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The knowledge regarding prevention & treatment of chikungunya among adult population

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Abstract
Human being is only distinguish with animals by their knowledge and critical thinking. In today's era the updating knowledge is essential to keep for survival in this modern world. In health aspect current era is technological and scientific era on the basis of high technology knowledge. It is essential for discovering the new disease, emerging and reemerging disease. As per my view in current environment reemerging of diseases are increasing such as Malaria, Yellow fever, Chikungunya. So people suffered with these disease condition four to five decades before and new generation is unknown to these disease condition. As per statically surveys chikungunya came first time in India by 1965 and it reemerge again in 2014-15 in south costal in India. People did not have knowledge about this disease condition even medical teams also were not aware about these condition. Because it was eliminated from there syllabus. So that assessment of knowledge is primary stage to understand there level of knowledge regarding disease condition for further health care needs and services to be planned.

Keywords: Anti-inflammatory, chloroquine phosphate and *aedes* mosquitoes.

Introduction

Background of the problem

According to Chandrakant Lahariya & S.K. Pradhan Department of Community Medicine, Lady Hardinge Medical College, New Delhi. India. The Chikungunya virus is an alpha virus native to tropical Africa and Asia and is transmitted to humans by the bite of infected *Aedes* mosquitoes. The symptoms of Chikungunya include sudden onset of fever, severe arthralgia, and maculopapular rash.

Thirty percent of the population on the French Reunion Island was afflicted with Chikungunya in the past year. They reported 237 deaths. India on the other hand reported 1.39 million cases of Chikungunya but no deaths. Methods Mortality data from 2014-2018 was obtained from the Ahmedabad Municipal Corporation (AMC).

Need for the study

According to WHO community health department the Treatment, prevention and control Chikungunya fever is not a life threatening infection. Symptomatic treatment for mitigating pain and gever using anti-inflammatory drugs along with rest usually suffices. While recovery from chikungunya is the expected outcome, convalescence can be prolonged (up to a year or more), and persistent joint pain may require analgesic (paint medication) and long-term anti-inflammatory therapy. Prevention and control No vaccine is available against this virus infection. Prevention in entirely dependent upon taking steps to avoid mosquito bites and elimination of mosquito breeding sites. To avoid mosquito bites: Wear full sleeve clothes and long dresses to cover the limbs; Use mosquito coils, repellents and electric vapor mats during the daytime; Use mosquito nets – to protect babies, old people and others, who may rest during the day. The effectiveness of such net can be improved by treating them with permethrin (pyrethroid insecticide). Curtains (cloth or bamboo) can also he treated with insecticide and hung at windows or doorways, to repel or kill mosquitoes. Mosquitoes become infected when they bite people who are sick with chikungunya. Mosquito nets and mosquito nets and mosquito coils will effectively prevent mosquitoes from biting sick people. To prevent mosquito breeding. The *aedes* mosquitoes that transmit chikungunya breed in a wide variety of manmade containers which are common around human dwellings. These containers collect rainwater, and include discarded tires, flowerpots, old oil drums, animal water troughs, water storage vessels, and plastic food containers.

These breeding site can be eliminated by Draining water from coolers, tanks, barrels, drums and buckets, etc.; Emptying coolers when not in use Removing from the house all objects, e.g. plant saucers, etc. which have water collected in the Cooperating with the public health authorities in anti-mosquito measures.

To relieve symptoms of fever and joint pain the drug commonly used is Paracetamol. Rest in indicated during acute joint symptoms. Movement and mild exercise may improve stiffness and morning joint pains. In unresolved arthritis that does not respond to aspirin and non-steroidal anti-inflammatory drugs, Chloroquine Phosphate (250 mg/day) has given some promising results. Some studies have also shown that Chloroquine has some antiviral activity against this virus. However these are not conclusive studies.

Although viral diagnostics (culture, serological tests and polymerase chain reaction tests) can be used to confirm the infection, these tests are not accessible during outbreaks to the majority of the population. The disease is a self-limiting febrile illness and treatment is symptomatic. As no effective vaccine or antiviral drugs are available, mosquito control by evidence-based interventions is the most appropriate strategy to contain the epidemic and pre-empt future outbreaks.

Objective of the study

1. To assess the level of existing knowledge regarding prevention of Chikungunya.
2. To assess the level of existing knowledge regarding treatment of Chikungunya.
3. To find the association between demographic variable & knowledge of prevention & treatment of chikungunya.
4. To develop a module on prevention and treatment of chikungunya.

