



KNOWLEDGE AND PRACTICES OF THE RESIDENTS IN LARION ALTO, TUGUEGARAO CITY TOWARDS CHICKEN POX

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ABSTRACT

This research study presents the knowledge, and practices of the Larion Bajo, Tuguegarao City residents towards chicken pox. Majority of the respondents to 30-35 years old, are Roman Catholic, high school undergraduate, earns an average monthly income of P1,001 to P5,000 and has 4 members in the family. This study aims to determine the knowledge and practices of the residents of Larion Alto, Tuguegarao City on chicken pox. This study made use of the descriptive correlational method and the researchers made use of questionnaire as a tool in gathering data. Study revealed that the respondents has enough knowledge on the symptoms, transmission and treatment of chicken pox. It also reveals that they a good practice in the treatment of chicken pox.

KEYWORDS: *chicken pox, rashes, lesions, contagious, virus*

INTRODUCTION

Chickenpox is a highly contagious but non-threatening disease caused by primary infection with varicella zoster virus (VZV). On examination, the observer typically finds lesions at various stages of healing. Chickenpox is an airborne disease spread easily through coughing or sneezing of ill individuals or through direct contact with secretions from the rash. According to Gale Encyclopedia of Medicine, chickenpox is a common rash-producing childhood disease that also affects adults on occasion. A person with chickenpox is infectious one to two days before the rash appears. They remain contagious until all lesions have crusted over (this takes approximately six days). Immuno compromised patients are contagious during the entire period as new lesions keep appearing.

Chickenpox can cause problems for pregnant women, newborns, teens and adults, and people who have immune system problems that make it hard for the body to fight infection. After you have had chickenpox, you are not likely to get it again. But the virus stays in your body long after you get over the illness. If the virus becomes active again, it can cause a



painful viral infection called shingles. (<http://www.webmd.com/vaccines/tc/chickenpox-varicella-topic-overview>). According to *The Columbia Electronic Encyclopedia*, © 2011, chicken pox or varicella is an infectious disease usually occurring in childhood. It is believed to be caused by the same herpes virus that produces shingles. Bacterial infection of the skin is the most common complication of chicken pox. Rare complications of chickenpox include pneumonia and encephalitis (swelling of the brain). (<http://www.southerncross.co.nz/AboutTheGroup/HealthResources/MedicalLibrary/tabid/178/vw/1/ItemID/197/Chickenpox-symptoms-treatment-vaccination.aspx>). The first symptoms of chickenpox often are a fever, a headache, and a sore throat. The chickenpox rash usually appears about 1 or 2 days after the first symptoms start. Some children get the chickenpox rash without having a fever or other early symptoms.

According to Harriman and Chavez (2012), Varicella is transmitted from person to person by direct contact, inhalation of aerosols from vesicular fluid of skin lesions of varicella (chickenpox) or herpes zoster (shingles), which is a reactivation of latent varicella, or from infected respiratory tract secretions that might also be aerosolized. The varicella zoster virus enters the host through the upper respiratory tract or the conjunctiva.

Varicella treatment mainly consists of easing the symptoms as there is no actual cure of the condition. Some treatments are however available for relieving the symptoms while the immune system clears the virus from the body. As a protective measure, patients are usually required to stay at home while they are infectious to avoid spreading the disease to others. Also, sufferers are frequently asked to cut their nails short or to wear gloves to prevent scratching and to minimize the risk of secondary infections.

STATEMENT OF THE PROBLEM

1. What are the socio-economic profiles of the residents in Larion Alto, Tuguegarao City in terms of:

- a. age
- b. religion
- c. educational background
- d. family income
- e. size of the family

2. What are the levels of knowledge of the residents in Larion Alto, Tuguegarao City about chicken pox in terms of:



- a. Symptoms
- b. Transmission
- c. Treatment

3. What are the practices of the residents in Larion Alto, Tuguegarao City towards chicken pox?

METHODOLOGY

Research Design

This study made use of the descriptive correlational method of research. This study aims to determine the knowledge and practices of the residents of Larion Alto, Tuguegarao City on chicken pox.

The researchers made use of questionnaire as a tool in gathering data. The questionnaire has the following parts:

Part I- Profile of the respondents

Part II- Knowledge on symptoms, transmission and treatment of chicken pox

Part III- Practices on treatment of chicken pox.

Data Gathering

The questionnaire was distributed to the respondents and the objectives of the study were clearly explained to them. Informal interview was done to solicit added information to substantiate the respondents' response.

