

**LEVEL OF KNOWLEDGE, ATTITUDES, AND PREVENTIVE PRACTICES
ON DENGUE FEVER**

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**LEVEL OF KNOWLEDGE, ATTITUDES, AND PREVENTIVE PRACTICES
ON DENGUE FEVER**

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Presented to the Faculty of the College of Nursing,

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In Partial Fulfillment of the

Requirement for the Degree

Bachelor of Science in Nursing

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ABSTRACT

Dengue fever, spread by *Aedes* mosquitoes (especially *Aedes aegypti*), is a major global health challenge, affecting millions yearly and often requiring hospitalization in tropical areas with poor mosquito control. This study aimed to assess levels of knowledge, attitudes, and preventive practices regarding dengue fever prevention in Tudela, Misamis Occidental, using Rosenstock's Health Belief Model (HBM) as the theoretical framework. A descriptive-correlational research design was employed, involving 167 respondents selected through stratified purposive sampling. Data were collected using structured questionnaires, and responses were analyzed using mean, standard deviation, and Pearson's product-moment correlation Coefficient (r). The respondents demonstrated an excellent level of knowledge on dengue prevention, with a strong understanding across transmission modes, vector characteristics, and prevention measures. Attitudes towards dengue prevention were very good, reflecting a willingness to engage in community efforts and acknowledge prevention benefits. Preventive practices were rated very good, indicating frequent engagement in personal protection, environmental management, and mosquito control. Significant relationships were found between knowledge and preventive practices (except for transmission mode vs. environmental management), as well as between attitudes and preventive practices, highlighting the role of informed, positive community engagement in dengue prevention. Conclusions and recommendations underscore the importance of community-led educational initiatives and innovative mosquito control strategies to sustain high levels of awareness and effective preventive practices.

Keywords: *attitudes, community, dengue fever, knowledge, preventive practices.*

DEDICATION

This research paper is lovingly dedicated to the people who supported and inspired us throughout our academic journey.

First and foremost, the researchers dedicate their study to our Almighty God, whose wisdom, grace, and guidance have helped us continue moving forward. We thank Him for His light, strength, and blessings, because without Him, none of this would have been possible.

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INTRODUCTION

Rationale/Background of the Study

Dengue fever is a mosquito-borne viral infection primarily transmitted by the Aedes mosquito (especially Aedes aegypti), mostly found in tropical and subtropical areas of the world. Growing populations, changing climate, and rising travel rates have contributed to the rapid propagation of dengue (Forsyth et al., 2020). Hence, it has become a serious public health concern due to its severe health consequences. The virus causes symptoms ranging from mild flu-like illness to severe, life-threatening cases, particularly in densely populated areas with inadequate mosquito control. (Vega Rúa & Okech, 2019).

Globally, dengue affects an estimated 390 million people annually, with 96 million cases presenting with varying clinical symptoms. Around 500,000 individuals require hospitalization annually due to severe manifestations of the disease, with children being a significant proportion of these cases (Zerfu et al., 2023). In the Philippines, over 37,000 cases of dengue fever were reported in 2022, underscoring the persistent threat the virus poses to public health (Jamil et al., 2023). Locally, areas like Tudela in Misamis Occidental experience high dengue fever incidence due to their tropical climates and urbanization, which provide ideal breeding grounds for the Aedes mosquito. Targeted public health interventions and community engagement are urgently needed to effectively manage and reduce dengue fever incidence (Murphy et al., 2022).

Knowledge on how to prevent dengue fever is essential for communities to eliminate potential breeding sites, such as uncovered containers, clogged gutters, and discarded tires. Communities can significantly reduce mosquito populations and the risk of dengue transmission by eliminating breeding sources (Montasir, 2024). Educational campaigns

raise awareness of dengue and its prevention by encouraging people to use insect nets to repel mosquitoes and to participate in community clean-ups, fostering a sense of ownership over environmental health (Sarker et al., 2024). Comprehensive dengue prevention education programs are instrumental in equipping communities with the necessary information to combat the disease effectively. By focusing on the modes of transmission and preventive strategies, these programs empower communities to implement measures that reduce disease transmission (Enitan et al., 2024). Additionally, it is important to distinguish dengue from other mosquito-borne diseases to ensure that preventive actions are targeted and effective (Duval et al., 2023).

Positive attitudes towards dengue fever prevention can motivate communities to adopt proactive measures (Shafique, 2021), and tailored communication strategies that resonate with diverse community groups can increase the perceived risk and severity of dengue, encouraging protective behaviors (Selvarajoo et al., 2020). Furthermore, involving local officials and influencers in these communication efforts enhances their credibility and reach. When trusted figures advocate for preventive measures, community members are more likely to listen and take action. This approach not only increases awareness but also fosters a collective sense of responsibility towards maintaining a healthy environment (Shafie et al., 2024). Communities that foster a strong sense of shared responsibility are more engaged in dengue prevention efforts, as individuals recognize that their behaviors, like maintaining cleanliness and eliminating mosquito breeding grounds, benefit overall community health (Aguilar et al., 2022). Additionally, positive attitudes towards health interventions, such as public health advisories, influence compliance rates. However, misconceptions about the disease can lead to apathy or resistance to preventive strategies,

highlighting the importance of addressing community attitudes through targeted education and outreach programs (Das et al., 2023).

Preventive practices against dengue fever emphasize the crucial role of collective efforts in mitigating its spread. Engaging community members in mosquito tracking and management activities, such as identifying and eliminating breeding areas, such as stagnant water, and promoting the use of natural predators to control mosquito larvae, significantly reduces mosquito populations (Allen et al., 2023; Ritchie et al., 2021). Furthermore, communities that use collaborative platforms where residents participate in decision-making are better able to implement and sustain proactive measures. This participatory strategy cultivates a sense of ownership and responsibility, inspiring everyone to contribute to the communal battle against dengue (Rivera et al., 2023). Partnerships between community groups and health departments enhance the implementation of dengue prevention programs by providing access to resources, expertise, and support. These collaborations facilitate the integration of community-driven initiatives with formal public health strategies, creating a more cohesive, comprehensive approach to dengue prevention (Cerna et al., 2023; Cordero Jr., 2024).

Despite various efforts to control the disease, dengue continues to pose a threat due to its rapid transmission and the challenges of managing mosquito populations (Ferguson, 2018). Many residents lack a comprehensive understanding of effective mosquito control measures and the importance of early detection and treatment (Forsyth et al., 2020). This knowledge gap, combined with varying attitudes towards disease prevention, contributes to the ongoing struggle against dengue in the community (Jahromi et al., 2024). Additionally, the current body of knowledge lacks sufficient insights into the impact of

community-specific dengue prevention educational programs on enhancing awareness and preparedness, which are essential for reducing dengue transmission (Mashudi et al., 2022; Shafie et al., 2023). Also, translating knowledge into sustained behavioral change remains a challenge. Research is needed to identify the most effective ways to engage communities and encourage long-term preventive practices, such as eliminating standing water and proper waste management. Addressing this study gap would make an important contribution to the broader knowledge base on dengue prevention and control, providing crucial data for health departments and policymakers seeking to adopt effective dengue prevention efforts in their communities. Thus, the current study sought to explore levels of knowledge, attitudes, and preventive actions regarding dengue fever prevention in Tudela, Misamis Occidental.

Theoretical Framework

The study focused on assessing levels of knowledge, attitudes, and preventive practices regarding dengue fever in Tudela, Misamis Occidental. Rosenstock's Theory of Health Belief Model (HBM) serves as the foundation for the investigation. It explains that people's health-related behaviors are influenced by their choices to take preventive health measures. Beliefs about efficacy and risk have been attributed to people's adoption of recommended health behaviors (Weinstein et al., 2020). The HBM includes components that affect health behaviors: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy. Perceived susceptibility is the belief in the risk of developing a condition, while perceived severity is the seriousness of the illness or its consequences if left untreated. Perceived benefits assess the value of engaging in health-promoting behaviors, and perceived barriers represent obstacles to

behavior change. Cues to action are prompts that encourage health-related actions, and self-efficacy, later integrated into the model, refers to the confidence in one's ability to perform the necessary behaviors to achieve health outcomes (Mashudi et al., 2022).

In the current study, the Health Belief Model helps explain the association between personal beliefs and health behaviors essential to dengue fever prevention. It will assess how residents' willingness to act is shaped by their views on the disease's severity and personal vulnerability. The model allows researchers to explore the benefits of preventive actions, such as mosquito control, and identify obstacles to these behaviors. Moreover, it facilitates the enhancement of community education programs by addressing knowledge gaps and misconceptions about dengue transmission.

Likewise, the Health Belief Model (HBM) identifies key factors influencing health behaviors and highlights the importance of self-efficacy in motivating individuals to act. Research indicates that individuals who perceive greater susceptibility and severity of dengue are more inclined to engage in preventive measures (Banik et al., 2023). Furthermore, perceived benefits and public health cues are associated with proactive behaviors (Mashudi et al., 2022). Improved awareness through educational interventions is important for addressing misconceptions about dengue (Selvarajoo et al., 2020). The HBM underscores the need to address cognitive and practical barriers to improve dengue prevention programs and suggests that HBM-based strategies foster a collective public health response to dengue (Weinstein et al., 2020).

Conceptual Framework

The conceptual framework aims to elucidate the various dimensions of knowledge, attitudes, and preventive practices regarding dengue fever, using related studies to highlight the importance of each.

Knowledge. This term is defined in this research as the level of respondents' knowledge of dengue fever prevention, encompassing understanding of dengue fever, including its transmission, vector characteristics, and prevention measures. Inadequate knowledge can lead to misconceptions and ineffective preventive practices, increasing the likelihood of dengue epidemics (Selvarajoo et al., 2020). Studies have shown that comprehensive education campaigns can significantly improve community awareness and readiness to combat dengue fever (Enitan et al., 2024).

Transmission mode is defined as respondents' level of knowledge about dengue fever prevention to reduce the risk of dengue transmission. Simple yet impactful measures, such as consistently using mosquito repellent containing DEET (N, N-diethyl-meta-toluamide) or other effective ingredients, and wearing protective clothing that minimizes skin exposure, significantly reduce the likelihood of mosquito bites (Phuyal et al., 2022; Khan et al., 2022).

