



---

**A study to assess the knowledge regarding typhoid fever and its prevention among the mother's residing in selected areas of Tamil Nadu**

Mrs. Swapna MK, Assistant professor, Amity college of Nursing, Gurgaon

## **Introduction**

Typhoid fever is an acute, life-threatening bacterial disease characterised by very high fever. It is caused by a germ called *salmonella typhi*, one of the many types of salmonella bacteria. Around 22 million cases of typhoid fever occur worldwide each year with about 200,000 related deaths. The bacteria that cause typhoid fever are most often transmitted through consumption of water or food that has been contaminated by the feces of an acutely infected or convalescent person or a chronic, asymptomatic carrier of the germ. Humans are the only source of these bacteria. Everyone can be susceptible to the infection. The risk is increased in people who have low levels of stomach acid or those who are HIV positive. Relative immunity follows recovery from typhoid fever, even when infection is unapparent. In endemic areas, typhoid fever is most common in preschool children and in young people 5 to 19 years of age. A case of Typhoid which is a major health problem in the community or worldwide, it causes 16 million illness and more than 600,000 deaths each year especially common in parts of Asia, Africa and South America, Where pure water is not readily available and sewage treatment is limited. The complications of typhoid fever mainly, encephalopathy, intestinal hemorrhage, toxic myocarditis, bronchitis. Sanitation and hygiene are the critical measures that can be taken to prevent typhoid. Careful food preparation and washing of hands are therefore crucial to preventing typhoid. Protection and purification of drinking water supply, improvement of basic sanitation and promotion of food hygiene are essential measures to interrupt transmission of typhoid fever.

Primary prevention is a holistic approach where the care given measures to prevent specific diseases and promote health. Hence this study was designed to assess the Knowledge of mothers regarding Typhoid fever and its prevention.

## **Objectives**

1. To assess the Knowledge about the typhoid fever and its prevention among Mothers
2. To assess the attitude about the typhoid fever and its prevention among Mothers

## **Methodology**

The descriptive research design was used for the study. The non probability convenience sampling was adopted to collect the data. This study assessed about the level of Knowledge regarding typhoid fever and its prevention and also the attitude of mothers about the typhoid fever and its prevention. Convenient sampling technique is used for this study and Sample Mothers, who have Childrens and within the age group 25-50 years. The sample consists of 100 mothers. The tool was developed by the researcher with the guidance of experts.



The questionnaire contained three sections,

Demographic Variables

Knowledge about typhoid fever and its prevention

Attitude towards typhoid fever and its prevention

The pilot study was conducted before the main study and it elicited that the study was feasible. The tool was found to be highly reliable and valid. During the data collection the researcher introduced herself to each subject and they were informed about the purposes of study.

