

A Study to Assess the Knowledge Regarding Shingles Disease Among Middle-Aged People Residing at Pallavarmedu in Kanchipuram District

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Abstract: The aim of the study was to assess the level of knowledge regarding shingles disease among middle aged people residing at pallavarmedu. Quantitative research approach was used for this study and the researcher adapted a descriptive research design with simple random sampling technique. The sample size of the study was 50 middle-aged people residing at pallavarmedu in Kanchipuram. After obtaining permission from the community authority and consent form the study samples the demographic data were collected and a self-structured knowledge question are administered to the study sample and instructed to select appropriate answers and the collected data were analyzed using both descriptive and inferential statistics. The current study was assessed the knowledge regarding shingles disease among middle-aged people residing at Pallavarmedu in Kanchipuram district. In this study, the majority of participants were between 51 - 60 years of age, with 36% aged 51–55 and 32% aged 56–60. Females made up 64% of the sample, while males constituted 36%. Most respondents were Hindu (90%), followed by Christians (6%) and Muslims (4%). In terms of education, 56% had primary education, 32% were illiterate, and 12% had completed high school, with none having graduated. Occupationally, 50% were self-employed, 40% were daily wage earners, and only a small fraction worked as private (8%) or government (2%) employees. The majority were married (90%), with a small percentage being unmarried (4%) and widowed (6%). It was inferred that, 12 (24%) were belongs to inadequate, 29(58%) were belongs to moderately adequate and 9(18%) were belongs to adequate. There was significant association between selected demographic data such as age ($X^2 = 10.8613$), gender ($X^2 = 4.2857$), religion ($X^2 = 7.0887$), educational status ($X^2 = 5.9842$), occupation ($X^2 = 10.0538$), and marital status ($X^2 = 7.5883$) with the level of knowledge at $P < 0.05$.

Keywords: Shingles disease, Postherpetic neuralgia, Recombinant zoster vaccine.

INTRODUCTION

Shingles is caused by the Varicella ZosterVirus (VZV), the same virus is responsible for chickenpox. The initial infection with the virus typically occurs during childhood or adolescence, resulting in chickenpox (also known as varicella). Once the chickenpox infection resolves, the virus can remain dormant in nerve cells (dorsal root ganglia or cranial nerves) for years or even decades. Later in life, the virus may reactivate, traveling along nerve pathways to the skin and causing blisters, which characterizes an outbreak of shingles. During a shingles outbreak, the Varicella Zoster virus found in the blisters can potentially cause chickenpox in someone who has never had chickenpox before. However, they will not develop shingles from this initial exposure. The precise mechanism by which the virus remains dormant in nerve cells and reactivates later is still not fully understood. Shingles has been recognized for centuries, and certain factors increase the risk of the virus reactivating, including older age, a weakened immune system, and having contracted chickenpox before the age of 18 months. Diagnosis of shingles is usually based on the signs and symptoms exhibited by the patient.

It's important to note that the Varicella Zoster virus is distinct from the herpes simplex virus, although both belong to the alpha subfamily of herpesviruses.

Vaccination has proven to reduce the risk of developing shingles by 50 to 90%, depending on the vaccine, and also lowers the risk of postherpetic neuralgia (a complication of shingles) and the severity of the disease if shingles occurs. If shingles develops, antiviral medications like acyclovir, when taken within 72 hours of the rash appearing, can reduce both the severity and duration of the disease. It is estimated that one in three people will develop shingles at some point in their lifetime. While the condition is more common among older adults, it can also affect children. According to the US National Institutes of Health, the incidence of new cases ranges from 1.2 to 3.4 per 1,000 person-years among healthy individuals to 3.9 to 11.8 per 1,000 person-years in those over the age of 65. About half of people who live to age 85 will experience at least one episode of shingles, with fewer than 5% having more than one outbreak.

Shingles (Herpes Zoster) is a viral infection that poses a significant threat to the health and well-being of adults, particularly those over 50 years of age or with weakened immune systems. The disease causes painful skin rashes and blisters, and in many cases, can lead to serious complications such as postherpetic neuralgia, vision loss, and prolonged nerve pain that can last for months or even years. These outcomes have a direct impact on an individual's physical, emotional, and social functioning. Shingles, also known as Herpes Zoster, is a viral disease

that commonly affects people in later adulthood, especially those with weakened immune systems. It causes painful skin rashes, nerve pain, and long-term complications such as postherpetic neuralgia, which can lead to decreased quality of life and emotional distress. Despite its increasing prevalence, awareness of shingles among community people remains limited. Despite its severity, public knowledge about shingles remains limited, especially in community settings where health education is not always a priority. Many people are unaware of its symptoms, complications, risk factors, and most importantly, the availability of a preventive vaccine. This lack of awareness often leads to late diagnosis, increased suffering, and unnecessary complications.