Incorporating mosquito nets and window screens into everyday living spaces is an essential strategy in preventing dengue transmission. These physical barriers serve as an effective means of protecting individuals from mosquito bites, thereby reducing the risk of infection (Duval et al, 2023). Mosquito nets are particularly useful for protecting individuals during sleep, when they are most vulnerable to mosquito bites. By creating a barrier between people and mosquitoes, nets significantly reduce the likelihood of bites from infected mosquitoes, thereby lowering the risk of dengue transmission. Windc

screens serve as a protective barrier that prevents mosquitoes from entering living spaces. By covering windows and doors with fine mesh screens, households can keep mosquitoes out while allowing fresh air to circulate. This is particularly beneficial in tropical and subtropical regions where keeping windows open for ventilation is necessary (Marques-Toledo et al., 2019; Ikram et al., 2023).

Vector characteristics, as used in the current research, is the respondents' knowledge of dengue fever prevention, focusing on mosquito characteristics that transmit dengue. Knowledge of these characteristics is often limited, resulting in ineffective mosquito control efforts (Samsudin et al., 2024). Insecticides are vital for controlling dengue fever because they reduce mosquito populations and the risk of transmission. They can be used to target various phases of the mosquito life cycle via sprays, fogs, and larvicides. To reduce breeding grounds, an integrated mosquito eradication program involves chemicals, community maintenance, and public outreach. This comprehensive strategy enhances the effectiveness of insecticides by addressing multiple aspects of mosquito control, creating a more sustainable reduction in mosquito populations (Halstead, 2019; Souza-Neto et al., 2019).

Investigations into using natural enemies of *Aedes* mosquitoes, such as fish that consume mosquito larvae, demonstrate another effective vector control method. Additionally, *Wolbachia*-infected mosquitoes have also been studied for their ability to reduce dengue. Managing and altering habitats where mosquitoes breed (like reducing stagnant water) is essential (Pinto et al., 2021). Programs targeting home and community sanitation have been shown to significantly lower mosquito populations (Acharya et al., 2024). Community-driven efforts that teach individuals how to identify and eliminate

potential breeding sites, including flower containers, dumped tires, and clogged sewers, have demonstrated effectiveness in reducing mosquito populations (Parker et al., 2019). By fostering a deeper understanding of vector characteristics, communities can enhance their capacity to prevent dengue transmission (Montasir, 2024).

Prevention measures is defined as the respondents' knowledge of dengue prevention to reduce the risk of dengue. Prevention and control of dengue fever should begin with public education in high-risk areas. Residents should work together to expand information channels and promote mosquito-control behaviors, ensuring a comprehensive approach to dengue prevention and control (Halstead, 2019). Preventive strategies include personal protection, environmental management, and community engagement (Mashudi et al., 2022). Comprehensive knowledge of these measures correlates with increased adoption of protective behaviors. Educational initiatives that cover the full spectrum of prevention strategies can empower communities to actively participate in dengue control efforts (Shafie et al., 2023).

Effective solid waste management and regular clean-up drives play a pivotal role in preventing dengue fever, a disease spread by the *Aedes* mosquito. Proper disposal of discarded items like bottles, cans, and tires prevents water accumulation and significantly reduces mosquito populations. Educating communities about the importance of proper waste disposal encourages them to adopt environmentally friendly practices, fostering a collective responsibility towards maintaining a clean environment (Rotejanaprasert et al., 2024; Samsudin et al., 2024). Moreover, organizing regular community clean-up drives is an effective way to eliminate potential mosquito breeding sites. These events encourage

community participation and raise awareness about dengue prevention (Nachtnebel & Kutalek, 2022; Liew et al., 2021).

Attitudes. In this study, attitudes refers to respondents' perceptions and beliefs regarding dengue fever prevention, including calls to action, benefits of dengue prevention, and community engagement. Positive attitudes, such as understanding the benefits of prevention, can motivate individuals to take proactive measures (Shafique, 2021). Studies have shown that attitudes are shaped by cultural, social, and economic factors, and addressing these can enhance community participation in dengue prevention efforts. By cultivating positive attitudes towards dengue prevention, health authorities can foster a community-wide commitment to reducing the disease's impact (Louis & Saleh, 2024).

Call to action is operationally defined as respondents' attitudes regarding their willingness to take immediate and appropriate measures to prevent and control dengue fever. Active community mobilization can lead to dramatic shifts in attitudes and behaviors surrounding dengue prevention. Active community engagement in decision-making processes strengthens their sense of accountability and fosters their willingness to adopt control measures. This demonstrates that engagement fosters ownership, which is key to sustainable public health outcomes (Mulderij-Jansen et al., 2020). Nonetheless, when residents believed that actions such as physical clean-up campaigns were effective, they were more likely to participate. Conversely, when communities felt powerless or doubted the efficacy of their efforts, they exhibited apathy towards calls to action. This suggests the importance of demonstrating the tangible impact of preventive actions to foster community participation. Community norms and peer influences played a crucial role in shaping individual attitudes. Communities where dengue prevention was viewed as a collective

responsibility exhibited higher rates of participation in preventive measures. This underscores the power of social cohesion and collective action in motivating communities to respond positively to calls for action (Morse et al., 2019; Narendran et al., 2024).

Benefits of dengue prevention, as referred to in this study, is the respondents' attitudes toward the advantages of engaging in preventive behaviors to reduce dengue incidence. Belief in the benefits of dengue prevention is a critical factor in motivating individuals to engage in protective behaviors (Mulderij-Jansen et al., 2023). Participation in dengue control initiatives increases when people are aware of the benefits of preventive measures, such as reduced mosquito numbers and improved community health (Dambach et al., 2024; Samsudin et al., 2024). Educational initiatives that clearly articulate these benefits can enhance community support for prevention efforts (Narendran et al., 2024). Additionally, research highlights the importance of demonstrating the long-term benefits of dengue prevention, including reduced healthcare costs and improved quality of life (Knerer et al., 2020). By illustrating the broader societal impacts of prevention, communities can be encouraged to invest in sustainable dengue control strategies. Emphasizing the benefits of dengue prevention can inspire collective action and strengthen community resilience against the disease (Shafie et al., 2024).

Community engagement is defined in this research as respondents' attitudes on the collective duty to participate in and support dengue prevention efforts for the benefit of public health. Attitudes towards community responsibilities in dengue prevention are vital for fostering collaborative efforts. When individuals recognize their role in protecting public health, they are more likely to participate in community-driven dengue control initiatives (Enitan et al., 2024). Educational programs that emphasize the

interconnectedness of individual and community health can enhance the sense of collective responsibility (Allen et al., 2023). Encouraging active participation in local initiatives, such as clean-up drives and awareness campaigns, can build a strong sense of community ownership and accountability (Samsudin et al., 2024). By fostering positive attitudes towards community responsibilities, health authorities can mobilize collective action to prevent and control dengue outbreaks (Hossain et al., 2024).

Preventive Practices. Practices is defined as the respondents' preventive measures against dengue fever, including personal protection, environmental management, and mosquito control. Effective practices in dengue prevention encompass a range of personal and community actions aimed at reducing mosquito populations and minimizing disease transmission (Sarker et al., 2024). Dengue incidence may be considerably decreased by combining personal protection, proactive environmental mosquito control, community health involvement, and careful medication use. By promoting evidence-based practices, health authorities can empower communities to take proactive measures and enhance their overall resilience against dengue (Mahmud et al., 2023).

Personal protection is the respondents' preventive practices taken to protect themselves from mosquito bites, such as applying repellents and wearing protective clothing. Personal protection practices, such as applying mosquito repellent, installing screens on windows and doors, and donning protective clothing, are crucial for reducing personal exposure to dengue-carrying mosquitoes (Mohammed Yusuf & Abdurashid Ibrahim, 2019). Studies indicate that while awareness of these practices is relatively high, consistent adoption remains a challenge (Ghimire & Pangen, 2024). Educational

campaigns that emphasize the importance of personal protection and provide practical implementation tips can enhance uptake and adherence (Banik et al., 2023).

Research highlights the role of social norms in shaping personal protection behaviors (Ghimire & Pangoeni, 2024). Encouraging community-wide adoption of protective measures and celebrating individuals who model these behaviors can create a supportive environment for change. Communities may reduce the risk of dengue transmission and increase individual safety by encouraging personal protective behaviors (Naqvi et al., 2024).

In this study, *environmental management* is the respondents' preventive practices aimed at reducing mosquito breeding sites by maintaining a clean, dry environment. Controlling mosquito breeding sites requires environmental management techniques such as clearing standing water and keeping areas clean (Agyemang-Badu et al., 2023). Studies suggest that while communities are generally aware of the importance of environmental management, sustained efforts are often lacking (Karunaratne & Surendran, 2022). Educational programs that provide clear guidance on identifying and addressing potential breeding sites can enhance community participation in environmental management (Biehler et al., 2019).

Moreover, research underscores the importance of community-based approaches to environmental management (Biehler et al., 2019). Collaborative projects, such as waste management policies and neighborhood clean-up efforts, may strengthen community ties and foster a sense of shared accountability. By prioritizing environmental management practices, communities can effectively reduce mosquito populations and prevent dengue outbreaks (Mahmud et al., 2023).

Mosquito control refers to the respondents' preventive practices to reduce mosquito populations, the use of chemicals, and biological control measures. Mosquito control practices, the application of insecticides, larvicides, and biological inhibitions, are essential components of comprehensive dengue prevention strategies (Karunaratne & Surendran, 2022). Studies reveal that while these practices are effective, their implementation is often inconsistent due to limited resources, technical expertise, and insufficient community involvement. Capacity-building programs that train community members in mosquito control techniques can enhance local capabilities and ensure sustained efforts (Shaukat et al., 2019). Combining conventional insecticide use with novel approaches can improve effectiveness and community acceptance. For example, releasing sterile mosquitoes into the population can reduce breeding success and overall mosquito numbers. Although this method requires technical expertise, it offers a sustainable and non-toxic alternative to chemical controls. Also, installing mosquito traps in strategic locations can capture and reduce local mosquito populations. These traps are often designed to attract mosquitoes using light, heat, or chemical attractants. By promoting effective mosquito control practices, communities can significantly reduce the risk of dengue transmission (Fouet & Kamdem, 2019).

The framework emphasizes the importance of knowledge, attitudes, and practices in preventing dengue fever. It suggests that health authorities can design targeted interventions to enhance community resilience and reduce the disease's impact through education, community engagement, and evidence-based practices. A culture of awareness, responsibility, and collaboration is crucial for sustainable dengue prevention and control.

