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SURVEY AT SHANTY REGIONS OF LAHORE TO ASSESS THE RESIDENT'S INFORMATION, APPROACH & PERFORMANCE (IAP) AGAINST MALARIA

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Abstract:
Objective: *For appraisal of IAP (information, approach, performance) concerning Malaria amongst Lahore's shanty residents.*
Methods: *we launched a society/population dependent survey and made a report against shanty sections belong to Lahore. We included Hashmat society for this. This survey expanded over one year with (May, 16 to June, 17). We incorporated 150 residents for survey. We took interview from them with the help of LHW (Lady Health Worker), consisting three categories (IAP) of questions bank regarding Malaria. The residents with suitable IAP got 69 percent score in questionnaire. By using Chi-squared testing, we did compare the residents against each other having equal scoring.*
Results: *The average age of the feminine members was 40 years, mostly they got married. A huge number of members have acceptable approach by comparing with information & performance. Information & performance has the noticeable variation.*
Conclusion: *Hashmat society's residents, showed impressive approach to prevent them from disease. We found their information about disease & performance was at very lower level. This happened in respect of their illiteracy & lower social-economic status. It is very much necessary to improve their information & performance to control Malaria's load.*
Keywords: *information, approach, performance, Lahore, Malaria.*

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INTRODUCTION:

Malaria holds very wide spreading category, probably fatality contagious syndrome [1]. Protozoan leeches type cell causes this wild syndrome [2]. At wild & sub wild areas in all over the world, this syndrome causes main deaths & horror [3]. In all over the world, there are 3-5 crore people affected by this yearly [1, 4]. Fifty percent people of world have the hazard of this syndrome [5]. As per international survey published in 2011, reported 2.1 crore patients of Malaria. Almost 7 lac people died with this disease during 2011 [6]. Pakistani people (15%) belong to high risk area (more than 1/1000 people) and 85 percent belongs to low risk area (less than 0.1/1000 people) [6]. We concluded that, 40 distt (Sindh and Baluchistan) declared as hazardous [7].

Govt Malaria controlling program is facing a lot of threat including, houses spray, feeble disease scrutiny setup, minimum covering insects netting, deficient skilled personnel & non activation of upgraded curing technique artemisinin type amalgamation therapy [8]. By involving the society personnel, they may control many of possible troubles. Hence it may significantly enhance awareness & continuing Malaria's controlling setup [1, 9]. Society information & performance proved that it may take part significant task to attractive application & continuing intrusions beside Malaria [10, 11]. Several surveys organized for assessment of information, approach & performance (IAP) in societies in world, especially at African area. It indicated this disease professed like severe trouble [12]. At Africa disease information ratio is too high (81-94%) {3,13]. At Malaysian & Iranian society ratio must be improved [2, 14]. At pindi 73 percent people had the sufficient information about it [15]. Regardless of information in respect of mosquitoes acting contributing agent of disease, 45 percent Tigrarian use the prevention measurements in respect of this disease [16]. We read numerous domestic & internationally recognized surveys in respect of judging the IAP against malaria's affects with different people. We did not find any complete study to cover full information & performance, its magnitude measured independently against every variable.

METHODS:

This survey consists of societies dependent comparatively studies organized at Hashamt Colony Lahore. Almost 21000 people live there [17]. Many hospitals are in the vicinity of Lahore to facilitate these people. We spent one year for this survey wef May 16 – June 17. We added hundred fifty peoples for suitable samples for survey with the help of World health organization (WHO) sample's sizes program [18]. We included the young people more than the age of eighteen years. They were from both the gender. Hospital staff did exclude from examinees.

We got approval from ethic committee of hospital for survey. We explained the purpose of survey to all patients & got permission from them in writing. We made a question bank as per IAP characteristics. Every character of IAP was assessed separately and then combined the result of three types. The persons got more than seventy percent declared satisfactory 7 below seventy percent were declared un-satisfactory. We used software edition (SPSS 20) for statistics calculation. Comprehensive records regarding facts like ages, designed the average & general variations. All type of other facts and figures was sum up with frequency & magnitude. Resultant magnitude about variations (information, approach, performance) got comparison against demography variations with the application of Chi-squared testing to check alliance among these. We compared variation of approach with the help of FET (fisher exact test), for the reason Chi-squared testing did find unsuitable.

