

## ABSTRACT

Japanese encephalitis (JE) is a major public health problem due to high case fatality rate, high rate of severe long lasting neurological symptoms and the majority of deaths occurring in children. This cross sectional descriptive study was done to explore Knowledge, Attitude and Practice on Japanese Encephalitis among community in acute encephalitis syndrome (AES) affected areas of Sittwe Township, Rakhine State.

The total of 216 respondents were interviewed by face to face method with semi structured questionnaires. Five villages were selected among ten AES affected villages based on JE antibodies IgM(+) cases. Forty three households each were selected from Shwe Pyi Thar, Bu May, Ywar Thar Yar and Plin Pyin villages and 44 households from Yae Chan Pyin village by systematic sampling methods.

Most of the respondents were female (81%), married (83.8%), dependence (49.1%), middle age group (30.6%), with low level of education and per capita income was low. Most of the respondents (71%) heard about JE.

Regarding the knowledge level of JE, 89.8% of the respondents had low knowledge and 10.2% had high level of knowledge. About 37% of the respondents wrongly answered JE was caused by other ways rather than by infected mosquito bites, only 31.8% of the respondents answered it could not transmitted from human to human, 74% of the respondents answered JE could be prevented and only half of the respondents (50.9%) answered that JE could be prevented by immunization.

Regarding attitudes level, 29.2% of the respondents had negative attitudes and the rest (70.8%) had positive attitudes level towards JE. Most of the respondents (71.4%) disagreed that JE is a communicable disease and about three fourth of respondents agreed that everybody is not needed to be immunized against JE.

Exploring the practices on JE, (62.0%) of the respondents had poor practices and the remainders (38.0%) gained good practice to prevent the disease. Only (44.9%) of the respondents had treated their nets with insecticide and (22.7%) of the respondents who had under 15 years children as family member had not immunized their children with JE vaccine.

There were statistically significant association between age and knowledge level ( $p=0.023$ , OR=3.068 with 95% CI from 2.205 to 3.931) and whether the respondents had under 15 years children in the family and practice level ( $p=0.017$ , OR=2.830 with 95% CI from 2.011 to 3.649). And there were also statistical significant association between knowledge and attitudes ( $p=0.001$ ), knowledge and practice ( $p=0.002$ , OR=4.062 with 95% CI from 3.426 to 4.698), attitudes and practice ( $p=0.001$ , OR=3.159 with 95% CI from 2.577 to 3.741).

This study highlighted that the study population was who had already got health education program and vaccination program from township health staff, the community had wrong knowledge in transmission and prevention of disease. It was showed that there were some gap in dissemination of JE information to community by health care providers. More efforts by health care providers on social mobilization, advocacy meeting and risk communication is recommended to increase awareness of JE at community level.