Data Analysis

The data and information gathered through questionnaires were analyzed, tallied and tabulated using frequency count.

RESULTS AND DISCUSSION

I. Profile of the Respondents

Table 1 presents the distribution of respondents according to age. Data reveals that there are 5 respondents who are in bracket 18-23 years old, 5 respondents are in bracket 24-29, 20 respondents who are in bracket 30-35, 10 respondents who are in the bracket 36-41, 8 respondents who are in the bracket 42-47, 10 respondents who are in the bracket 48-53, 7



respondents who are in the bracket 54-59 and 5 respondents who are in the bracket 60-65. Majority of the respondents belong to 30-35 years old.

Table 1. Distribution of respondents according to age

AGE	FREQUENCY	PERCENTAGE
18-25	5	7.14
24-29	5	7.14
30-35	20	28.57
36-41	10	14.29
42-47	8	11.43
48-53	10	14.29
54-59	7	10
60-65	5	7.14
TOTAL	70	100

Religion

Table 2 shows the distribution of respondents according to religion. The data shows that 67 of the respondents belong to Roman Catholic, 1 is a protestant, 1 is belongs to Church of Christ and 1 belongs to Born Again.

Table 2. Distribution of respondents according to religion.

RELIGION	FREQUENCY	PERCENTAGE
Roman Catholic	67	95.71
Protestant	1	1.43
Born Again	1	1.43
Church of Christ	1	1.43
Total	70	100

Educational Background

Table 3 shows the distribution of respondents according to educational background. The data reveals that 19 of the respondents are college graduates, 15 respondents are high school undergraduates, 12 respondents are high school graduates, 8 respondents are elementary graduates, 8 respondents are college undergraduates, 7 respondents are elementary undergraduates and 1 respondent is a vocational or technical graduate. Majority of the respondents are high school undergraduate.



Table 3. Distribution of respondents according to Highest Educational Attainment.

Highest Educational Attainment	FREQUENCY	PERCENTAGE
Elementary Undergraduate	7	10
Elementary Graduate	8	11.43
High School Undergraduate	15	21.43
High School Graduate	12	17.14
College Undergraduate	8	11.43
College Graduate	19	27.14
Vocational/Technical Graduate	1	1.43
TOTAL	70	100

Family Income/Month

Table 4 presents the distribution of respondents according to family income in a month. It can be seen that 25 of the respondents has an average monthly income of P1,000-P5,000, 19 respondents has P5,001-P10,000, 18 respondents has below P1,000, 4 has P10,001-15,000 and 3 has a family income which is more 15,000 in a month. Majority of the respondents earns an average monthly income of P1,001 to P5,000.

Table 4. Distribution of respondents according to Family Income/Month

Family Income/Month	FREQUENCY	PERCENTAGE
Below P1,000	18	25.71
P1,001- P5,000	25	35.71
P5,001-P10,000	19	27.14
P10,001-P15,000	4	5.71
P15,001-above	3	4.29
TOTAL	70	100

Size of the family

Table 5 presents the distribution of respondents according to family size. Data reveals that 17 respondents has 4 members in the family, 16 respondents has 5 members, 14 respondents has 6, 11 respondents has 3 members, 4 respondents has 7, 3 respondents has 2 members in their family, 3 respondents has 8 and 1 respondent has 9 members. Majority of the respondents has 4 members in the family.



Table 5. Distribution of respondents according to Family Size

Family Size	FREQUENCY	PERCENTAGE
2	3	4.29
3	11	15.71
4	17	24.29
5	16	22.86
6	14	20
7	4	5.71
8	3	4.49
9	1	1.43
TOTAL	70	100

II. Knowledge on Symptoms, Transmission and Treatment of Chicken Pox

Symptoms

Table 6 displays the knowledge of the respondents about the of symptoms of chicken pox. It shows that 63 of the respondents knows that mild fever is a symptom of chicken pox, 62 knows that headache is a symptom of chicken pox, 45 know that a person is infected with chicken pox when there are rashes that develops into small red spots after 24 hours in her body, 43 know that a person is infected with chicken pox when there are red spots that turns into yellow blisters in her body, 41 know that development of red rashes is a symptom of chicken pox,38 know that a person is infected with chicken pox when there are blisters that develops in her body and these blisters are first seen on the face,36 know that a person is infected with chicken pox when there are blisters that turn into a cloudy and then scab that develops in her body and 19 know that stomachache is a symptom of chicken pox. Majority knows that the symptom of chicken pox is having mild fever and headache.