RESULTS:

All the members were 34.50 ± 8 yrs old averagely. Out of them 95% were wedded. 71 percent were working at home. Ladies were double responders as compare to gents. 42 percent out of them were un-educated. Mostly members were from poor social economic status. Their salary was not more than 6 thousand. Almost sixty percent participants informed us about Malaria's record. The most of them got information from doctor (92%) regarding disease. Out of them eight percent collected info about disease via electronically medium. During judgments about information category, 66 percent members said about curing this disease in almost a month. 7 percent members told, this disease spreads in rainy period (monsoon). Fifty-one percent members said, Malaria's germs spreads during hot weather (summer). Most of them knew (almost 97%) that; mosquitoes are the main cause of widespread of it. Sluggish waters grow the mosquito's germs. They attack during darkness. Almost 14% responders said, malaria's affect is worst in ladies, 26% responders said about infectious of infants. All of them had knowledge about signs and symptom of Malaria. They told about temperature & head pain in respect of malaria. This info told by 98 percent of responders. All members with information regarding precautions against disease have been using insect killer sprays. Some of them were securing their nights.

Table No 1 P1/3: Connection among Malaria Acknowledgement, Gender and Age

Acknowledgement	Gender		Age Distribution	
	Masculine	Feminine	35 Years	> 35 Years
Sat	24	52	48	28
Unsat	17	58	44	31
P-value	0.217 Chi Square Value Applied		0.571 Chi Square Value Applied	

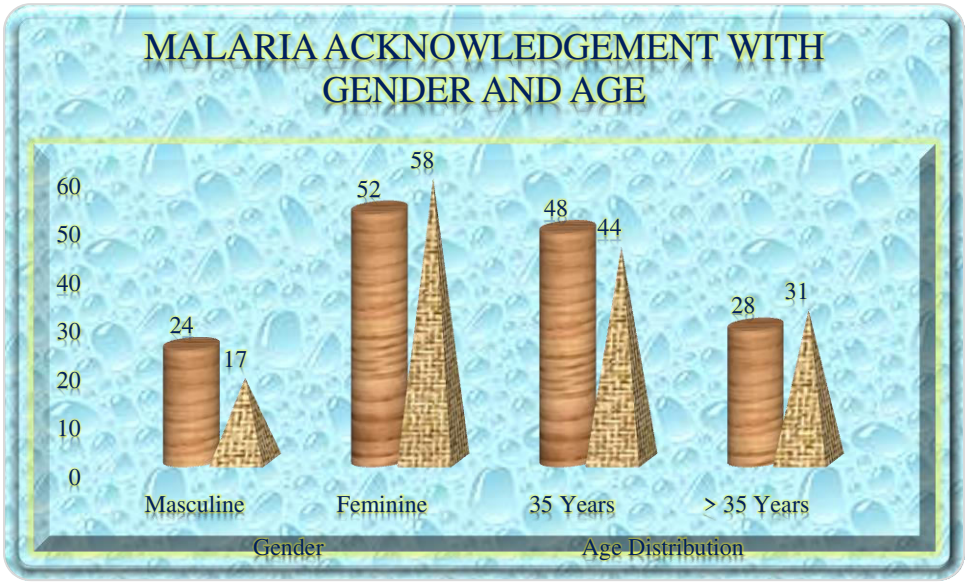


Table No 1 P2/3: Connection Among Malaria Acknowledgement and Educational Status

Acknowledgement	Educational Status				
	Illiterate	< Primary	< Matric	Matric	> Matric
Sat	30	11	14	16	05
Unsat	33	14	23	02	03
P-value	0.007 chi square value Applied, $p<0.01$ considered as highly significant				