Level of Knowledge

- Transmission Mode
- Vector Characteristics
- Prevention Measures

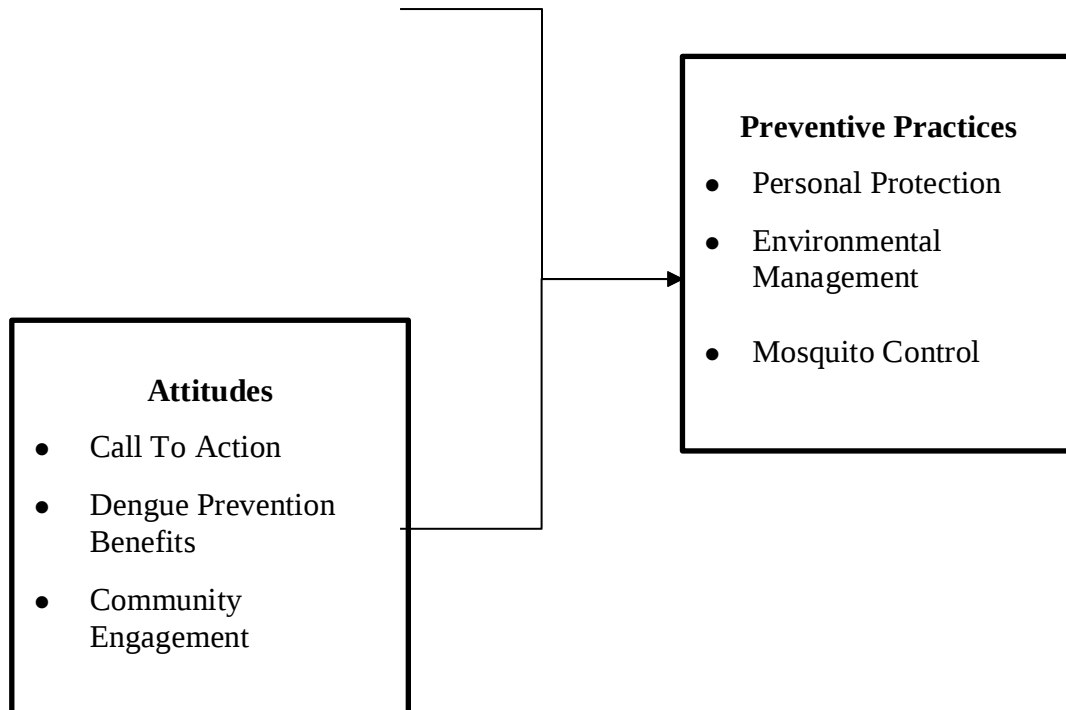


Figure 1. Schematic Presentation of the Study

Objectives of the Study

This study aimed to assess levels of knowledge, attitudes, and preventive practices regarding dengue fever in Tudela, Misamis Occidental.

Specifically, the study aimed to seek answers on the following: (1) Assessed the respondents' level of knowledge in terms of transmission mode, vector characteristics and prevention measures; (2) Determined the respondents' attitude in terms of call to action, dengue prevention benefits, and community engagement; (3) Identified the respondents' preventive practices in terms of personal protection, environmental management and mosquito control; (4) Determined the significant relationship between the respondents' level of knowledge and preventive practices on dengue fever; and (5) Determined the significant relationship between the respondents' attitudes and preventive practices on dengue fever.

It was hypothesized that: (H0a) There was no significant relationship between the respondents' level of knowledge and preventive practices on dengue fever. (H0b) There was no significant relationship between the respondents' attitudes and preventive practices on dengue fever.

Significance of the Study

Research on knowledge, attitudes, and preventive practices related to dengue fever is of considerable importance to various stakeholders, including the local community, healthcare agencies, school administrators, nursing students, and both current and future researchers.

Local community. This study illuminates the current attitudes and practices regarding dengue prevention. By pinpointing knowledge gaps and obstacles to effective prevention, community leaders and organizations implements targeted strategies to address these challenges. This empowers residents to take proactive steps in reducing dengue cases.

Additionally, by fostering a well-informed community, the study contributed to a more resilient population capable of responding swiftly to dengue outbreaks.

Healthcare Agencies. This study enhances the healthcare agencies' understanding, attitudes, and approaches to dengue prevention. The insights gathered guides the creation of more effective public health strategies and policies tailored to residents' needs and perspectives. This targeted approach significantly improve efforts to control the disease, ensuring that resources were directed towards the most impactful interventions and fostering a healthier community.

School administrators. This study helps school administrators integrate dengue awareness and prevention into their educational programs. Promoting a culture of health awareness among students not only equip them with vital knowledge but also encouraged them to adopt preventive practices that extended into their homes and communities. Schools play a pivotal role in shaping future generations, and this research underscored their capacity to positively influence public health.

Nursing students. This study offers nursing students a practical application of nursing principles and public health concepts, enriched their academic journey, and equipped them for real-world challenges. Engaging with this research allows them to understand the intricacies of community health and the importance of tailored interventions in disease prevention. Such hands-on experience is invaluable in preparing them for future roles in healthcare.

Finally, for *future researchers*, this study provides a valuable reference in the existing literature on dengue fever prevention. The insights gained stimulates further research and inspired innovative approaches to combating dengue and other vector-borne

diseases. Drawing on these results could lead to more effective dengue prevention techniques, ultimately boosting the health and well-being of those affected.

RESEARCH METHODOLOGY

This chapter presents the research design, research environment, research subjects/respondents, instrumentation, and data-gathering procedures to be used in this study.

Design

The study applied a descriptive-correlational research design. Descriptive correlational research examined the relationship between variables without establishing

cause and effect, often used when researchers lack control over independent variables influencing the dependent variable (Seeram, 2019). In this study, the researchers described knowledge, attitudes, and practices regarding dengue fever prevention. The researchers also described the association between respondents' levels of knowledge and attitudes regarding dengue fever prevention and their practices.

Environment

The study was conducted in one of the barangays in Tudela, Misamis Occidental, a locale known for its vibrant community and diverse population. This area was selected based on statistical data indicating a significant dengue fever case rate. The current statistics of the target barangay show a population of 294 households. The community itself is vibrant, comprising a mix of different cultures, socioeconomic statuses, and age groups, which might influence perceptions and behaviors regarding dengue prevention. The environment includes residential areas, schools, health centers, and local markets, providing a rich context for understanding how dengue fever is perceived and managed at the community level.

The barangay is uniquely positioned near both coastal and land areas, which adds to the complexity of the environment. The proximity to the coast meant that the community experiences a humid climate, which could contribute to the proliferation of mosquitoes, the primary vectors of dengue fever. The coastal setting also presents specific challenges related to water storage and waste management, which are critical factors in mosquito breeding.

The community's geographical features, including its proximity to both coastal and inland areas, contribute to diverse environmental conditions that affect mosquito breeding

habitats. Hence, the research environment is strategic given its recorded dengue cases, making it an ideal location to study the efficacy and challenges of implementing dengue prevention strategies. By understanding the local context and lifestyle, researchers aim to gather comprehensive data on how different environmental and cultural factors influence dengue awareness and practices.

In addition, collaboration with Barangay Health Workers was integrated into the study to assist households, ensuring informed consent and facilitating effective communication of dengue prevention measures.

Respondents of the Study/Unit of Analysis and Sampling Procedure

The respondents of this study were the households in the chosen barangay. One (1) representative per household was selected by the researchers. The stratified purposive sampling technique was used in selecting the respondents. The sample size of 167 households was determined using the Raosoft calculator with 95% confidence, a 5% margin of error, a total of 294 households in the research environment, and a response rate of 50%. The inclusion criteria in the selection of respondents were as follows: (1) adults aged 18 years old and above, (2) a resident for at least 6 months in the target research environment, (3) willingness to participate in the study.

Data Gathering Instruments/Data Gathering Procedures

The researchers used researcher-developed questionnaires, validated with a Cronbach's Alpha of 0.70 and Pilot Testing, to collect data on levels of knowledge, attitudes, and preventive practices regarding dengue fever. It will be divided into three (3) parts, namely:

- A. **Respondents' Level of Knowledge Questionnaire.** This questionnaire assessed knowledge of transmission modes, vector characteristics and prevention measures. It was a four-point Likert scale with the following responses: 4-Fully Knowledgeable, 3-Knowledgeable, 2-Not Knowledgeable, and 1- Fully Not Knowledgeable.
- B. **Respondents' Attitude Questionnaire.** This questionnaire assessed respondents' attitudes regarding perceived dengue severity, perceived risk, call to action, dengue prevention benefits, and community engagement. It was a four-point Likert scale with the following responses: 4-Strongly Agree, 3-Agree, 2-Disagree, and 1-Strongly Disagree.
- C. **Respondents' Preventive Practices Questionnaire.** This questionnaire assessed respondents' preventive practices in personal protection, environmental management and mosquito control. It was a four-point Likert scale with the following responses: 4-Always Practiced, 3-Often Practiced, 2-Rarely Practiced, and 1-Not Practiced.

Data Gathering Procedures

Before conducting this study, the researchers obtained permission from the Misamis University Research Ethics Board Committee. After obtaining approval from the dean, the researchers obtained approval from the Dean of the College of Nursing, Midwifery and Radiologic Technology, and the Barangay Captain. Once approval was secured, collaboration with Barangay Health Workers to assist households and ensure informed consent was obtained from all participants. The researchers conducted pilot testing of the questionnaires to ensure their validity and reliability. Then, the questionnaires were distributed to the selected respondents, along with clear instructions for completion. Once

the responses were collected, the data were consolidated for analysis. The data were thoroughly analyzed and interpreted to yield meaningful insights, culminating in a detailed summary that includes findings, conclusions, and recommendations.

Validity and Reliability of the Instrument

To ensure the validity and reliability of the research instrument, the questionnaires undergo pilot testing on 20 households that were not included in the respondents. Expert feedback was sought to establish content validity, ensuring that the questions accurately measure knowledge, attitudes, and preventive practices regarding dengue fever. The questionnaires should yield a Cronbach's Alpha of 0.70 or higher to ensure reliability.

Scoring Guidelines

A. Respondents' Level of Knowledge Questionnaire. To determine the level of knowledge regarding transmission mode, vector characteristics and prevention measures, the following score guide was used.

Responses	Continuum	Interpretation
4	3.25 - 4.00	Excellent
3	2.50 – 3.24	Very Satisfactory
2	1.75 - 2.49	Satisfactory
1	1.00 -1.75	Not Satisfactory

B. Respondents' Attitude Questionnaire. To determine respondents' attitudes toward the call to action, dengue prevention benefits, and community engagement, the following score guide was used.