Table 6. Distribution of respondents according to knowledge on symptoms of chicken pox.

Symptoms	FREQUENCY	PERCENTAGE
Fatigue	43	61.43
Mild Fever	63	90
Development of rashes in the body.	41	58.57
Development of small red spots from rashes.	45	64.29
Development of yellow blisters from red spots.	43	61.43
Headache	62	88.57
Stomachache	19	27.14
Development of blisters which are first seen on the face.	38	54.29
Development of blisters into cloudy and then scab.	36	51.42



Transmission

Table 7 presents the knowledge of the respondents on how chicken pox are transmitted. It can be viewed from the table that 55 of the respondents know that chicken pox can be transmitted through direct contact with the person who is infected, 50 know that when an infected person sneeze towards a person who is not infected, chicken pox can be transmitted, 46 know that when an infected person cough towards a person who is not infected chicken pox can be transmitted and 41 know that chicken pox can be transmitted when a person who is not infected shares his eating utensils with the infected person.

Table 7. Distribution of respondents according to knowledge on how chicken pox are transmitted.

Transmission	FREQUENCY	PERCENTAGE
Coughing	46	65.71
Sneezing	50	71.43
Direct contact with the infected person	55	78.57
Sharing eating utensils with the infected person	41	58.57

Treatment

Table 8 presents the distribution of respondents according to their knowledge on how chicken pox can be treated. It reveals that 65 know that taking a rest can treat chicken pox, 57 know that taking a bath frequently, 38 know that taking lukewarm bath using small soap can treat chicken pox , 37 know that by applying calamine lotion, 29 know that applying a soothing moisturizer after a bath, 21 know that by taking anti-histamine, 20 know that by taking anti-viral medication such as zovirax, 19 know that applying anti-histamine such as diphenhidramine and 13 know that hydrocortisone cream can treat chicken pox. Majority knows that resting can treat chicken pox.



Table 8. Distribution of respondents according to knowledge on treatment of chicken pox

Treatments	FREQUENCY	PERCENTAGE
Frequent bath	57	81.43
Application of calamine lotion.	37	52.86
Anti-histamine	21	30
Rest	65	92.86
Taking anti-viral medication such as zovirax.	20	28.57
Lukewarm bath using little soap and skin-soothing oatmeal and cornstarch bath	38	54.29
Applying a soothing moisturizer after bath	29	41.43
Taking oral anti-histamine	19	27.14
Application of hydrocortisone cream on itchy areas	13	18.57

III. PRACTICES ON THE TREATMENT OF CHICKEN POX

Table 9 presents the practices of the respondents on the treatment of chicken pox. Sixty two respondents immediately go and visit the doctor if symptoms of chicken pox already appear while 8 do not go for check-up. Sixty five respondents avoid people who have chicken pox while 5 do not. Thirty six respondents do not do anything until red rashes appear while 34 tend to observe and check their skin. Sixty six respondents take a bath even they have chicken pox while 4 do not take a bath. Fifty nine respondents go for a chicken pox vaccination while 11 do not. Sixty respondents do not go out when they have chicken pox while 10 still go out. Majority of the respondents has a very good practice on how to treat chicken pox.

Table 9. Distribution of respondents according to Practices on the treatment of chicken pox.

Practices	Yes		No	
	Frequency	Percentage	Frequency	Percentage
I immediately go to the doctor if symptoms already appear.	62	88.57	8	11.43
I avoid people who have chicken pox.	65	92.86	5	7.14
I don't do anything until the red ashes appear.	36	51.43	34	48.57
I take a bath when I have chicken pox.	66	94.29	4	5.71
I, together with my family go for chicken pox vaccination	59	84.29	11	15.71
I don't go out when I have chicken pox	60	85.71	10	14.29



CONCLUSION

The study reveals that the respondents have knowledge on the symptoms, transmissions and preventions of chicken pox. They have good practices on how to treat chicken pox.

RECOMMENDATIONS

1. The City Government or any concerned group/agencies should organize more programs and symposium to educate and give more information in handling cases of other health related issues on its prevention, transmission, symptoms, and treatments to the residents of Larion Alto, Tuguegarao City.
2. The residents should be involved in health related awareness programs of the City Government to be educated in preventing health related diseases.

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