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## Knowledge Regarding Malaria among People in Coastal Region of Malpe District Karnataka

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**Abstract**

**Introduction:** Malaria is a vector borne disease caused by plasmodium species which is dangerous causing morbidity and mortality globally and in India. In India 1.31 million cases were reported in 2017 which constitutes 6% of total malaria cases in world and total malaria deaths in India were 23990. This study aimed to assess the level of knowledge regarding malaria among samples from coastal region of Malpe district, Karnataka. **Methodology:** The study has adopted a quantitative approach and descriptive survey design to assess the level of knowledge regarding malaria among people in coastal region. A descriptive survey was undertaken among 388 adults in coastal region. The data collection tools used were demographic proforma with 10 items and a self administered knowledge questionnaire. Frequency and percentage distribution was done for identifying the level of knowledge. **Results:** Among the total samples (388), 293 samples (75.51%) had average knowledge on malaria, 65 samples (16.75%) had good knowledge, and 30 samples (7.73%) had poor knowledge on malaria. **Conclusions:** WHO reports that India is unlikely to reduce the incidence of malaria to half by 2020 and the main cause is that of poor surveillance system. The primary preventive measures should be strengthened where the common people are aware about the problem and encourage group to perform preventive and control measures and reduce morbidity and mortality caused by malaria.

**Keywords:** Malaria; Level of Knowledge; Coastal Region.

**Introduction**

Malaria is a vector borne disease caused by plasmodium species which is dangerous causing morbidity and mortality globally and in India. Even though control measures are effective the common people should have proper awareness regarding the malaria; its cause and prevention. This will lead to the implementation of control measures effectively.

According to WHO half of world population is at risk of malaria. The total no of death due to malaria in 2015 was 4, 29,000 and 212 million malaria cases were identified. In India 1.31 million cases were reported in 2017 which constitutes 6% of total malaria cases in world and total malaria deaths in India were 23990.

A study was conducted by Sharma RK et al. to assess the malaria situation in tribal areas of India. The data was available through NVBDCP

and included statistics from 2008-2012. The result showed that in state level analysis tribal areas contributed 14% of total malaria cases, 29% of deaths and in district level analysis tribal areas contributed to 46% of total malaria cases and 47% malarial deaths in our country.

Nyahoga Y, Bochkaeva Z conducted a cross sectional study in 2017 to assess the prevalence of malaria in history, knowledge about malaria and preventive practice done by 246 college students of Tanzania. The data was collected through questionnaire and found that 89.4% had incidence of malaria once in their life time and among that 59% had in the year 2017. Students also demonstrated good knowledge about vector (98%), about preventive measures (87.8%); causative agent (65.8%) and 98% of the students demonstrated knowledge about the vector and 87.8% about preventive measures.

A cross-sectional house hold survey was conducted in RS Pura block of Jammu Kashmir district to assess knowledge, attitude and practice towards malaria and included 296 households. All of the participants had heard about malaria and 92.5% considered it as a serious health problem and 71.6% consults doctor if any sign and symptoms are seen. The study showed that majority of the samples had good KAP toward malaria.

A cross sectional study was conducted in rural, slum and tribal areas of Udupi district Karnataka to assess knowledge, attitude and practice regarding malaria. The study was done among 451 families and data was collected by a structured question naire. The results of the study showed that only 39.1% had good knowledge about malaria and majority of the samples were from urban areas and 72.5% of the rural people showed poor attitude regarding health seeking behavior for control of malaria, regarding practice method only 26.1% practiced preventive measures for mosquito bone diseases.

The reviews showed that malaria is a major communicable disease more prevalent in our country and the knowledge among the common people is important in implementing the control measures. So this study aimed to identify the level of knowledge among the people in coastal area and which will help the health workers to understand the need of educational activities and other preventive measures. The objectives of the study were to assess the level of knowledge regarding malaria among people in coastal region of Malpe district Karnataka.

### *Methodology*

The study has adopted a quantitative approach and descriptive survey design to assess the level of knowledge regarding malaria among people in coastal region. 388 adults were selected using convenient sampling and survey was conducted. The data collection tools used was demographic proforma with 10 items and self administered knowledge questionnaire. Tool 1 demographic proforma consisted of age (in years), gender, religion, educational status and occupation and history of malarial exposure. Tool 2 was knowledge questionnaire and covered questions on causative factors clinical manifestations modes of transmission preventive measures and other factors. Content validity and language validity of tools was established. The reliability of tool 2 was done using split half technique. Data collection was done for the willing participants who met the eligibility criteria after taking informed consent. The participants were interviewed to obtain the demographic data. Weight and height was recorded. The data were analyzed using Descriptive statistics; Frequency and percentage distribution was used to describe the sample characteristics, and level of knowledge.

### **Results**

#### *Demographic data*

Among the 388 samples participated in the study most (66%) of the participants were in the age group of 18-37 years and considering the occupation most (60%) are unemployed. Majority (80%) of the participants was Hindus and most (90%) of them had a monthly family income less than 10000 and 55% had high school education.

#### *History of malarial exposure:*

Among the total samples (388), 331 samples (85%) had no previous exposure to malaria and 56 samples (15%) had previous exposure to malaria.

#### *Level of knowledge regarding malaria among people of coastal region*

Among the total samples (388), 293 samples (75.51%) had average knowledge on malaria, 65 samples (16.75%) had good knowledge, and 30 samples (7.73%) had poor knowledge on malaria.

## Discussion

The present study showed that majority (92%) of participants had average and below average level of knowledge regarding malaria and 15% had previous exposure to malaria.

The findings of the above study was similar to a cross sectional study conducted in rural, slum and tribal areas of udupi district Karnataka to assess knowledge attitude and practice regarding malaria. The study was done among 451 families and the results of the study showed that only 39.1% had good knowledge about malaria and 72.5% of the rural people showed poor attitude regarding health seeking behavior for control of malaria and only 26.1% practiced preventive measures for mosquito bone diseases.

The findings of a study done in RS Pura block of Jammu Kashmir district to assess knowledge attitude and practice towards malaria contradicts the present study findings and found that 92.5% sample considered it as serious health problem and 71.6% consult doctor if any sign and symptoms are seen. The study showed that majority of the samples had good KAP towards malaria.

## Conclusion

WHO reports that India unlikely to reduce the incidence of malaria to half by 2020 and the main

cause is that of poor surveillance system. Even though the government is contributing resources for malaria eradication programme the eradication should start from the grass root level. The primary preventive measures which the health workers can perform for the eradication is health education among common people and encourage group to perform preventive and control measures and reduce morbidity and mortality caused by malaria.

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