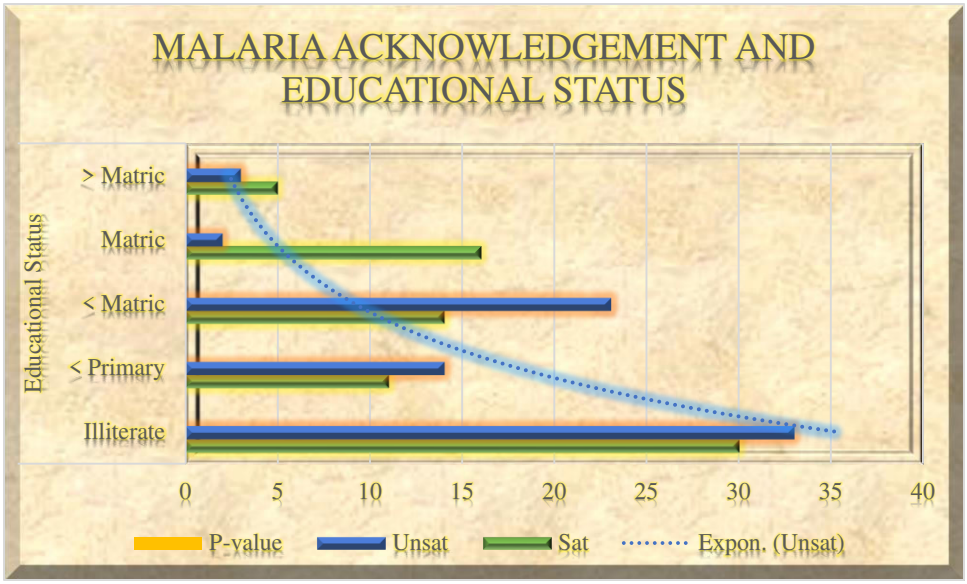


Table No 1 P3/3: Connection Among Malaria Acknowledgement and Socioeconomic Condition

Acknowledgement	Socioeconomic Condition		
	Lower	Middle	High
Sat	37	33	06
Unsat	52	18	05
P-value	0.030 chi square value Applied, p<0.01 considered as highly significant		

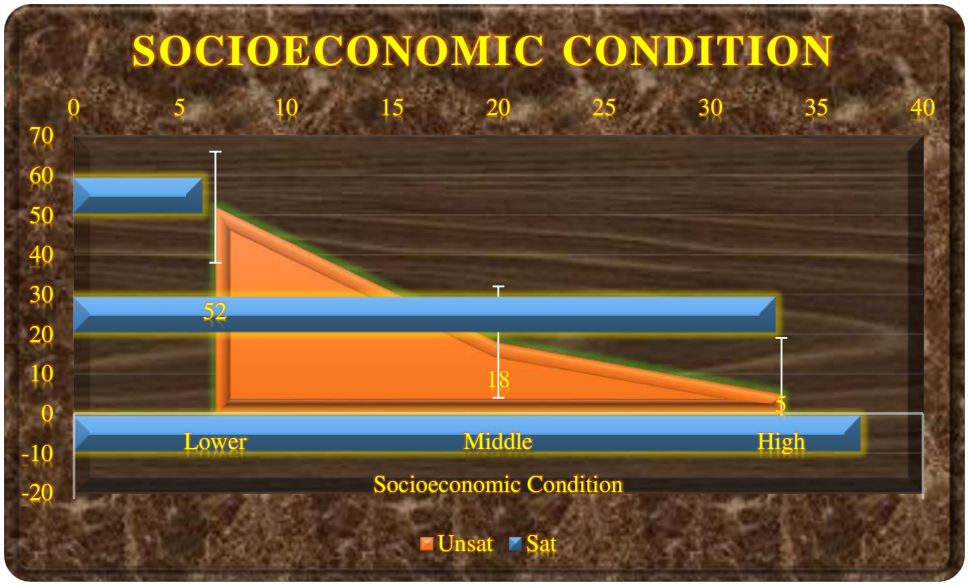


Table No 2 P1/3: Evaluation of Malaria Practice, Gender and Age

Practice	Gender		Age Distribution	
	Masculine	Feminine	21-35 Years	36-50 Years
Sat	28	61	49	40
Unsat	13	49	43	19
P-value	0.154 Chi Square Value Applied		0.076 Chi Square Value Applied	

