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Knowledge, Awareness, Perception, and Attitude Regarding Travel Medicine

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Abstract: Travel medicine is an emerging field focusing on prevention and management of health risks associated with travel. Despite increasing global mobility, awareness about travel-related health risks remains inadequate.

Aim: To assess the knowledge, awareness, perception, and attitude regarding travel medicine among the study population.

Methods: A cross-sectional questionnaire-based study was conducted among participants. A structured, pre-validated questionnaire assessed knowledge, awareness, perception, and attitude. Data were analyzed using descriptive statistics and appropriate inferential tests.

Result: Females were more likely to demonstrate perception in dissection room experiences than male. Significantly third years showed greater familiarity With advanced applications than final years and interns

Conclusion: Knowledge, awareness, perception, and attitude are key determinants that influence health-related behaviors.

Keywords: Travel medicine, awareness, knowledge, perception, attitude, public health

1. INTRODUCTION

Travel medicine is a specialized branch of preventive and public health that focuses on the health of individuals traveling across different geographical regions. With the rapid growth of globalization, international tourism, and migration, there has been a significant increase in the number of people traveling for leisure, business, education, and medical purposes. This increased mobility exposes travelers to a wide range of health risks, including infectious diseases, environmental hazards, and lifestyle-related conditions.

Travelers may encounter diseases such as malaria, dengue, traveler's diarrhea, and vaccine-preventable infections depending on their destination. Differences in climate, sanitation, food habits, and healthcare infrastructure further contribute to these risks. Pre-travel health measures, including vaccination, chemoprophylaxis, health education, and medical consultation, play a crucial role in preventing travel-related illnesses.

Despite the availability of guidelines by organizations such as the World Health Organization and the Centers for Disease Control and Prevention, awareness and utilization of travel medicine services remain inadequate,

especially in developing countries. Many travelers fail to seek pre-travel advice or adopt preventive measures, increasing their vulnerability to avoidable health complications

Aim:

To assess the knowledge, awareness, perception, and attitude regarding travel medicine among the study population.

Objectives:

To assess knowledge regarding travel-related diseases and preventive measures

To evaluate awareness about vaccination and pre-travel consultation

To analyze perception toward travel health risks

To determine attitude toward preventive practices in travel medicine.

2. METHODOLOGY

1.1. Study Design

A cross-sectional descriptive study was conducted to assess the knowledge, awareness, perception, and attitude regarding travel medicine among the study population. The study was carried out over a period of ___ months at _____ (e.g., dental college/community setting).

1.2. Data Collection

Data were collected using a structured, self-administered questionnaire.

The questionnaire was pre-validated and consisted of four sections:

Knowledge (travel-related diseases, risks)

Awareness (vaccination, pre-travel consultation)

Perception (understanding of travel health risks)

Attitude (preventive practices)

The questionnaire included multiple-choice and Likert scale questions

A pilot study was conducted on ___ participants to check reliability and clarity

Necessary modifications were made before final data collection

Participants were briefed about the purpose of the study before distribution.

1.3. Data Analysis

Data were entered into Microsoft Excel and analyzed using SPSS software (version ___)

Descriptive statistics such as frequency, percentage, mean, and standard deviation were calculated

Inferential statistics such as the Chi-square test were used to determine associations between variables

A p-value < 0.05 was considered statistically significant.

1.4. Ethical Considerations

Ethical approval was obtained from the Institutional Ethical Committee (IEC)

Informed consent was obtained from all participants prior to data collection

Participation was voluntary, and participants had the right to withdraw at any time

Confidentiality and anonymity of participants were strictly maintained

Data were used only for research purposes.

3. RESULT

A total of 200 students took part in this with females (57%) and male of (43%). Age of the participants ranging from 21-25 years. In this study

Females were more likely to demonstrate perception in dissection room experiences than male. Significantly third years showed greater familiarity with advanced applications than final years and interns.