Responses	Continuum	Interpretation
4	3.25 - 4.00	Very Good
3	2.50 – 3.24	Good
2	1.75 - 2.49	Poor
1	1.00 -1.75	Very Poor

C. Respondents' Preventive Practices Questionnaire. To determine respondents' preventive practices in personal protection, environmental management and mosquito control, the following score guide was used.

Responses	Continuum	Interpretation
4	3.25 - 4.00	Very Good
3	2.50 – 3.24	Good
2	1.75 - 2.49	Poor
1	1.00 -1.75	Very Poor

Data Analysis

This study utilized the following statistical tools:

The mean was calculated to assess overall levels of knowledge, attitudes, and preventive practices regarding dengue fever among respondents. It provided an average measure to understand the general trend in the data.

Standard Deviation was used to measure the variability or dispersion of respondents' knowledge, attitudes, and preventive practices towards dengue fever. This helped determine how much individual responses varied from the average.

The Pearson Product-Moment Correlation Coefficient (Pearson r) was used to explore the relationships among respondents' levels of knowledge, attitudes, and preventive practices regarding dengue fever.

Ethical Considerations

Ethical considerations were paramount in this study. The study sought approval from the MUREBC (Misamis University Research Ethics Board Committee). Then, permissions were sought from the Dean of the College of Nursing, Midwifery, and Radiologic Technology, followed by the Barangay Captain, and finally, collaboration with the Barangay Health Workers was established, clearly stating the study's purpose and objectives. Participants were fully informed about the research's purpose and their role, thereby ensuring voluntary participation. Informed consent was obtained from all respondents, and they have the right to refuse to participate or withdraw from the study at any time without consequences.

Confidentiality was strictly maintained, with personal identifiers removed from the datasets to protect participants' privacy. The principle of beneficence was upheld by ensuring that the research aimed to maximize potential benefits while minimizing any risks or harm to the participants. Additionally, the study adhered to all ethical guidelines as stipulated by the institution's review board, ensuring that the research was conducted with integrity and respect for all participants.

RESULTS AND DISCUSSION

This section presents the study's findings. The results are presented and discussed according to the following:

Respondents' Level of Knowledge

Respondents' Attitudes

Respondents' Preventive Practices

Significant Relationship Between the Respondents' Level of Knowledge and Preventive Practices on Dengue Fever

Significant Relationship Between the Respondents' Attitudes and Preventive Practices on Dengue Fever

Respondents' Level of Knowledge

Table 1 presents the respondents' levels of knowledge regarding dengue fever prevention, including transmission modes, vector characteristics, and prevention measures.

The table shows that the respondents have a strong level of knowledge about dengue fever prevention, with an overall weighted mean of 3.57, indicating Excellent. Specifically, respondents demonstrate a strong understanding of dengue transmission modes, vector characteristics, and prevention measures, with weighted means of 3.55, 3.58, and 3.57, all of which are interpreted as Excellent. It demonstrates that the respondents are well-informed about various dengue prevention strategies, which is crucial for mitigating the spread of the disease. The high level of knowledge is likely influenced by effective public health campaigns and educational outreach efforts.

This aligns with the findings of Phuyal et al. (2022) and Khan et al. (2022), which emphasized that community education initiatives raise awareness of dengue transmission and the importance of personal protective measures to reduce the risk of mosquito bites. The integration of these strategies is crucial, as they empower individuals to take action to minimize exposure to mosquito bites. As noted by Samsudin et al. (2024), understanding vector characteristics is crucial for effective mosquito control, and comprehensive community education can significantly enhance awareness and readiness to combat dengue fever. This foundational knowledge facilitates the implementation of targeted interventions that address specific vector behaviors. Research by Mashudi et al. (2022) also supported that comprehensive education programs covering the full spectrum of prevention strategies

empower communities to actively participate in dengue control efforts. Additionally, Shafie et al. (2023) note that informed communities are more likely to adopt protective behaviors and engage in collective prevention activities.

Table 1

Respondents' Level of Knowledge

n=167

	Mean	StDev	I
Transmission Mode	3.55	0.23	E
Vector Characteristics	3.58	0.27	E
Prevention Measures	3.57	0.33	E
Overall Mean	3.57	0.28	E
<i>Legend:</i> 3.26 - 4.0 – <i>Excellent (E)</i> 1.76 - 2.50 – <i>Satisfactory (S)</i> 2.51 - 3.25 – <i>Very Satisfactory (VS)</i> 1.00 -1.75 – <i>Not Satisfactory (NS)</i>			

Respondents' Attitudes

Table 2 illustrates the respondents' attitudes towards dengue fever prevention, focusing on their call to action, recognition of its benefits, and community engagement.

The table shows that the respondents have an overall weighted mean of 3.66, indicating a Very Good attitude towards dengue fever prevention. This classification is consistent across all three evaluated dimensions: call to action, dengue prevention benefits, and community engagement, with weighted means of 3.62, 3.71, and 3.65 interpreted as Very Good. This positive attitude shows that respondents appreciate dengue prevention and want to participate in community activities. Also, active engagement with neighbors and accepting responsibility for dengue prevention as a communal duty demonstrates the respondents' commitment to establishing a safer environment. Thus, the respondents' overall excitement and engagement are essential for collaborative preventative efforts and long-term public health outcomes.

In relation, Shafique (2021) and Selvarajoo et al. (2020) emphasize that positive attitudes towards prevention can motivate communities to adopt proactive measures. Tailored communication strategies that resonate with diverse community groups can increase the perceived risk and severity of dengue, encouraging protective behaviors. Shafie et al. (2024) highlight that emphasizing the benefits of dengue prevention can inspire collective action and strengthen community resilience against the disease. Moreover, Narendran et al. (2024) note that educational initiatives can enhance community support for prevention efforts. Enitan et al. (2024) and Samsudin et al. (2024) discuss the importance of fostering positive attitudes towards community responsibilities to mobilize

collective action. Encouraging active participation in local initiatives can build a strong sense of community ownership and accountability.

Table 2

Respondents' Attitudes

n=167

	Mean	StDev	I
Call To Action	3.62	0.40	VG
Dengue Prevention Benefits	3.71	0.36	VG
Community Engagement	3.65	0.36	VG
Overall Mean	3.66	0.35	VG
<i>Legend:</i>	3.26 - 4.0 – Very Good (VG) 2.51 - 3.25 – Good (G) 1.76 - 2.50 – Poor (P) 1.00 -1.75 – Very Poor (VP)		

Respondents' Preventive Practices

Table 3 presents the respondents' preventive practices concerning dengue fever, highlighting personal protection, environmental management, and mosquito control.

The results entailed a Very Good level of preventive practices among respondents, with an overall weighted mean of 3.49. The results indicate that respondents demonstrate a strong commitment to preventive practices across three key areas: personal protection, environmental management, and mosquito control, with weighted means of 3.62, 3.41, and 3.43 rated as Very Good. Collectively, the results suggest that individuals are implementing effective strategies in their daily lives to prevent dengue fever. Their proactive engagement in preventive measures serves as a model for promoting public health and reducing dengue fever incidence in the community.

Research by Mohammed Yusuf & Abdurashid Ibrahim (2019) supports this, indicating that consistent personal protection practices significantly reduce individual exposure to dengue-carrying mosquitoes. Biehler et al. (2019) and Mahmud et al. (2023) highlight that community-driven environmental management strategies are essential for effectively curbing mosquito populations and preventing dengue outbreaks, underscoring the power of collective action in public health. According to Karunaratne & Surendran (2022) and Fouet & Kamdem (2019), preventing dengue sustainably depends on effective mosquito control, and proactive involvement demonstrates a commitment to community health and emphasizes the role of knowledgeable citizens in creating safer living environments.

Table 3

Respondents' Preventive Practices

n=167

	Mean	StDev	I
Personal Protection	3.62	0.30	VG
Environmental Management	3.41		
Mosquito Control	3.43	0.45	VG
		0.47	VG
Overall Mean	3.49	0.41	VG
<i>Legend:</i>	<i>3.26 - 4.0 – Very Good (VG)</i>	<i>1.76 - 2.50 – Poor (P)</i>	
	<i>2.51 - 3.25 – Good (G)</i>	<i>1.00 -1.75 – Very Poor (VP)</i>	

Significant Relationship Between the Respondents' Level of Knowledge and Preventive Practices on Dengue Fever

Table 4 provides insights into the significant relationship between respondents' knowledge of dengue fever and their preventive practices, specifically focusing on personal protection, environmental management, and mosquito control.

The table shows that respondents' knowledge of the transmission mode is not significantly associated with their preventive practices in environmental management (p-values > 0.05), leading to the acceptance of the null hypothesis. This demonstrates that, despite a greater understanding of how dengue is transmitted, this knowledge does not directly translate into proactive environmental management behaviors.

On the other hand, most constructs related to respondents' levels of knowledge regarding transmission modes, vector characteristics, and preventive measures influence respondents' preventive practices. These constructs must have p-values below 0.05, which resulted in rejection of the null hypothesis. Therefore, there was a significant relationship between respondents' level of knowledge about dengue fever and their preventive practices (except for transmission mode vs. environmental management). This suggests that educational efforts focusing on these areas can significantly enhance community engagement in dengue prevention initiatives.

In essence, the results support the assertion that informed communities are more likely to engage in proactive health practices, highlighting the need for continuous educational outreach and community engagement. The findings align with existing research, highlighting the essential role of knowledge in promoting effective preventive behaviors. Studies by Phuyal et al. (2022) and Khan et al. (2022) emphasize that increased

awareness of transmission modes leads to enhanced personal protection measures. Moreover, Samsudin et al. (2024) and Shafie et al. (2023) underscore the importance of detailed education on vector characteristics and preventive measures as critical components for fostering active community participation. Conversely, the lack of significance for environmental management practices may reflect findings by Mashudi et al. (2022), suggesting the need for collaborative efforts and comprehensive strategies beyond individual understanding to achieve meaningful advancements in dengue prevention. These insights collectively stress the pivotal role of targeted education in shaping health-related behaviors within communities.

Table 4

Significant Relationship Between the Respondents' Level of Knowledge and Preventive Practices on Dengue Fever

Constructs	Personal Protection	Environmental Management	Mosquito Control
Transmission Mode	r= 0.170 p= 0.028 Reject Ho	r= 0.092 p= 0.236 Accept Ho	r= 0.423 p= 0.000 Reject Ho
Vector Characteristics	r= 0.392 p= 0.000 Reject Ho	r= 0.357 p= 0.000 Reject Ho	r= 0.458 p= 0.000 Reject Ho
Prevention Measures	r= 0.376 p= 0.000 Reject Ho	r= 0.296 p= 0.000 Reject Ho	r= 0.543 p= 0.000 Reject Ho

H₀₁: There is no significant relationship between the respondents' level of knowledge and preventive practices on dengue fever.