MATERIALS AND METHODS

Research design is the overall plan for obtaining answers to the questions being studied for handling some of the difficulties encountered during research process. In this

study, descriptive research design was adopted. The setting for the study was Pallavarmedu.

In this study, the population included people residing at Pallavarmedu with the age group of 40 to 60 years. Sample is the subset of population elements, which are the most basic units about which data are collected. In the present study, the sample included 50 people residing at Pallavarmedu with the age group of 40 to 60 years. The sample size consists of 50 people residing at Pallavarmedu.

In order to achieve the objectives of the study, the investigator adopted non-probability sampling method with convenience sampling technique to select the sample from Pallavarmedu. In this study, total of 50 members in Pallavarmedu were selected. All the 50 members who fulfilled the inclusion criteria were selected as sample by using convenience sampling technique.

RESULTS

This study deals with the analysis and interpretation of data to assess the knowledge regarding shingles disease among middle aged people in Pallavarmedu.

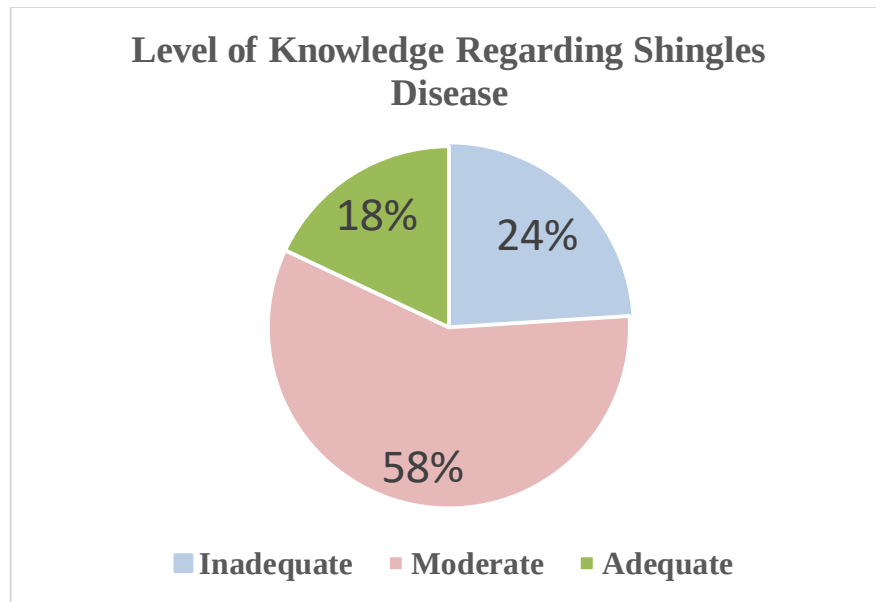
The results obtained from this study shows that the demographic variables such age 6 (12%) were belongs to 40-45 years, 10(20%) were belongs to 46-50 years, 18(36%) were belongs to 51-55 years, and 16(32%) were belongs to 56-60 years, gender: 18(36%) were belongs to male, and 32(64%) were belongs to female, religion: 45(90%) were belongs to Hindu, 3(6%) were belongs to Christian, and 2(4%) were belongs to Muslim, educational status 16(32%) were belongs to illiterate, 28(56%) were belongs to primary education, and 6(12%) were belongs to higher school education, their occupation: 20(40%) were belongs to daily wages, 4(8%) were belongs to private employee, 25(50%) were belongs to own business, and 1(2%) were belongs to government employee, and their marital status: 45(90%) were belongs to married, 2(4%) were belongs to unmarried, and 3(6%) were belongs to widow.

Table 2: Frequency and percentage distribution of level of knowledge regarding shingles disease.

Sl. No.	Level of Knowledge	Frequency (f)	Percentage (%)
1.	Inadequate	12	24%
2.	Moderate	29	58%
3.	Adequate	9	18%

Table 2: Results that 12(24%) has Inadequate level of knowledge, were 29(58%) has Moderate level of knowledge, and only 9(18%) has Adequate level of knowledge.

Figure 1: Frequency and percentage distribution of level of knowledge regarding shingles disease among middle-aged people residing at Pallavarmedu (n=50)



The figure 1 depicted the percentage distribution of study according to the level of knowledge regarding shingles disease. 12(24%) has inadequate level of knowledge, 29(58%) has moderate level of knowledge, and only 9(18%) has adequate level of knowledge.

The association between the level of knowledge regarding shingles disease with selected demographic variables, demographic variables like Age, Gender, Religion, Educational status, Occupation, Marital status are significant.

CONCLUSION

The present study along with the conclusion drawn from the findings, recommendation and implication. The focus of the present study was to assess the level of knowledge regarding shingles disease among middle aged people residing at Pallavermedu.

The present study concludes that the level of knowledge regarding the shingles disease among the middle aged people are moderate level and the association between the level of knowledge regarding shingles disease with selected demographic variables, demographic variables like Age, Gender, Religion, Educational status, Occupation, Marital status are significant.

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