AGE					
	N	Minimum	Maximum	Mean	Std. Deviation
Age	200	21	25	23.46	1.475

GENDER

		Frequency	Percent
	MALE	86	43.0
	FEMALE	114	57.0
	Total	200	100.0

YEAR OF STUDY

		Frequency	Percent
	III BDS	73	36.5
	IV BDS	71	35.5
	INTERNS	56	28.0
	Total	200	100.0

Distribution and comparison of responses based on gender:

Item	Response	Males		Females		Chi-Square value	P value
		n	%	n	%		
Q1	1	18	62.0	11	38.0	7.657	**0.006***
	2	41	39.4	63	60.0		
	3	16	38.0	26	62.6		
	4	11	44.0	14	56.0		
Q2	1	8	32	17	68	2.750	0.432
	2	6	33.3	12	66.7		
	3	66	44.8	81	55.2		
	4	6	60.0	4	40.0		
Q3	1	57	40.7	83	59.3	1.920	0.589
	2	7	29.2	17	70.8		
	3	16	47.1	18	52.9		
	4	6	42.9	8	57.1		
Q4	1	6	33.3	12	66.7	0.697	0.874
	2	8	36.4	14	63.6		
	3	9	39.1	14	60.9		
	4	63	42	87	58		
Q5	1	1	12.5	7	87.5	2.930	0.402
	2	8	47.1	9	52.9		
	3	6	40	9	60		
	4	71	41	102	59		
Q6	1	75	42.6	109	57.4	3.720	**0.05***
	2	5	21.7	1	78.3		
	3	4	66.6	2	33.3		
	4	2	50	2	50		
Q7	1	74	40	111	60	1.489	0.475
	2	10	40.7	15	59.3		
	3	1	1.2	0	0		
	4	1	50	1	50		
Q8	1	8	33.3	16	66.7	3.980	0.409
	2	2	16.7	10	83.3		
	3	13	46.4	15	53.6		
	4	11	40.7	16	59.3		
Q9	1	80	41.2	104	58.8	0.671	0.413
	2	3	31.6	13	68.4		

	3	2	25	6	25		
	4	1	20	4	80		
Q10	1	5	25	15	75	7.241	0.065
	2	73	42.9	97	57.1		
	3	7	53.8	6	46.2		
	4	1	10	9	90		
Q11	1	8	53.3	7	46.7	2.655	0.448
	2	8	36.4	14	63.6		
	3	9	30	21	70		
	4	61	41.8	85	58.2		
Q12	1	2	18.2	9	81.8	6.418	0.093
	2	69	45.1	84	54.9		
	3	8	25.8	23	74.2		
	4	7	38.9	11	61.1		
Q13	1	62	42.8	83	57.2	2.311	0.510
	2	6	26.1	17	73.9		
	3	11	39.3	17	60.7		
	4	7	41.2	10	58.8		
Q14	1	6	37.5	0	62.5	0.221	0.974
	2	5	38.5	8	61.5		
	3	7	36.8	12	63.2		
	4	6	41.2	97	58.8		
Q15	1	3	23.1	10	76.9	1.793	0.616
	2	5	41.7	3	58.3		
	3	70	44.4	100	55.6		
	4	8	41.2	1	58.8		

P≤0.05 is statistically significant

Distribution and comparison of responses based on year of the study:

Item	**Response**	**III BDS**		**IV BDS**		**INTERNS**		**Chi-Value**	**P-Value**
		n	%	n	%	n	%		
Q1	1	4	33.3	4	33.3	4	33.3	3.657	0.05*
	2	54	42.1	41	32	33	25.7		
	3	9	28.1	10	31.2	13	40.6		
	4	6	21.4	16	57.1	6	21.4		
Q2	1	6	24	10	40	9	36	28.554	**0.0001***
	2	2	20	1	10	7	70		
	3	3	16.7	4	22.2	11	61.1		
	4	62	38.8	69	43.1	29	18.1		
Q3	1	55	39.3	58	41.4	27	19.3	21.445	**0.002***
	2	4	16.7	6	25	14	58.3		
	3	12	35.3	12	35.3	10	29.4		
	4	1	7.1	8	57.1	5	35.7		
Q4	1	5	27.8	7	38.9	6	33.3	27.128	**0.0001***
	2	2	9.1	6	27.3	14	63.6		
	3	7	30.4	6	26.1	10	43.5		
	4	59	39.3	65	43.3	26	17.3		
Q5	1	3	37.5	3	37.5	2	25	12.714	**0.048***
	2	5	29.4	5	29.4	7	41.2		
	3	2	13.3	4	26.7	9	60		
	4	63	36.4	72	41.6	38	22		
Q6	1	66	34.7	77	40.5	47	24.7	2.257	0.323
	2	7	30.4	7	30.4	9	39.1		
	3	4	11.6	5	11.7	7	9.6		
	4	3	21.7	7	8.7	5	6.6		
Q7	1	64	34.6	74	40	47	25.4	2.712	0.607
	2	8	29.6	10	37	9	33.3		