*Legend: 0.00-0.01** Highly Significant, 0.02-0.05* Significant, above 0.05 Not Significant*

Significant Relationship Between the Respondents' Attitudes and Preventive Practices on Dengue Fever

Table 5 provides insights into the significant relationship between the respondents' attitudes towards dengue fever prevention and their preventive practices, specifically focusing on personal protection, environmental management, and mosquito control.

The table shows that respondents' attitudes regarding the call to action, dengue prevention benefits, and community engagement are highly significantly associated with all three preventive practices. These constructs have p-values < 0.05 , indicating rejection of the null hypothesis. This suggests that individuals with proactive and supportive mindsets towards dengue prevention are significantly more likely to engage in effective preventive measures, such as personal protection, environmental management, and community-based mosquito control.

Supporting these findings, existing literature underscores the importance of attitude in influencing health behaviors. For instance, Shafique (2021) and Selvarajoo et al. (2020) highlight the critical role of motivation and proactive behavior in disease prevention efforts, indicating that individuals with a strong sense of urgency about health risks are more inclined to take preventive actions. Additionally, research by Shafie et al. (2024) and Narendran et al. (2024) emphasizes that recognizing the benefits of preventive measures is pivotal for driving community engagement. Similarly, Enitan et al. (2024) and Samsudin et al. (2024) illustrate how fostering community cohesion enhances collective action against health threats. In general, these studies validate the observed relationships in the

current analysis, confirming that positive attitudes towards preventive measures significantly contribute to effective dengue fever control strategies.

Table 5

Significant Relationship Between the Respondents' Attitudes and Preventive Practices on Dengue Fever

Constructs	Personal Protection	Environmental Management	Mosquito Control
Call To Action	r= 0.607 p= 0.000 Reject Ho	r= 0.504 p= 0.000 Reject Ho	r= 0.680 p= 0.000 Reject Ho
Dengue Prevention Benefits	r= 0.609 p= 0.000 Reject Ho	r= 0.411 p= 0.000 Reject Ho	r= 0.650 p= 0.000 Reject Ho
Community Engagement	r= 0.346 p= 0.000 Reject Ho	r= 0.495 p= 0.000 Reject Ho	r= 0.519 p= 0.000 Reject Ho

H₀2: There is no significant relationship between the respondents' attitudes and preventive practices on dengue fever

*Legend: 0.00-0.01** Highly Significant, 0.02-0.05* Significant, above 0.05 Not Significant*

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Based on the findings, the researchers were able to conclude the following:

1. The respondents demonstrated an excellent level of knowledge regarding dengue fever prevention, including transmission modes, vector characteristics, and prevention measures.
2. Respondents displayed a very good attitude towards dengue fever prevention, particularly regarding calls to action, prevention benefits, and community engagement.

3. The respondents demonstrated a very good level of dengue fever preventive practices in terms of personal protection, environmental management, and mosquito control.
4. There was a significant relationship between respondents' level of knowledge about dengue fever and their preventive practices (except for transmission mode vs. environmental management).
5. A highly significant relationship exists between respondents' attitudes and their preventive practices.

Recommendations

Based on the findings of this study, the researchers made recommendations as follows:

1. Community leaders are encouraged continue to promote and organize educational campaigns and clean-up drives to maintain high levels of dengue awareness and preventive practices. Engaging local influencers can increase participation and strengthen community commitment to dengue prevention.
2. Healthcare agencies should sustain and enhance educational programs focused on dengue transmission, vector control, and prevention measures. Regular workshops and

seminars can help maintain high levels of community knowledge and motivation to engage in preventive practices.

3. Barangay health centers are encouraged to expand their outreach efforts by collaborating with local schools to integrate dengue education into the curriculum. This can help instill preventive behaviors in children and indirectly influence their families.
4. Local Government Unit should increase funding and resources allocated to develop and implement innovative technologies for mosquito control, such as environmentally friendly pesticides or breeding control strategies. This investment can help reduce the mosquito population and complement educational efforts, leading to a more comprehensive approach to dengue prevention.
5. Further research is needed to explore the long-term effectiveness of educational interventions on dengue prevention practices. Studies could focus on diverse demographic groups or regions with varying dengue prevalence to identify tailored strategies for different communities.

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APPENDIX A

QUESTIONNAIRES

LEVEL OF KNOWLEDGE, ATTITUDES, AND PREVENTIVE PRACTICES ON DENGUE FEVER

I. RESPONDENTS' LEVEL OF KNOWLEDGE

Directions: Write the number in the space provided before each item that best describes your knowledge level in relation to dengue fever prevention program.

A. TRANSMISSION MODE

____1. Wearing long-sleeved clothing can prevent mosquito bites. (*Ang pagsul-ob og taas nga bukton nga sinina makapugong sa pinaakan sa lamok.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

____2. Using mosquito repellents reduces the risk of mosquito bites. (*Ang paggamit og mosquito repellent makapamenos sa risiko nga makagat sa lamok.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

Appendix A cont'd

____3. Installing window screens can keep mosquitoes out of the home. (*Ang pagbutang og screen sa bintana makatabang aron dili makasulod ang lamok sa balay.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

____4. Using mosquito net while sleeping can help prevent dengue transmission. (*Ang paggamit ug moskitero samtang natulog makatabang sa paglikay sa pagkatap sa dengue.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

____5. Eliminating mosquito breeding sites can help prevent dengue transmission.
(*Ang pagwagtang sa lugar nga mahimong anakanan sa lamok makatabang sa paglikay sa dengue.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

Appendix A cont'd

____6. Avoiding outdoor activities during peak mosquito activity times can reduce the risk of dengue transmission. (*Ang paglikay sa mga kalihokan sa gawas sa panahon sa peak nga mga oras sa kalihokan sa lamok makapamenos sa risgo sa pagpasa sa dengue.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

____7. Keeping gutters clean and unclogged can prevent mosquito breeding. (*Ang pagpabiling limpyo ug dili barado ang mga kanal makapugong sa pagsanay sa lamok.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

____8. Using plants like citronella and lemongrass can help repel mosquitoes. (*Ang paggamit sa mga tanom sama sa citronella ug lemongrass makatabang sa paghingilin sa mga lamok.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

Appendix A cont'd

____9. Ensuring doors and windows are shut during evening hours can minimize mosquito entry. (*Ang pagsiguro nga ang mga pultahan ug mga bintana gisirhan sa mga oras sa kagabhion makapamenos sa pagsulod sa lamok.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

____10. Educating family members about dengue transmission can help prevent outbreaks. (*Ang pag-edukar sa mga sakop sa pamilya bahin sa transmission sa dengue makatabang sa paglikay sa outbreaks.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

B. VECTOR CHARACTERISTICS

____11. Changing water storage could remove potential vector of dengue. (*Ang pagbag-o sa pagtipig sa tubig mahimong makatangtang sa potensyal nga vector sa dengue.*)

- a.) Strongly Agree
- b.) Agree

Appendix A cont'd

- c.) Disagree
- d.) Strongly Disagree

____12. Use of insecticide coils and liquids against mosquitos can help prevent contact between humans and vectors of dengue. (*Ang paggamit sa mga insecticide coils ug mga likido batok sa mga lamok makatabang sa pagpugong sa kontak tali sa mga tawo ug mga vector sa dengue.*)

- a.) Strongly Agree
- b.) Agree

- c.) Disagree
- d.) Strongly Disagree

____13. Use of species such as fishes can help control vector and prevent dengue. (*Ang paggamit sa mga espisye sama sa mga isda makatabang sa pagpugong sa vector ug pagpugong sa dengue.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

____14. Eliminating of old tyres and containers can help control vector and prevent dengue. (*Ang pagtangtang sa daan nga mga ligid ug mga sudlanan makatabang sa pagpugong sa vector ug pagpugong sa dengue.*)

- a.) Strongly Agree

Appendix A cont'd

- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

____15. Continued house sanitation is key to controlling mosquito population. (*Ang padayon nga sanitasyon sa balay maoy yawe sa pagkontrolar sa populasyon sa lamok.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree

d.) Strongly Disagree

____16. Regularly checking and cleaning flower pots can prevent mosquito breeding.
(*Ang kanunay nga pagsusi ug paglimpyo sa mga kaldero sa bulak makapugong sa pagsanay sa lamok.*)

a.) Strongly Agree

b.) Agree

c.) Disagree

d.) Strongly Disagree

____17. Covering water tanks and containers can reduce mosquito breeding grounds.
(*Ang pagtabon sa mga tangke ug mga sudlanan sa tubig makapamenos sa mga dapit nga mosanay sa lamok.*)

a.) Strongly Agree

Appendix A cont'd

b.) Agree

c.) Disagree

d.) Strongly Disagree

____18. Knowledge of mosquito lifecycle can aid in prevention strategies. (*Ang kahibalo sa siklo sa kinabuhi sa lamok makatabang sa mga estratehiya sa paglikay.*)

a.) Strongly Agree

b.) Agree

c.) Disagree

d.) Strongly Disagree

____19. Mosquitoes are more active during dawn and dusk, which increases bite risk. (*Ang mga lamok mas aktibo panahon sa kaadlawon ug kilumkilom, nga nagdugang sa risgo sa pagpaak.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

____20. Using larvicides in water sources can help control mosquito population. (*Ang paggamit ug larvicide sa mga tinubdan sa tubig makatabang sa pagkontrolar sa populasyon sa lamok.*)

- a.) Strongly Agree
- b.) Agree

Appendix A cont'd

- c.) Disagree
- d.) Strongly Disagree

C. PREVENTION MEASURES

__21. Disposing solid waste properly can help prevent dengue fever. (*Ang hustong paglabay sa solid waste makatabang sa paglikay sa dengue fever.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree

d.) Strongly Disagree

____22. Support to fogging in dengue outbreak areas can help prevent spread dengue.
(*Ang suporta sa fogging sa dengue outbreak nga mga lugar makatabang sa pagpugong sa pagkaylap sa dengue.*)

a.) Strongly Agree

b.) Agree

c.) Disagree

d.) Strongly Disagree

____23. Sharing information about dengue fever programs can help prevent dengue fever outbreak. (*Ang pagpaambit og impormasyon bahin sa mga programa sa dengue fever makatabang sa pagpugong sa pagkuyanap sa dengue fever.*)

a.) Strongly Agree

Appendix A cont'd

b.) Agree

c.) Disagree

d.) Strongly Disagree

____24. Community clean-up activities help eliminate breeding sites. (*Ang kalihokan sa paglimpyo sa komunidad makatabang sa pagwagtang sa mga anakanan sa lamok.*)

a.) Strongly Agree

b.) Agree

c.) Disagree

d.) Strongly Disagree

____25. Public health education is crucial in dengue prevention. (*Ang edukasyon sa publiko bahin sa kahimsog importante kaayo sa paglikay sa dengue.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

