Knowledge, Attitude & Practices towards Dengue Fever: Comparison between community and health care professionals

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ABSTRACT

Background: Dengue virus infection is considered as a major public health concern worldwide. The burden of disease can be reduced with community participation.

Aim: To compare the knowledge, attitude and practice towards dengue fever between community and health care professionals.

Methodology: The study got approved by ethical review board. This cross sectional survey was conducted from January to June 2017, for the community and health care professionals (50 participants each) of King Edward Medical University, Lahore to compare the knowledge, attitude and practice towards dengue fever. A validated questionnaire was used. The study participants were included by non-probability convenient sampling. The participants were explained regarding study protocol and their consent was obtained.

Results: The study participants consisted of 50 doctors and 50 community members. There was statistically significant difference in knowledge between doctors and communities in the area of dengue transmission and clinical features. Regarding attitude, there was statistically significant difference between the responses. However, there was not statistically significant difference between the responses in practices towards dengue fever.

Conclusion: There are significant differences in knowledge, attitude and practices associated with dengue fever between doctors and community. The community needs to be educated more for this very important disease.

Keywords: Knowledge, Attitude, Practice, Dengue, Community, Health care professionals

INTRODUCTION

Dengue virus infection is a one of the major public health issue¹. World Health Organization (WHO) has estimated the global infection rate of dengue as 390 million². Although there is progress in clinical management and development of vaccines, but still awareness of community is important factor. To prevent dengue infection, there is need to control the breeding sites for the vector mosquitoes, mainly Aedes aegypti and Aedes albopictus³.

The research conducted previously have showed the views of different community members on dengue infections; but considering the perspective of clinicians there have not been any recent advancement. Such studies have been carried out mostly in Asia^{4,5,6}. Thaver et al⁷ conducted a knowledge-based study in Pakistan and established that clinicians had a better grip on pathophysiology of dengue fever as compared to diagnosis and treatment of dengue. As a result of these studies, it becomes clear that clinical practice is different in different regions and it also varies with time that makes it vital to appreciate the local and current practices for management of dengue when considering the areas of potential improvement. Therefore, based on this review, this study was planned to compare the knowledge, attitude and practice towards dengue fever between community and health care professionals.

METHODOLOGY

The study got approved by ethical review board. This cross sectional survey was conducted from January to June 2017, for the community and health care professionals (50 participants each) of King Edward Medical University, Lahore to compare the knowledge, attitude and practice towards dengue fever. A validated questionnaire was used. The study participants were included by non-probability convenient sampling. The participants were explained regarding study protocol and their consent obtained. The study participants was were interviewed according to the questionnaire. Data were entered in SPSS 20 for statistical analysis. Chi square test was applied to see the differences between responses.

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RESULTS

The study participants consisted of 50 doctors and 50 community members. Males were 39% male and 60% of the study population was between 15-30 years of age. Among total, 84% population belonged to urban areas. Majority (69%) of the participants were graduates (Table I). There was statistically significant difference in knowledge between doctors and community in the area of dengue transmission and clinical features (Table II). Regarding attitude, community still considers itself safe from dengue and there is statistically significant difference between the responses (Table III). Though, there was no significant difference among statistically the responses in practices about dengue fever (Table IV).

Table I: Demographic characteris	stics
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	Frequency	%age		
Gender				
Male	39	39.0		
Female	61	61.0		
Age in years				
15 to 30 years	60	60.0		
30 to 45 years	30	30.0		
above 45 years	10	10.0		
Residence				
Rural	16	16.0		
Urban	84	84.0		
Profession				
Doctor	50	50.0		
Community	50	50.0		
Education				
Illiterate	13	13.0		
Primary	5	5.0		
Secondary	8	8.0		
Higher secondary	5	5.0		
Graduation	69	69.0		

Table II: Comparison of knowledge about dengue fever
among doctors versus community

	Profes	Professions	
	Doctor	Community	
Have you hear	d about dengue?		
Yes	50	50	
Do flies transm	it dengue?		
Yes	10	23	0.001
No	40	23	
Not sure	0	4	
Do all mosquite	pes transmit?		
Yes	2	26	<0.001
No	48	22	
Not sure	0	2	
Does aides tra	nsmit the disease?		
Yes	46	42	
No	4	2	0.003
Not sure	0	6	
Can it be trans	mitted by person to	person contact?	?
Yes	1	25	<0.001
No	48	16	

Not sure	1	9	
	hitted by airborne of	-	
Yes	3	37	
No	47	8	<0.001
Not sure	0	5	<0.001
	-		
Yes	nitted by blood tran 21		
		<u>46</u> 1	-0.001
No Not ouro	29	-	<0.001
Not sure	0	3	
Can it affect all a		50	
Yes	49	50	0.045
No	1	0	0.315
Not sure	0	0	
	nitted by unhygieni		er?
Yes	4	40	0.004
No	46	7	<0.001
Not sure	0	3	
Is rash a sympto			
Yes	44	30	
No	4	8	0.004
Not sure	2	12	
	use fever and hea		
Yes	49	40	
No	1	1	0.007
Not sure	0	9	
Can dengue lea	d to internal and e	xternal bleeding	<u>j</u> ?
Yes	48	34	
No	2	4	0.001
Not sure	0	12	
Can dengue be	treated by antibiot	ics in the hospit	al?
Yes	4	22	
No	45	16	< 0.001
Not sure	1	12	
Can you identify	aides mosquito?		
Yes	48	11	
No	2	34	< 0.001
Not sure	0	5	
Can dengue be	prevented by using	g bed netting?	
Yes	49	50	
No	0	0	0.315
Not sure	1	0	
	prevented by using	g insecticide sp	rays?
Yes	47	50	
No	3	0	0.079
Not sure	0	0	0.070
	squitoes breed on	stagnant water	in ponds?
Yes	44	48	
No	6	0	0.017
Not sure	0	2	1
	-		n breed
Do you think water in flowerpots water coolers can breed mosquito			
Yes	49	48	0.22
No	1	0	
Not sure	0	2	
		-	

