dengue pyrexia being bleeding although proficiency about more critical signs being shock was inadequate. The present field requirement of more recognition as it will be essential as the adaptation of well - being searching through immediate testimony of harsh cases and hint, at the right time executive. Proficiency of additional reciprocal ailment, advance further requirement to be enhanced while the most of the students treat pyrexia along dengue.

The proficiency for dengue pyrexia described in this research akin to other researcher almost 50% the subjects denied pain behind the ears, not individually proficiency about the disease, nor endorsed relative, friend.^[11] Maximum population was not capable to right describe the manifestation of dengue aside separating a hardly any who recognize pyrexia, an apparent symptom. Pyrexia was further the almost commonly remembered symptom.^[12] The deficient proficiency of the range of symptoms affiliate along dengue; it may be mixed up along max different causes of pyrexia else the flu. The suggestion of this is that offering to the hospital may be late as far as dilemma appears.^[13,14] Pyrexia was 76.54% recognized as almost trivial symptom of Dengue and Syed et.al.^[15] found that 74.5% Chinnakali et.al.^[16] 84% in Delhi. Itrat Ahmed et.al., Ahmed Nahida et. al., Ibrahim NK et.al. Showed that exquisite proficiency was endowed exclusively in 1.2% students, virtuous proficiency in 39.8% although additional than half of students 58% had average proficiency and exclusively 1% had poor proficiency. None of the student had excellent knowledge, 87.95% had average proficiency and 12.04% had poor proficiency regarding dengue pyrexia.^[17, 18, and 19] Begonia C Yboa et.al. found that 61.45% of person had good proficiency, 30.18% had

very good proficiency and only 8.37% had average proficiency regarding dengue pyrexia.^[20] The associate dengue pyrexia like rash, muscle and body sore feeling were recognized by very hardly any which describe deficient proficiency of ailments as pyrexia apart is sign of abundant familiar ailments. This deficient of facts can lag the contact with doctors. Valuable verdict of this research was that alternatively of having the proficiency human being however not bestows the preventive of windows, door net coverage, and use of mosquito repellent, cot nets. This approach may be deliberated expensive and start concern may be prone by administration to improve the fulfillment of proficiency into praxis buttoned up society mobilization.

Essential consequence of this research investigates the trivial connection amid proficiency about dengue and protective praxis. Aware the way and happening the way is dissimilar. Abundant human being recognizes about protective steps till they did not praxis them. Proficiency about dengue pyrexia did not basically alter to advance protective steps.^[16, 21] and ^[22,23,24,25] Alternatively of reciprocated sudden happening however proficiency of students, community is deficient in rearing and provide praxis of vector Aedes Aegypti, Attention should be conducted to internet based recognition, increasing campaigns. Aim attention at to be conducted approaching complete changes of proficiency into praxis.

CONCLUSION

We endure our research, in the insufficiency of a persuasive medication for dengue pyrexia, the protective and management of the ailment chiefly rest on at the time of the epidemiological care and performance of persuasive vector management measures. Verdict focus requires for additional proficiency, rearing and information agenda to recognize obstruction to deal and to explore approach to interpret community proficiency about dengue toward definite protective praxis that would basically diminish the communication of dengue in Chhattisgarh.

List of abbreviations: None declared.

Competing interests: We have no competing interests.

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