____26. Encouraging community participation in mosquito control can enhance prevention efforts. (*Ang pag-awhag sa partisipasyon sa komunidad sa pagpugong sa lamok makapausbaw sa mga paningkamot sa paglikay.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree

Appendix A cont'd

- d.) Strongly Disagree

____27. Using environmentally friendly mosquito control methods is important for sustainability. (*Ang paggamit sa mga pamaagi sa pagkontrol sa lamok nga mahigalaon sa kalikopan hinungdanon alang sa pagpadayon.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

____28. Government policies supporting dengue prevention are essential. (*Ang mga palisiya sa gobyerno nga nagsuporta sa paglikay sa dengue hinungdanon.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

____29. Personal protection measures, like wearing mosquito repellent, are crucial in prevention. (*Ang personal nga mga lakang sa pagpanalipod, sama sa pagsul-ob og mosquito repellent, hinungdanon sa paglikay.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

Appendix A cont'd

____30. Collaboration between health organizations can improve dengue prevention strategies. (*Ang pagtinabangay tali sa mga organisasyon sa kahimsog makapauswag sa mga estratehiya sa pagpugong sa dengue.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

II. RESPONDENTS' ATTITUDES ON DENGUE FEVER PREVENTION

Directions: Write the number in the space provided before each item that best describes your attitudes in relation to dengue fever prevention program

A. CALL TO ACTION

____ 1. I am proactive in reporting potential mosquito breeding sites to local authorities.

(Aktibo ako sa pagreport sa mga potensyal nga lugar sa pagpasanay sa lamok ngadto sa lokal nga mga awtoridad.)

a.) Strongly Agree

b.) Agree

- c.) Disagree
- d.) Strongly Disagree

____2. I support educational campaigns and believe in spreading awareness about dengue prevention within my community. (*Ginasuportahan nako ang mga kampanya sa edukasyon ug nagatuo ko sa pagpaabot sa kahibalo bahin sa paglikay sa dengue sa akong komunidad.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

Appendix A cont'd

____3. I am willing to volunteer in local efforts aimed at educating others about dengue prevention. (*Andam ako nga moboluntaryo sa lokal nga mga paningkamot nga gitumong sa pag-edukar sa uban mahitungod sa paglikay sa dengue.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

____4. I respond swiftly to public health alerts about dengue. (*Motubag dayon ko sa mga pasidaan sa kahimsog bahin sa dengue.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

____5. I believe that my actions can contribute to reducing the spread of dengue in my community. (*Nagtuo ko nga ang akong mga aksyon makatampo sa pagkunhod sa pagkaylap sa dengue sa akong komunidad.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

Appendix A cont'd

B. DENGUE PREVENTION BENEFITS

____6. Engaging in preventive behaviors benefits my health. (*Ang pagbuhat og mga lakang sa paglikay makapahimsog sa akong panglawas.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

____7. Community efforts in prevention lead to better health outcomes. (*Ang paningkamot sa komunidad sa paglikay nagdala og mas maayo nga resulta sa kahimsog.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

____8. Reducing mosquito populations is beneficial for everyone. (*Ang pagpakunhod sa populasyon sa lamok makaayo alang sa tanan.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

Appendix A cont'd

____9. Prevention measures contribute to a healthier community. (*Ang mga lakang sa paglikay nagtabang sa paghimo og mas himsog nga komunidad.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

____10. The benefits of dengue prevention outweigh the costs. (*Ang mga benepisyo sa paglikay sa dengue mas labaw kay sa mga gasto niini.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

C. COMMUNITY ENGAGEMENT

____11. Everyone has a role in preventing dengue in our community. (*Ang matag-usa adunay papel sa paglikay sa dengue sa atong komunidad.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

Appendix A cont'd

____12. I actively participate in community clean-up drives. (*Aktibo kong gisuportahan ang mga kalihokan sa paglimpyo sa komunidad.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

____13. Supporting local dengue prevention initiatives is important. (*Importante ang pagsuporta sa mga lokal nga inisyatibo alang sa paglikay sa dengue.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

____14. Collaboration with neighbors enhances dengue prevention. (*Ang pakigtambayayong sa mga silingan makatabang sa paglikay sa dengue.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

Appendix A cont'd

____15. Taking responsibility for dengue prevention is a community duty. (*Ang pagpanag-iya sa responsibilidad alang sa paglikay sa dengue usa ka katungdanan sa komunidad.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree

d.) Strongly Disagree

III. RESPONDENTS' PREVENTIVE PRACTICES ON DENGUE FEVER PREVENTION

Directions: Write the number in the space provided before each item that best describes your preventive practices in relation to dengue fever prevention program.

A. PERSONAL PROTECTION

____1. I regularly use mosquito repellent when outdoors. (*Kanunay kong mogamit og mosquito repellent kung naa sa gawas.*)

a.) Strongly Agree

- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

____2. I wear long sleeves and pants to protect against mosquito bites. (*Mosul-ob ko og sinina nga taas ug pantalon aron maprotektahan gikan sa kagat sa lamok.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

____3. I ensure my home has screens on windows and doors. (*Siguraduhon nako nga ang among balay adunay screen sa mga bintana ug pultahan.*)

- a.) Strongly Agree
- b.) Agree

Appendix A cont'd

- c.) Disagree
- d.) Strongly Disagree

____4. I use mosquito nets when sleeping. (*Mogamit ko og kulambo kung matulog.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

____5. Personal protection is a daily routine for me. (*Ang personal nga proteksyon mao ang akong adlaw-adlaw nga rutina.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

B. ENVIRONMENTAL MANAGEMENT

____6. I regularly check for and eliminate standing water around my home. (*Kanunay nakong ginasusi ug gina-wagtang ang nagkatigom nga tubig palibot sa among balay.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

Appendix A cont'd

____7. I participate in local clean-up campaigns. (*Nag-apil ko sa mga kampanya sa paglimpyo sa lokalidad.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

____8. I properly dispose of waste to prevent mosquito breeding. (*Gina-dispose nako og sakto ang basura aron malikayan ang pag-anak sa mga lamok.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

____9. I encourage neighbors to maintain clean environments. (*Gina-awhag nako ang mga silingan nga magpadayon sa limpyo nga palibot.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

Appendix A cont'd

____10. Environmental management is a priority for me. (*Ang pagdumala sa kalikupan usa ka prioridad para nako.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

C. MOSQUITO CONTROL

____11. I use insecticides in and around my home. (*Mogamit ko og insecticide sulod ug palibot sa among balay.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

____12. I support biological control methods for mosquito reduction. (*Ginasuportahan nako ang biological control methods aron mapakunhod ang mga lamok.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

Appendix A cont'd

____13. I am informed about local mosquito control programs. (*Nahibalo ko bahin sa mga programa sa lokal nga pagkontrol sa lamok.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

____14. I report mosquito breeding sites to local authorities. (*Gina-report nako ang mga lugar nga anakan sa lamok ngadto sa lokal nga awtoridad.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

____15. Mosquito control is essential for community health. (*Ang pagkontrol sa lamok mahinungdanon alang sa kahimsog sa komunidad.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

APPENDIX B- Sample Survey Questionnaire with Response

Age: 18
Gender: F

QUESTIONNAIRES

LEVEL OF KNOWLEDGE, ATTITUDES, AND PREVENTIVE PRACTICES ON DENGUE FEVER

I. RESPONDENTS' LEVEL OF KNOWLEDGE

Directions: Write the number in the space provided before each item that best describes your knowledge level in relation to dengue fever prevention program.

A. TRANSMISSION MODE

B 1. Wearing long-sleeved clothing can prevent mosquito bites. (*Ang pagsul-ob og taas nga buktion nga sinina makapugong sa pinaakan sa lamok.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

B 2. Using mosquito repellents reduces the risk of mosquito bites. (*Ang paggamit og mosquito repellent makapamenos sa risiko nga makagat sa lamok.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

A 3. Installing window screens can keep mosquitoes out of the home. (*Ang pagbutang og screen sa bintana makatabang aron dili makasulod ang lamok sa balay.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

A 4. Using mosquito net while sleeping can help prevent dengue transmission. (*Ang paggamit ug moskitero samtang natulog makatabang sa paglikay sa pagkatap sa dengue.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

A 5. Eliminating mosquito breeding sites can help prevent dengue transmission. (*Ang pagwagtang sa lugar nga mahimong anakanan sa lamok makatabang sa paglikay sa dengue.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

C 6. Avoiding outdoor activities during peak mosquito activity times can reduce the risk of dengue transmission. *(Ang paglikay sa mga kalihokan sa gawas sa panahon sa peak nga mga oras sa kalihokan sa lamok makapamenos sa risiko sa pagpasa sa dengue.)*

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

A 7. Keeping gutters clean and unclogged can prevent mosquito breeding. *(Ang pagpabiling limpyo ug dili barado ang mga kanal makapugong sa pagsanay sa lamok.)*

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

B 8. Using plants like citronella and lemongrass can help repel mosquitoes. *(Ang paggamit sa mga tanom sama sa citronella ug lemongrass makatabang sa paghingilin sa mga lamok.)*

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

A 9. Ensuring doors and windows are shut during evening hours can minimize mosquito entry. *(Ang pagsiguro nga ang mga pultahan ug mga bintana gisirhan sa mga oras sa kagabhion makapamenos sa pagsulod sa lamok.)*

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

A 10. Educating family members about dengue transmission can help prevent outbreaks. *(Ang pag-edukar sa mga sakop sa pamilya bahin sa transmission sa dengue makatabang sa paglikay sa outbreaks.)*

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

B. VECTOR CHARACTERISTICS

A 11. Changing water storage could remove potential vector of dengue. (*Ang pagbag-o sa pagtipig sa tubig mahimong makatangtang sa potensyal nga vector sa dengue.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

C 12. Use of insecticide coils and liquids against mosquitos can help prevent contact between humans and vectors of dengue. (*Ang paggamit sa mga insecticide coils ug mga likido batok sa mga lamok makatabang sa pagpugong sa kontak tali sa mga tawo ug mga vector sa dengue.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