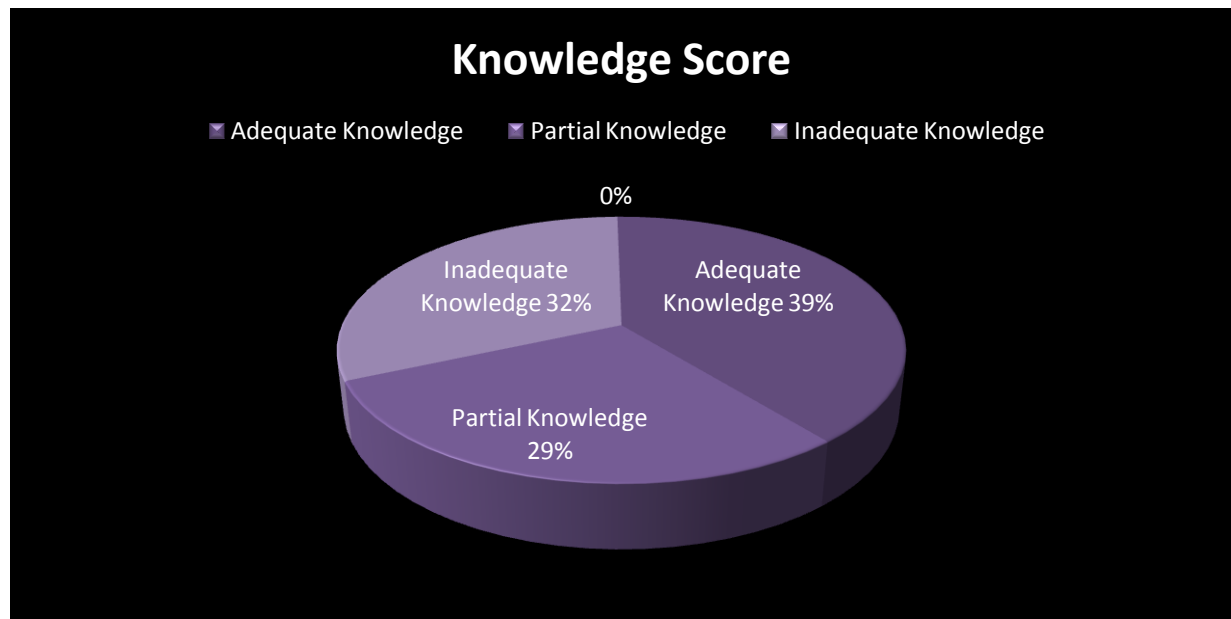
## **Results**

### **Assessment of Knowledge Score on typhoid fever and its prevention**

**Table. No : 1 Knowledge Score on typhoid fever and its prevention**

<b>Knowledge level</b>	<b>Percentage</b>
Adequate	39
Partial	29
Inadequate	31

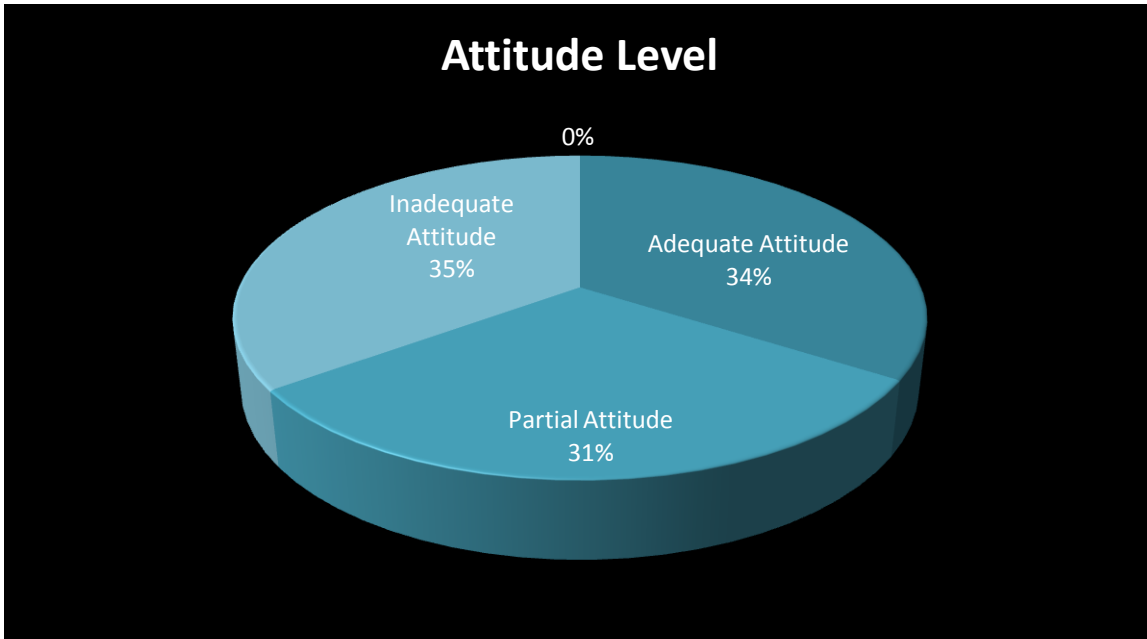
**Figure. No : 1 Knowledge Score on typhoid fever and its prevention**



**Table. No :2 Attitude Score on typhoid fever and its prevention**

Attitude level	Percentage
Adequate	34
Partial	31
Inadequate	35

**Figure .No :2 Attitude Score on typhoid fever and its prevention**



## Discussions

The non- experimental, descriptive design was adopted for the present study. Convenient sampling technique was used to select the samples. The data was collected from 100 mothers using a structured questionnaire and observational checklist. The present study revealed that the Out of 100 mothers 39% of mothers have adequate knowledge ,29% of mothers have partial knowledge and 31% of mothers have Inadequate knowledge. The mothers havenegative attitude towards the Prevention of typhoid fever as it is basically filled with lots of myths related to the care of individuals.

## Conclusion



The main preventive strategies can be maintained in order to avoid complications of typhoid fever. The nurse during her practice in hospitals or even in the community field can play her magnificent role in eliminating the darkness of public ignorance about the vaccine for typhoid fever.

## **Bibliography**

1. World Health Organization. Fact sheet on Typhoid. <http://www.who.int/immunization/topics/typhoid/en/index.html>
2. Maskalyk J. Typhoid fever. CMAJ. 2003;169:132. [PubMed]
3. Typhoid fever in . Control of communicable diseases. In: James chin, editor. An official report of the American public health association Washington, DC. 17. 2000. pp. 535–41.
4. World Health Organization Background document: the diagnosis, treatment and prevention of typhoid fever. WHO/V&B/0307 Geneva. 2003. [http://whqlibdoc.who.int/hq/2003/WHO\\_V&B\\_03.07.pdf](http://whqlibdoc.who.int/hq/2003/WHO_V&B_03.07.pdf)
5. Crump JA, Luby SP, Mintz ED. The global burden of typhoid fever. Bull World Health Organ. 2004;82:346–53.
6. Gupta V, Kaur U, Singh G, Prakash C, Sharma M, Aggarwal KC. An outbreak of typhoid fever in Chandigarh, North India. Trop Geogr Med. 1986;38:51–4.
7. Rathish KC, Chandrashekar MR, Nagesha CN. An outbreak of multidrug resistant typhoid fever in Bangalore. Indian J Pediatr. 1995;62:445–8. doi: 10.1007/BF02755065.
8. Sharma PK. Bound volume for the Master of Applied Epidemiology, (MAE) National Institute of Epidemiology, Chennai, Tamil Nadu, India; 2007. Description and evaluation of the surveillance system for typhoid in Darjeeling district, West Bengal, India, 2005.
9. Registrar General and Census Commissioner, India . Census of India 2001: final population totals. New Delhi: Government of India; 2002.
10. Government of India . Integrated disease surveillance project, medical officers manual. 2. 2006.