Variable under study

Independent variable:- Adult Population of selected area of Jaipur

Dependent variable

1. Knowledge about prevention
2. Knowledge about treatment.

Operational definitions knowledge

1. According to Oxford Dictionary it means – All that is known information.
2. In this study knowledge refer to the range of information the sample has in respect to prevention & treatment of Chikungunya.

Assumption

1. The selected population area of Jaipur has some knowledge regarding prevention of Chikungunya.
2. The selected area of Jaipur have some knowledge regarding treatment of Chikungunya.
3. Knowledge can be measured by using a structured knowledge questionnaire.

Hypothesis

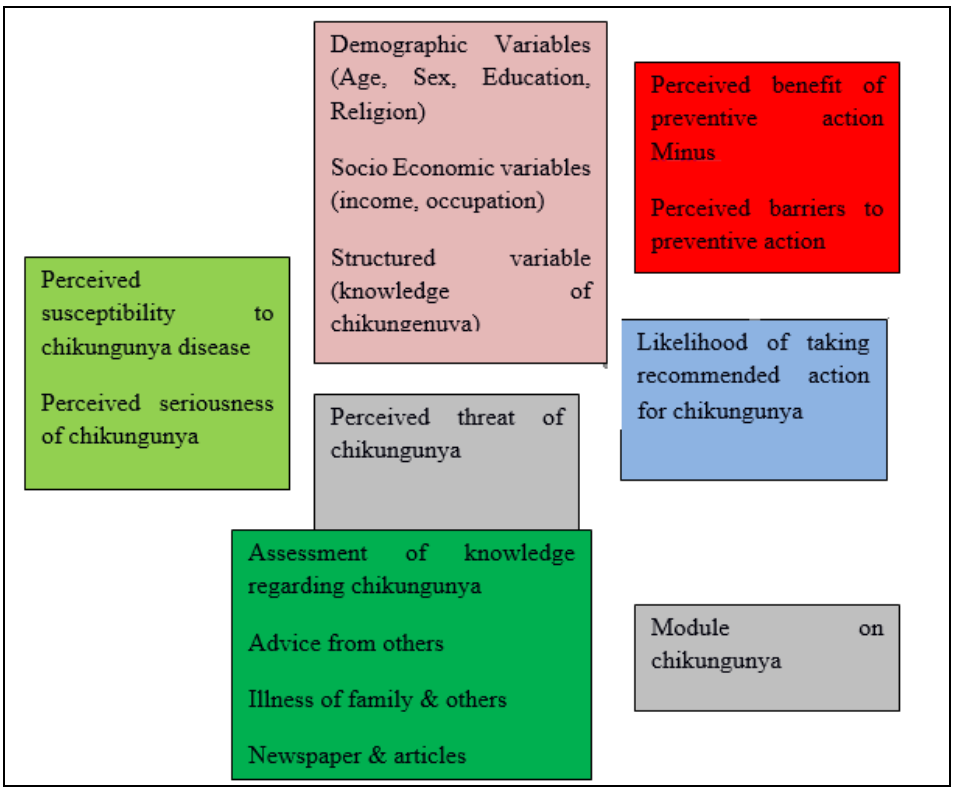
H1:- There will be some knowledge about Chikungunya prevention among population of selected area of jaipur.

H2:- There will be some knowledge about Chikungunya treatment among population of selected area of jaipur.

H3:- There will be limited or no knowledge about mosquito control measure among population of selected area of jaipur.

Ethical aspect

1. Take a prior consent before application of tool.
2. Provide proper information before the consent about beneficial of study.
3. Maintain the confidentiality of information.