	3	1	100	0	0	3	6.1		
	4	3	11.6	7	8.5	6	6.7		
Q8	1	9	37.5	10	41.7	5	20.8	34.979	**0.001***
	2	1	8.3	2	16.7	9	75		
	3	7	25	6	21.4	15	53.6		
	4	14	51.9	8	29.6	5	18.5		
Q9	1	70	36.1	80	41.2	44	22.7	14.651	**0.001***
	2	3	15.8	4	21.1	12	63.2		
	3	4	5.6	6	7.7	8	25.8		
	4	3	4.5	2	6.7	5	27.8		
Q10	1	7	35	7	35	6	30	12.306	0.055
	2	63	37.1	69	40.6	38	22.4		
	3	1	7.7	6	46.2	6	46.2		
	4	2	20	2	20	6	60		
Q11	1	6	40	5	33.3	4	26.7	33.408	**0.0001***
	2	3	13.6	3	13.6	16	72.7		
	3	7	23.3	12	40	11	36.7		
	4	57	39	64	43.8	25	17.1		
Q12	1	1	9.1	4	36.4	6	54.5	14.996	**0.020***
	2	59	38.6	63	41.2	31	20.3		
	3	8	25.8	13	41.9	10	32.3		
	4	5	27.8	4	22.2	9	50		
Q13	1	54	37.2	59	40.7	32	22.1	14.977	**0.020***
	2	5	21.7	8	34.8	10	43.5		
	3	6	21.4	9	32.1	13	46.4		
	4	8	47.1	8	47.1	1	5.9		
Q14	1	3	18.8	7	43.8	6	37.5	17.924	**0.006***
	2	3	23.1	1	7.7	9	69.2		
	3	8	42.1	9	47.4	2	10.5		
	4	59	35.8	67	40.6	39	23.6		
Q15	1	1	7.7	6	46.2	6	46.2	13.807	**0.032***
	2	4	33.3	1	8.3	7	58.3		
	3	62	39.4	57	36.3	38	24.2		
	4	6	33.3	7	38.8	5	27.7		

P≤0.05 is statistically significant

4. DISCUSSION

The present study evaluated the knowledge, awareness, perception, and attitude regarding travel medicine among the study population. The findings indicate that while a moderate proportion of participants possessed basic knowledge about travel-related health risks, there were notable deficiencies in awareness and preventive practices.

In terms of knowledge, a considerable number of participants were aware of common travel-related diseases such as malaria, dengue, and food-borne infections. However, detailed knowledge regarding disease transmission, region-specific risks, and preventive strategies was limited. This suggests that general awareness exists, but in-depth understanding is lacking.

Awareness regarding pre-travel health measures, particularly vaccination and medical consultation, was found to be inadequate. Many participants were unaware of the need for vaccines before traveling to endemic regions or the importance of carrying preventive medications. This gap may be attributed to limited exposure to travel health education and lack of emphasis on preventive healthcare in routine clinical practice.

The perception of travel-related health risks varied among participants. While some individuals recognized travel as a potential health risk, others underestimated the seriousness of acquiring infections during travel. This difference in perception may influence the adoption of preventive measures and highlights the need for targeted educational interventions.

Despite gaps in knowledge and awareness, the study revealed a generally positive attitude toward travel medicine. A majority of participants expressed willingness to seek pre-travel advice, receive vaccinations, and follow preventive guidelines if adequately informed. This positive attitude is encouraging and indicates that improving awareness could significantly enhance preventive practices.

The findings of this study are consistent with previous research, which also reported insufficient awareness but a favorable attitude toward travel health practices. The discrepancy between knowledge and actual behavior underscores the importance of bridging this gap through structured health education programs.

Healthcare professionals, including dentists and primary care providers, can play a significant role in promoting travel medicine awareness. Incorporating travel health counseling into routine healthcare interactions and community outreach programs can help improve knowledge and encourage safer travel practices.

5. CONCLUSION

The present study concludes that although participants demonstrated moderate knowledge regarding travel-related diseases, there is a significant gap in awareness, particularly concerning pre-travel vaccination, medical consultation, and preventive measures. The perception of travel health risks was variable, with some individuals underestimating the potential hazards associated with travel.

However, a positive attitude toward adopting preventive practices was observed among the majority of participants, indicating a strong willingness to improve health behaviors if provided with appropriate information and guidance.

Overall, the findings highlight the need for enhanced health education and awareness programs on travel medicine. Strengthening public health initiatives and encouraging healthcare professionals to provide pre-travel counseling can play a crucial role in improving safe travel practices and reducing travel-related health risks.

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