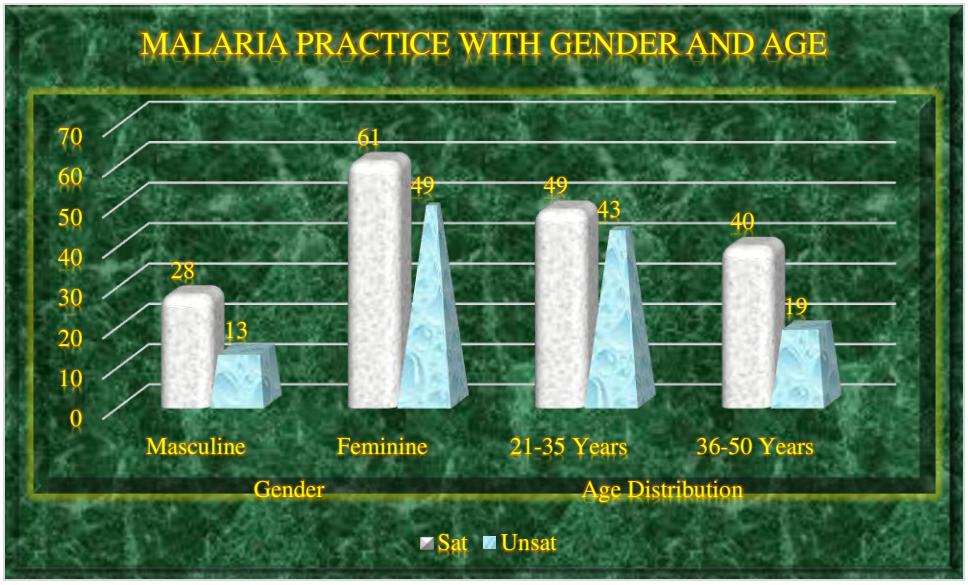


Table No 2 P2/3: Evaluation of Malaria Practice and Educational Status

Practice	Educational Status				
	Illiterate	< Primary	< Matric	Matric	> Matric
Sat	39	12	22	10	06
Unsat	24	13	15	08	02
P-value	0.661chi square value Applied				

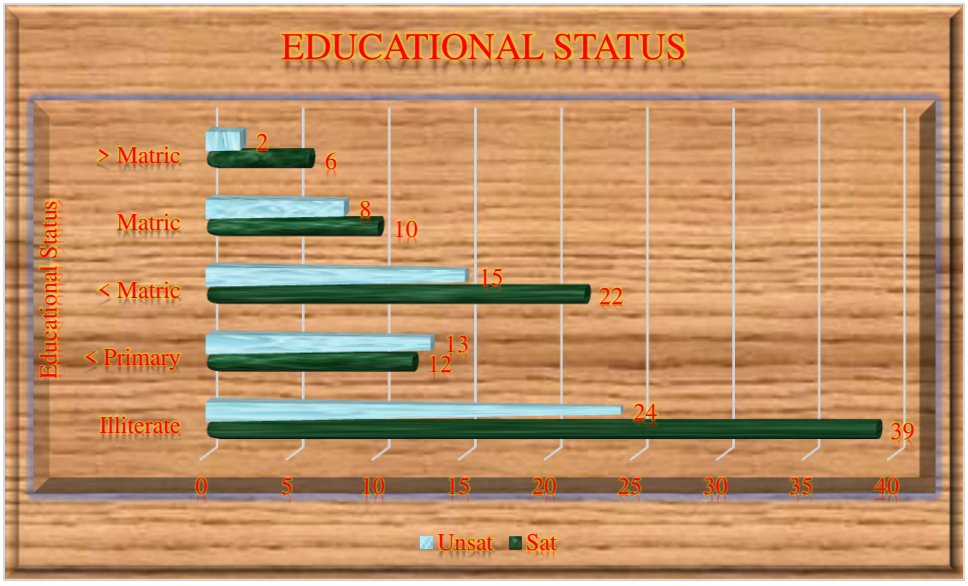


Table No 2 P3/3: Evaluation of Malaria Practice, Socioeconomic Condition and Attitude

Acknowledgement	Socioeconomic Condition			Attitude
	Lower	Middle	High	
Sat	51	31	07	89
Unsat	38	20	04	62
P-value	0.874 chi square value Applied			0.713 Fisher Exact test Applied