Table III: Comparison of attitude about dengue fever among doctors versus community

Attitude	Professions		P value	
	Doctor	Community		
I consider myself at risk for dengue				
Strongly agree	21	0		
Agree	23	43		
Disagree	4	3	<0.001	
Strongly disagree	2	4		
Not sure	21	0		
All the dengue infected persons should be isolated				

		n	
Strongly agree	20	2	
Agree	21	45	
Disagree	7	1	<0.001
Strongly disagree	0	2	
Not sure	2	0	
Dengue fever can be	e prevented		
Strongly agree	21	0	
Agree	27	44	
Disagree	1	3	<0.001
Strongly disagree	1	0	
Not sure	0	3	
Our Government ha	s responsibility	y of taking preve	entive
measures for dengu			
Strongly agree	37	26	
Agree	12	24	
Disagree	0	0	0.031
Strongly disagree	1	0	
Not sure	0	0	
Dengue fever is a fa	tal disease		
Strongly agree	13	0	
Agree	30	48	
Disagree	2	0	<0.001
Strongly disagree	4	0	
Not sure	1	2	
If available, i will adv	ise all patient	s to have dengu	ie vaccine
Strongly agree	14	0	
Agree	26	48	
Disagree	2	0	<0.001
Strongly disagree	2	0	
Not sure	6	2	
I would like to get m	ore informatio	n about Dengue)
Strongly agree	30	30	
Agree	15	20	
Disagree	2	0	0.22
Strongly disagree	1	0]
Not sure	2	0	

Table IV: Comparison of practices about dengue fever among
doctors versus community

	Profe	ssions	P value
	Doctor	Community	
Do you use ins	ecticide sprays a	round your home	
Yes	46	36	
No	3	13	0.024
Not sure	1	1	
do you use bec	I netting while sle	eping	
Yes	9	25	
No	40	25	0.002
Not sure	1	0	
Do you use mo	squito coils		
Yes	38	34	
No	12	16	0.373
Not sure	0	0	
Do you cover a	Il water filled cont	tainers in home	
Yes	42	46	
No	7	2	0.193
Not sure	1	2	
Do you prefer f	ull clothing at eve	ening	
Yes	39	41	
No	11	9	0.617
Not sure	0	0	
Have you ever	used mosquito re	pellants or cream	s
Yes	44	39	
No	6	9	0.234
Not sure	0	2	
Do you ensure	proper disposal of	of garbage	

Yes	49	42		
No	1	7	0.049	
Not sure	0	1		
Do you use smo	ke to fly away mos	squitoes?		
Yes	11	21		
No	39	29	0.032	
Not sure	0	0		
have you ever co prevention	ontacted professic	onal pest contro	for dengue	
Yes	25	16		
No	24	32	0.178	
Not sure	1	2		
	Do you try to eliminate stagnant water in tire tubes or flower vases in your home and surroundings			
Yes	41	44		
No	8	4	0.412	
Not sure	1	2		
Do you use wind	low screens			
Yes	30	24		
No	19	24	0.454	
Not sure	1	2		
Have you ever used mosquito eating fish for reducing mosquitoes				
Yes	49	38		
No	0	0	0.001	
Not sure	1	12		

DISCUSSION

As a result of our study, it becomes clear that there is good knowledge, good attitudes and practices concerning Dengue fever control among doctors, but when compared with community, the difference was statistically significant. The perception of knowledge on Dengue Fever found as a result of this study can be compared to that perceived in similar KAP studies carried out in Pakistan and Jamaica^{8,9}. The meager knowledge concerning Dengue fever, its common signs and symptoms, among our study subjects implies that this disease can easily be mistaken for other frequent causes of pyrexia such as influenza, typhoid, etc., that leads to delays in need for medical assistance until disease gets complicated as reported in a research conducted in Jamaica⁸. This low level of knowledge on Dengue fever may ascertain to the fact that there have been no regular campaigns for the knowledge of dengue except at time of outbreak in 2010 and that the disease only just came forth in the country¹⁰.

Regarding attitude towards DF control, there was statistically significant difference in responses of attitude between doctors and community. This implies that most of the people had identified the threat of getting infected with Dengue and took measures for prevention and control. In a study done in Malaysia almost same results were found on the attitude of people on risk of getting the infection¹¹.

In our study, the common practices were clearly related to knowledge and attitude towards the disease. In related researches done in Malaysia an incongruity was reported between the knowledge and practices¹¹. In general, in our study, the level of practices was many times advanced than the level of knowledge. This is in contrast with likewise unforeseen findings in a study conducted in Thailand where subjects who had better knowledge of Dengue vector and the conditions were Dengue can breed, had more likely breeding sites in their surroundings than the subjects with low level of knowledge¹² In an additional study done in Thailand, the reported practice of measures of prevention was also found to be more as compared to the reported knowledge of preventive measures¹³.

This study has its own limitations. The study was single centered, and was conducted on small sample size, the result of which cannot be generalized. More qualitative studies are needed to address this important issue on larger scale.

CONCLUSION

The results of this study provide significant insights into the differences in breach in knowledge, attitudes, and practices towards dengue fever in a resourcelimited locality. There are significant differences in knowledge, attitude and practices associated with dengue fever between doctors and community. The community needs to be educated more for this very important disease.

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