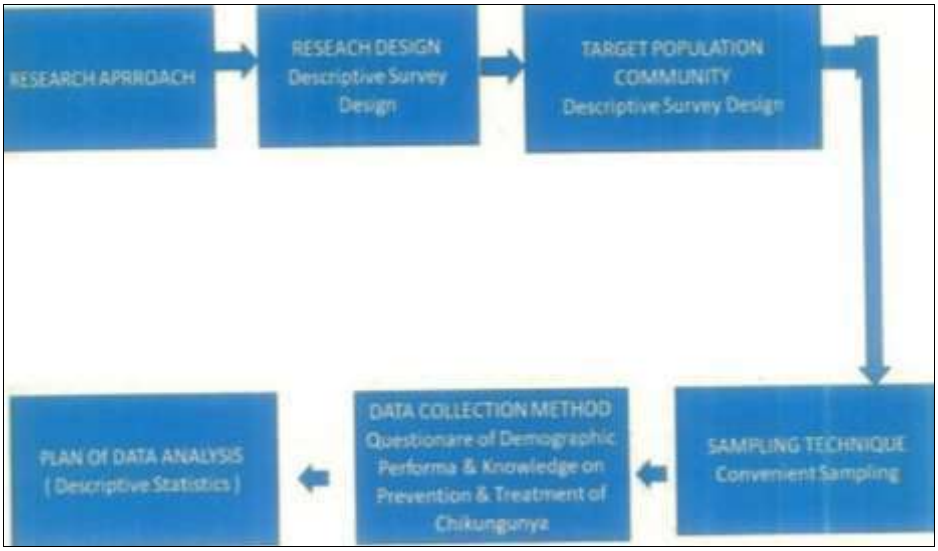


Fig 1: conceptual framework: health belief model

Table 1: Distribution of sample according to age, sex, Education, religion and type of the family.

Characteristics	Frequency	Percentage
Age (Years)		
18-23 yrs	32	32%
24-29 yrs	15	15%
30-35 yrs	26	26%
36-40 yrs	27	27%
Sex		
Male	49	49%
Female	51	51%
Education		
Illiterate	-	-
Primary	6	6%
Upper Primary	11	11%
Secondary	33	33%
Higher Secondary	22	22%
Graduate	20	20%
Post Graduate	8	8%
Religion		
Hindu	76	76%
Muslim	-	-
Christian	-	-
Buddhist	24	24%
Type of the family		
Joint	47	47%
Nuclear	35	35%
Extended	18	18%

Section B: Part 1: Knowledge about prevention and treatment of chicken guinea (overall). N = 100

Table 2: Distribution of sample according to their knowledge score

Marks class Interval	Frequency	Percentage
25-30	1	1%
19-24	45	45%
13-18	49	49%
7-12	5	5%
1-6	0	0%

The table explained that most of samples (49%) scored between13-18, samples scored between19-24 were 45%, and only 5% scored between7-12, samples scored 25-30 were only 1%. It evident that the selected population have some knowledge about chikungunya.

Table 3: Mean, median, mode, range and standard deviation.

Students	Mean	Median	Mode	Range	SD
Knowledge	17.72	18.0	19.0	10-25	3.42

Data in table: - 5 indicate that samples under study was distributed on approximate normal distribution having a mean knowledge score of 17.72 .+ 3.42, mode 19.0, median 18.0 and range 10-25.

Table 4: Quartile distribution of sample according to their knowledge score.

Categories	Score in %	Frequency	Percentage
1st quartile(1 to 7)	Up to 25%	0	0%
2nd quartile(8 to 15)	26-50%	32	32%
3rd quartile(16 to 22)	51-75%	62	62%
4th quartile(23 to 25)	76-100%	6	6%

Table:- 4 Indicate that score in first quartile belonged to poor level of knowledge group and their scored ranged from 1 to 7.No samples come in this range. Where as in 32 samples belonged to 2nd quartile (8-15) poor level of knowledge. Most of the samples (62) belonged to 3rd quartile (16 to 22) god level of knowledge, whereas only 6 samples belonged to 4th quartile (23 to 25) fair level of knowledge. It evident that the most of population has good level of knowledge about chikungunya.

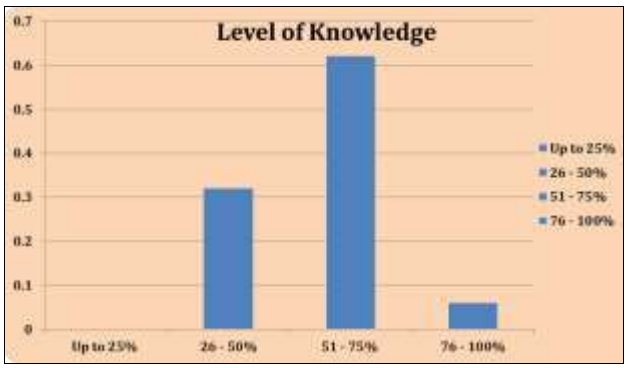


Fig 2: Quartile distribution of sample according to their knowledge score

Section B: Part 2: Association of knowledge (as a whole) score with demographic variable.

Table 5-A: Association of knowledge score of male and female population in the sample.

Sex	Knowledge				Total
	Very poor	Poor	Good	Fair	
Male	0	13	31	5	49
Female	0	19	31	1	51

Conclusion

The unique molecular features of the analyzed Indian Ocean isolates of chikungunya virus demonstrate their high evolutionary potential and suggest possible clues understanding the atypical magnitude and virulence of this outbreak.

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