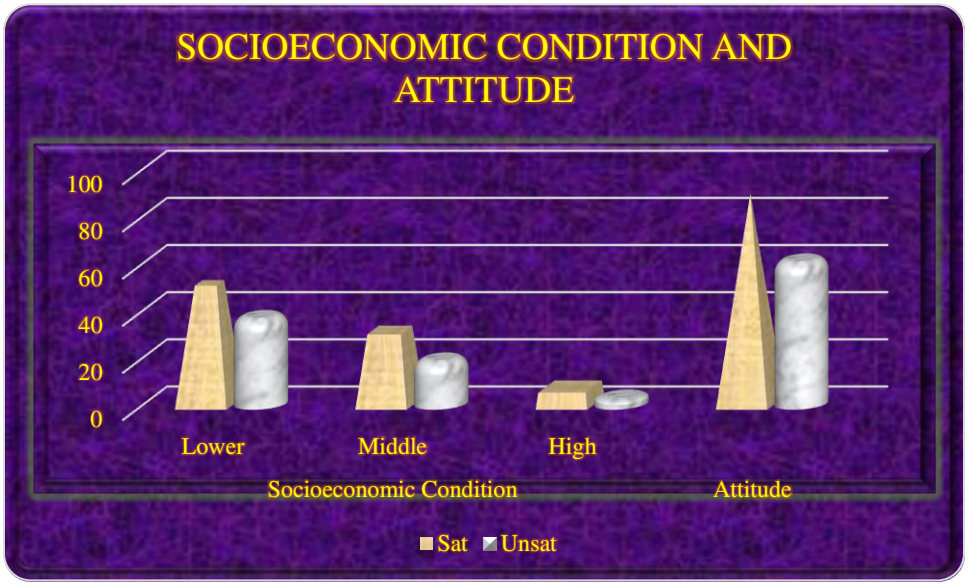
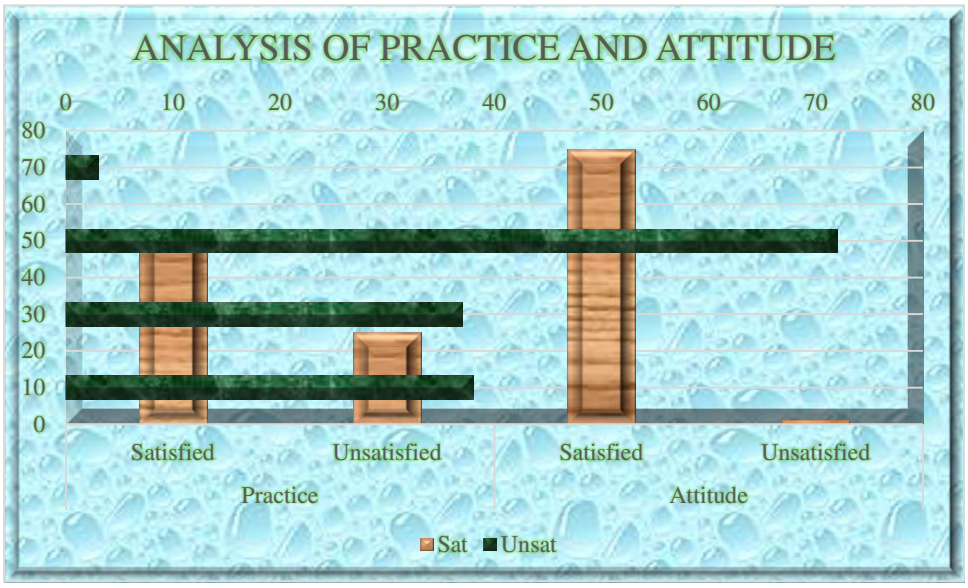


Table No 3: Analysis of Acknowledgement with Practice and Attitude

Acknowledgement	**Practice**		**Attitude**	
	Satisfied	Unsatisfied	Satisfied	Unsatisfied
Sat	51	25	75	01
Unsat	38	37	72	03
P-value	0.040 Chi Square Value Applied		0.306 Fisher Exact Test Applied	



DISCUSSION:

The people's strength of other several surveys i.e Tigrayian, Ethiopian and our survey matched in respect of age, married and unmarried people, sex division etc [16]. We miss-matched with the Tanzanians survey in respect of information & old ones due to differentiation of genders division against both surveys [19]. Fifty percent members were un-educated while 17% took education till primary section.