B 13. Use of species such as fishes can help control vector and prevent dengue. (*Ang paggamit sa mga espisye sama sa mga isda makatabang sa pagpugong sa vector ug pagpugong sa dengue.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

B 14. Eliminating of old tyres and containers can help control vector and prevent dengue. (*Ang pagtangtang sa daan nga mga ligid ug mga sudlanan makatabang sa pagpugong sa vector ug pagpugong sa dengue.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

A 15. Continued house sanitation is key to controlling mosquito population. (*Ang padayon nga sanitasyon sa balay maoy yawe sa pagkontrolar sa populasyon sa lamok.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

Appendix B cont'd

C 6. Avoiding outdoor activities during peak mosquito activity times can reduce the risk of dengue transmission. (*Ang paglikay sa mga kalihokan sa gawas sa panahon sa peak nga mga oras sa kalihokan sa lamok makapamenos sa risgo sa pagpasa sa dengue.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

A 7. Keeping gutters clean and unclogged can prevent mosquito breeding. (*Ang pagpabiling limpyo ug dili barado ang mga kanal makapugong sa pagsanay sa lamok.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

B 8. Using plants like citronella and lemongrass can help repel mosquitoes. (*Ang paggamit sa mga tanom sama sa citronella ug lemongrass makatabang sa paghingilin sa mga lamok.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

A 9. Ensuring doors and windows are shut during evening hours can minimize mosquito entry. (*Ang pagsiguro nga ang mga pultahan ug mga bintana gisirhan sa mga oras sa kagabhion makapamenos sa pagsulod sa lamok.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

A 10. Educating family members about dengue transmission can help prevent outbreaks. (*Ang pag-edukar sa mga sakop sa pamilya bahin sa transmission sa dengue makatabang sa paglikay sa outbreaks.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

Appendix B cont'd

B. VECTOR CHARACTERISTICS

A 11. Changing water storage could remove potential vector of dengue. (*Ang pagbag-a sa pagtipig sa tubig mahimong makatangtang sa potensyal nga vector sa dengue.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

C 12. Use of insecticide coils and liquids against mosquitos can help prevent contact between humans and vectors of dengue. (*Ang paggamit sa mga insecticide coils ug mga likido batok sa mga lamok makatabang sa pagpugong sa kontak tali sa mga tawo ug mga vector sa dengue.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

B 13. Use of species such as fishes can help control vector and prevent dengue. (*Ang paggamit sa mga espisye sama sa mga isda makatabang sa pagpugong sa vector ug pagpugong sa dengue.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

B 14. Eliminating of old tyres and containers can help control vector and prevent dengue. (*Ang pagtangtang sa daan nga mga ligid ug mga sudlanan makatabang sa pagpugong sa vector ug pagpugong sa dengue.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

A 15. Continued house sanitation is key to controlling mosquito population. (*Ang padayon nga sanitasyon sa balay maoy yawe sa pagkontrolar sa populasyon sa lamok.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

Appendix B cont'd

A 16. Regularly checking and cleaning flower pots can prevent mosquito breeding. (*Ang kanunay nga pagsusi ug paglimpyo sa mga kaldero sa bulak makapugong sa pagsanay sa lamok.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

A 17. Covering water tanks and containers can reduce mosquito breeding grounds. (*Ang pagtabon sa mga tangke ug mga sudlanan sa tubig makapamenos sa mga dapit nga mosanay sa lamok.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

A 18. Knowledge of mosquito lifecycle can aid in prevention strategies. (*Ang kahibalo sa siklo sa kinabuhi sa lamok makatabang sa mga estratehiya sa paglikay.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

B 19. Mosquitoes are more active during dawn and dusk, which increases bite risk. (*Ang mga lamok mas aktibo panahon sa kaadlawon ug kilumkilom, nga nagdugang sa risiko sa pagpaak.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

B 20. Using larvicides in water sources can help control mosquito population. (*Ang paggamit ug larvicide sa mga tinubdan sa tubig makatabang sa pagkontrolar sa populasyon sa lamok.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

Appendix B cont'd

C. PREVENTION MEASURES

A 21. Disposing solid waste properly can help prevent dengue fever. (*Ang hustong paglabay sa solid waste makatabang sa paglikay sa dengue fever.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

B 22. Support to fogging in dengue outbreak areas can help prevent spread dengue. (*Ang suporta sa fogging sa dengue outbreak nga mga lugar makatabang sa pagpugong sa pagkaylap sa dengue.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

A 23. Sharing information about dengue fever programs can help prevent dengue fever outbreak. (*Ang pagpaambit og impormasyon bahin sa mga programa sa dengue fever makatabang sa pagpugong sa pagkuyanap sa dengue fever.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

A 24. Community clean-up activities help eliminate breeding sites. (*Ang kalihokan sa paglimpyo sa komunidad makatabang sa pagwagtang sa mga anakanan sa lamok.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

A 25. Public health education is crucial in dengue prevention. (*Ang edukasyon sa publiko bahin sa kahimsog importante kaayo sa paglikay sa dengue.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

Appendix B cont'd

A 26. Encouraging community participation in mosquito control can enhance prevention efforts. (*Ang pag-awhag sa partisipasyon sa komunidad sa pagpugong sa lamok makapausbaw sa mga paningkamot sa paglikay.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

A 27. Using environmentally friendly mosquito control methods is important for sustainability. (*Ang paggamit sa mga pamaagi sa pagkontrol sa lamok nga mahigalaon sa kalikopan hinungdanon alang sa pagpadayon.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

A 28. Government policies supporting dengue prevention are essential. (*Ang mga palisiya sa gobyerno nga nagsuporta sa paglikay sa dengue hinungdanon.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

B 29. Personal protection measures, like wearing mosquito repellent, are crucial in prevention. (*Ang personal nga mga lakang sa pagpanalipod, sama sa pagsul-ob og mosquito repellent, hinungdanon sa paglikay.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

A 30. Collaboration between health organizations can improve dengue prevention strategies. (*Ang pagtinabangay tali sa mga organisasyon sa kahimsog makapauswag sa mga estratehiya sa pagpugong sa dengue.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

Appendix B cont'd

II. RESPONDENTS' ATTITUDES ON DENGUE FEVER PREVENTION

Directions: Write the number in the space provided before each item that best describes your attitudes in relation to dengue fever prevention program

A. CALL TO ACTION

B 1. I am proactive in reporting potential mosquito breeding sites to local authorities.
(Aktibo ako sa pagreport sa mga potensyal nga lugar sa pagpasanay sa lamok ngadto sa lokal nga mga awtoridad.)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

A 2. I support educational campaigns and believe in spreading awareness about dengue prevention within my community. (Ginasuportahan nako ang mga kampanya sa edukasyon ug nagatuo ko sa pagpaabot sa kahibalo bahin sa paglikay sa dengue sa akong komunidad.)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

A 3. I am willing to volunteer in local efforts aimed at educating others about dengue prevention. (Andam ako nga moboluntaryo sa lokal nga mga paningkamot nga gitumong sa pag-edukar sa uban mahitungod sa paglikay sa dengue.)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

A 4. I respond swiftly to public health alerts about dengue. (Motubag dayon ko sa mga pasidaan sa kahimsog bahin sa dengue.)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

Appendix B cont'd

A 5. Personal protection is a daily routine for me. (*Ang personal nga proteksyon mao ang akong adlaw-adlaw nga rutina.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

B. ENVIRONMENTAL MANAGEMENT

A 6. I regularly check for and eliminate standing water around my home. (*Kanunay nakong ginasusi ug gina-wagtang ang nagkatigom nga tubig palibot sa among balay.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

B 7. I participate in local clean-up campaigns. (*Nag-apil ko sa mga kampanya sa paglimpyo sa lokalidad.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

B 8. I properly dispose of waste to prevent mosquito breeding. (*Gina-dispose nako og sakto ang basura aron malikayan ang pag-anak sa mga lamok.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

B 9. I encourage neighbors to maintain clean environments. (*Gina-awhag nako ang mga silingan nga magpadayon sa limpyo nga palibot.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

Appendix B cont'd

B 10. Environmental management is a priority for me. (*Ang pagdumala sa kalikupan usa ka prioridad para nako.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

C. MOSQUITO CONTROL

B 11. I use insecticides in and around my home. (*Mogamit ko og insecticide sulod ug palibot sa among balay.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

A 12. I support biological control methods for mosquito reduction. (*Ginasuportahan nako ang biological control methods aron mapakunhod ang mga lamok.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

B 13. I am informed about local mosquito control programs. (*Nahibalo ko bahin sa mga programa sa lokal nga pagkontrol sa lamok.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

B 14. I report mosquito breeding sites to local authorities. (*Gina-report nako ang mga lugar nga anakan sa lamok ngadto sa lokal nga awtoridad.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

Appendix B cont'd

A 15. Taking responsibility for dengue prevention is a community duty. (*Ang pagpanag-iya sa responsibilidad alang sa paglikay sa dengue usa ka katungdanan sa komunidad.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

III. RESPONDENTS' PREVENTIVE PRACTICES ON DENGUE FEVER PREVENTION

Directions: Write the number in the space provided before each item that best describes your preventive practices in relation to dengue fever prevention program.