Same is the case at East Indian [15]. Education standard increases the standard of information about. It is necessary to highlight the value of schooling for enhancing the knowledge regarding healthiness. We did not find any important dissimilarity during survey among literate & performance in respect of syndrome same did find in Iranian survey [14]. The people belonging to average social-economical status had enough high rated information about Malaria, because of their mind set of health consciousness due to their elevated magnitude of education including this crowed. Survey of Ethiopian's [13] & Indonesian's [20] with respect to our survey, the intensity of Malaria (60%) in members was almost same. Mostly people (92 percent) got information by doctor's office & 8 percent did get with electronically medium. We found incompatible readings in respect of Calabar's survey [21]. 66 % responders viewed, treatment controls it in a month. We did find that, malaria was controlled after four-day treatment in 86 percent cases at Java [20]. This differ occurs due to lack of interest and knowledge about syndrome or difficulty to approach to healthcare centres. Only 7 percent respondents were capable to identify rainy season (monsoon), in which it spreads a lot. A survey conducted at Rawalpindi, misunderstand about occurrence of this during hot weather (summer) [15]. As resultant the magnitude of readings had grown up. 96 percent members found the same results (mosquito as vector) as compare to survey of Swaziland's, Tanzanian & Nigerian [19, 22]. This had the high ratio against Pindi and Ethiopia [15, 16], due to less information at village level as compare to city residents. Our survey members had higher information about propagation areas of mosquito's as compare to the information held by the members of survey of Iranian, Tanzanian, and Ethiopian's [14, 13, 21, and 10]. A lot of declarations & displaying of banner has been made regarding protective actions beside this but we did conduct this survey after outbreak of Dengue illness. Information regarding timing of mosquito attack had high ratio (98%) in respect of responders of Ethiopian's [10, 13] endorsed to high-level education setup. Almost 35 % responders said, ladies affected ratio is high but 14% responders said, infants had also hazard of it less than Ethiopians, because they may have enhanced the progress of MCP (malaria control program) & information about it [10].

We had the responders, who did have superb information regarding indication of Malaria. They told about temperature during this. Trembling & head pain is common in it, matched against Iranian, and Indonesian's survey [14, 20]. Almost 86% members did claim about knowing the protective actions from Malaria. Almost 98% members accept worth of protective actions. We found high figures as compare to Swaziland's and Ethiopia's survey [3, 13]. We can save ourselves from mosquito by using gel. With the judgments of approaches, we did find mostly citizens preferably using the gel. Meanwhile above 80% people are using doors net too. Paulander's survey did show similar conclusion [16, 14]. Average of willing to consulting doctor's office & getting knowledge 98 percent had similarity during survey carried out at Pindi [15]. Almost 96% responder was applying two or three means for securing. We did find more than 84% people having bed's net. IRS using had similar conclusion than Nigerian [19].

By judgments of performance, we did not find a house using protecting nets at doorstep &windowpane. Most of them were living on rental state so they did not want to use price on houses. At Pindi the ratio of using of mosquitoes mats was twice as compare to survey, carried out by us [15]. This can happen with carelessness, shortage of information about protective actions. During our survey, there were days of Dengue attack in Pakistan. Most of the people were using protective measures, just because of the having good knowledge about protective measurements or they were caring their lives. During these days member's magnitude of performance was high. They were not asked about, are these measures were against Malaria/ Dengue.

We observed, 59% & 61% did have Malaria & did take anti-malarial medication in life respectively. They all completed their approved medication period. These readings were less than survey launched at Java [20]. Almost everybody knew about its tests, but 11% took part in test procedure against it. This shows the incompetent performances by healthcare centres against giving information & curing against Malaria as per World Health Organization (WHO) plan. Fifty percent members did have the adequate information about, held less in respect of responders as compare to survey of Pindi [15]. This may differ as per

standards used for getting information during surveys.

Over populated society of Hashmat Colony restricted us to collect the probable samples, it also affected the performance of conclusion. With the help of central discussion, result may be précised. The attack of dengue virus also affected the information & understandings of members. But information about approach did not bind the result's overview. These types of surveys must be suggested during upcoming days. All members accepted that this disease may control by adopting the protective measurements, and the knowledge in respect of Malaria can be improved by using instructive techniques. Consequently, we may decrease the weight of said syndrome in our society.

CONCLUSION:

The survey disclosed, residents belonging to shanty regions at Lahore having great approach with the comparison of information & performance in direction of protecting from Malaria. Less literate people & pitiable social-economic status causes the information's shortage & measure's application.

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