A. PERSONAL PROTECTION

B 1. I regularly use mosquito repellent when outdoors. (*Kanunay kong mogamit og mosquito repellent kung naa sa gawas.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

B 2. I wear long sleeves and pants to protect against mosquito bites. (*Mosul-ob ko og sinina nga taas ug pantalon aron maprotektahan gikan sa kagat sa lamok.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

B 3. I ensure my home has screens on windows and doors. (*Siguraduhon nako nga ang among balay adunay screen sa mga bintana ug pultahan.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

B 4. I use mosquito nets when sleeping. (*Mogamit ko og kulambo kung matulog.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

Appendix B cont'd

A 5. I believe that my actions can contribute to reducing the spread of dengue in my community. (*Nagtuo ko nga ang akong mga aksyon makatampo sa pagkunhod sa pagkaylap sa dengue sa akong komunidad.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

B. DENGUE PREVENTION BENEFITS

A 6. Engaging in preventive behaviors benefits my health. (*Ang pagbuhat og mga lakang sa paglikay makapahimsog sa akong panglawas.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

A 7. Community efforts in prevention lead to better health outcomes. (*Ang paningkamot sa komunidad sa paglikay nagdala og mas maayo nga resulta sa kahimsog.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

A 8. Reducing mosquito populations is beneficial for everyone. (*Ang pagpakunhod sa populasyon sa lamok makaayo alang sa tanan.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

A 9. Prevention measures contribute to a healthier community. (*Ang mga lakang sa paglikay nagtabang sa paghimo og mas himsog nga komunidad.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

Appendix B cont'd

A 10. The benefits of dengue prevention outweigh the costs. (*Ang mga benepisyo sa paglikay sa dengue mas labaw kay sa mga gasto niini.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

C. COMMUNITY ENGAGEMENT

A 11. Everyone has a role in preventing dengue in our community. (*Ang matag-usa adunay papel sa paglikay sa dengue sa atong komunidad.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

A 12. I actively participate in community clean-up drives. (*Aktibo kong gisuportahan ang mga kalihokan sa paglimpyo sa komunidad.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

A 13. Supporting local dengue prevention initiatives is important. (*Importante ang pagsuporta sa mga lokal nga inisyatibo alang sa paglikay sa dengue.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

A 14. Collaboration with neighbors enhances dengue prevention. (*Ang pakigtambayayong sa mga silingan makatabang sa paglikay sa dengue.*)

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

APPENDIX C- Sampling Computation

		Sample size calculator
What margin of error can you accept? 5% is a common choice	5 %	The margin of error is the amount of error that you can tolerate. If 90% of respondents answer <i>yes</i>, while 10% answer <i>no</i>, you may be able to tolerate a larger amount of error than if the respondents are split 50-50 or 45-55. Lower margin of error requires a larger sample size.
What confidence level do you need? Typical choices are 90%, 95%, or 99%	95 %	The confidence level is the amount of uncertainty you can tolerate. Suppose that you have 20 yes-no questions in your survey. With a confidence level of 95%, you would expect that for one of the questions (1 in 20), the percentage of people who answer <i>yes</i> would be more than the margin of error away from the true answer. The true answer is the percentage you would get if you exhaustively interviewed everyone. Higher confidence level requires a larger sample size.
What is the population size? If you don't know, use 20000	294	How many people are there to choose your random sample from? The sample size doesn't change much for populations larger than 20,000.
What is the response distribution? Leave this as 50%	50 %	For each question, what do you expect the results will be? If the sample is skewed highly one way or the other, the population probably is, too. If you don't know, use 50%, which gives the largest sample size. See below under More information if this is confusing.
Your recommended sample size is	167	This is the minimum recommended size of your survey. If you create a sample of this many people and get responses from everyone, you're more likely to get a correct answer than you would from a large sample where only a small percentage of the sample responds to your survey.

Online surveys with **Vovici** have completion rates of 66%!

Alternate scenarios								
With a sample size of			With a confidence level of					
	100	200	300		90	95	99	
Your margin of error would be	7.97%	3.92%	0.00%	Your sample size would need to be	142	167	204	

Save effort, save time. **Conduct your survey online with Vovici.**

APPENDIX D- Informed Consent

 **Misamis University**
Ozamiz City

MISAMIS UNIVERSITY RESEARCH CENTER
CERTIFIED: ISO 21001: 2018 Educational Organizations Management System by DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)

MU-RC-042/13 November 2024

Thesis/Research Data Gathering Approval Form

Date: May 06, 2025

Name of Authors: Faler, Bryan M., Tolacio, Lyone Y., Tabiliran, Paul Edric., Vinamor, Merry Rose
College/Department: College of Nursing, Midwifery and Radiologic Technology
Research Title: Level of Knowledge, attitude and Perceived Barriers on Dengue Fever

Data Gathering Procedure:

a. Type of Research: (Kindly check)

☒ Quantitative	☐ Qualitative	☐ Experimental
☒ Approved Research Title & Problem/Objectives	☒ Approved Data Gathering Procedure	☒ Approved Data Gathering Instrument/Data Sheets

b. Respondents/Participants/Subject/Samples to be Collected: (1) Adults aged 18 years old above (2) both male and female (3) willingness to participate in the study (4) a resident for at least 6 months (5) households with a history of dengue fever. 147 households to be collected.

c. Procedure:

☒ Survey	☐ Interview	☐ Experimentation	☐ Laboratory Testing
--	------------------------------------	--	---

d. Place of Implementation/Study Area: DENRANGAY BARBA, TUDELA

If to be conducted outside the school campus, indicate the nature of transportation to be used:

☒ Own private vehicle	☐ public utility vehicle	☐ rental	☐ Others, please indicate _____
---	---	---------------------------------	--

e. Date/s of Implementation/Sampling: May 08, 2025

Attachments:

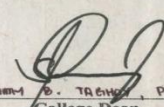
☒	Approved Letter of Consent from the designated authority in the area/place where the study is to be conducted
☒	Signed Parents' Consent

The thesis proposal mentioned above is hereby recommended for the commencement of data gathering implementation.

Recommended by:

 <u>CHERRY TO MA, MAE, RN</u> Thesis/Research Adviser	 <u>MARIA LITA MUMBOJAN, MAE, RN</u> Thesis Research Instructor
--	--

Approved by:


JAMES B. TENELO, PhD, RN
College Dean

CONTROLLED DOCUMENT

APPENDIX E- Approved Letters of Consent



MISAMIS UNIVERSITY
Ozamiz City 7200, Philippines



CERTIFIED: ISO 21001: 2018 Educational Organizations Management System by DNV
ACCREDITED: Philippine Association of Colleges and Universities Commission on Accreditation (PACUCOA)

April 02, 2025

SAMMY B. TAGHOY, PhD, RN
Dean, College of Nursing, Midwifer & Radiologic Technology,
Misamis University

Dear Dr. Sammy B. Taghoy,

Greetings of Peace!

We, the students of Misamis University, would like to formally request your approval for the conduct of our quantitative research titled "Level of Knowledge, Attitudes, and Preventive Practices on Dengue Fever." This study aims to assess the awareness, perceptions, and preventive behaviors of individuals regarding dengue fever. The primary objective of this research is to evaluate how knowledge and attitudes influence preventive measures against the disease, contributing to the development of more effective public health interventions. We intend to conduct this research among residents of Barangay Barra, Tudela.

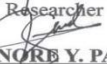
We assure you that this study will be conducted with strict adherence to ethical research guidelines, ensuring that all participants' rights and privacy are protected.

Thank you very much for your time and consideration.

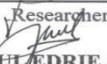
Respectfully,


CUBIL BRYAN M. PALER

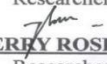
Researcher


LYNORE Y. PALMERO

Researcher


PAUL EDRIE A. TABILIRAN

Researcher


MERRY ROSE P. VILLAMOR

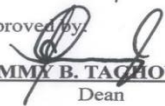
Researcher

Noted by:


CHARRY JOY LIAN, MAN, RN

Research Adviser

Approved by:


SAMMY B. TAGHOY, PHD, RN

Dean

APPENDIX F- Statistical Computation

Table 1

Respondents' Level of Knowledge

n=167	Mean	StDev	I
Transmission Mode	3.55	0.23	E
Vector Characteristics	3.58	0.27	E
Prevention Measures	3.57	0.33	E
Overall Mean	3.57	0.28	E

Legend: 3.26 - 4.0 – *Excellent (E)* 1.76 - 2.50 – *Satisfactory (S)*
 2.51 - 3.25 – *Very Satisfactory (VS)* 1.00 -1.75 – *Not Satisfactory (NS)*

Table 2

Respondents' Attitudes

n=167	Mean	StDev	I
Call To Action	3.62	0.40	VG
Dengue Prevention Benefits	3.71	0.36	VG
Community Engagement	3.65	0.36	VG
Overall Mean	3.66	0.35	VG

Legend: 3.26 - 4.0 – *Very Good (VG)* 1.76 - 2.50 – *Poor (P)*
 2.51 - 3.25 – *Good (G)* 1.00 -1.75 – *Very Poor (VP)*

APPENDIX F- cont'd

Table 3

Respondents' Preventive Practices

n=167	Mean	StDev	I
Personal Protection	3.62	0.30	VG
Environmental Management	3.41	0.45	VG
Mosquito Control	3.43	0.47	VG
Overall Mean	3.49	0.41	VG

Legend: 3.26 - 4.0 – Very Good (VG) 1.76 - 2.50 – Poor (P)

2.51 - 3.25 – Good (G) 1.00 -1.75 – Very Poor (VP)

Table 4

Significant Relationship Between the Respondents' Level of Knowledge and Preventive Practices on Dengue Fever

Constructs	Personal Protection	Environmental Management	Mosquito Control
Transmission Mode	r= 0.170 p= 0.028 Reject Ho	r= 0.092 p= 0.236 Accept Ho	r= 0.423 p= 0.000 Reject Ho
Vector Characteristics	r= 0.392 p= 0.000 Reject Ho	r= 0.357 p= 0.000 Reject Ho	r= 0.458 p= 0.000 Reject Ho
Prevention Measures	r= 0.376 p= 0.000 Reject Ho	r= 0.296 p= 0.000 Reject Ho	r= 0.543 p= 0.000 Reject Ho

H₀₁: There is no significant relationship between the respondents' level of knowledge and preventive practices on dengue fever.

Legend: 0.00-0.01** Highly Significant, 0.02-0.05* Significant, above 0.05 Not Significant

APPENDIX F- cont'd

Table 5

Significant Relationship Between the Respondents' Attitudes and Preventive Practices on Dengue Fever

Constructs	Personal Protection	Environmental Management	Mosquito Control
Call To Action	r= 0.607 p= 0.000 Reject Ho	r= 0.504 p= 0.000 Reject Ho	r= 0.680 p= 0.000 Reject Ho
Dengue Prevention Benefits	r= 0.609 p= 0.000 Reject Ho	r= 0.411 p= 0.000 Reject Ho	r= 0.650 p= 0.000 Reject Ho
Community Engagement	r= 0.346 p= 0.000 Reject Ho	r= 0.495 p= 0.000 Reject Ho	r= 0.519 p= 0.000 Reject Ho

H₀2: There is no significant relationship between the respondents' attitudes and preventive practices on dengue fever

*Legend: 0.00-0.01** Highly Significant, 0.02-0.05* Significant, above 0.05 Not Significant*

Statistics

Variable	Mean	StDev
Transmission Mode	3.55	0.23
Vector Characteristics	3.58	0.27
Prevention Measures	3.57	0.33
Call To Action	3.62	0.40
Dengue Prevention Benefits	3.71	0.36
Community Engagement	3.65	0.36
Personal Protection	3.62	0.30
Environmental Management	3.41	0.45
Mosquito Control	3.43	0.47

APPENDIX F- cont'd

Method

Correlation type Pearson

Number of rows used 167

p: pairwise Pearson correlation

Correlations

	Transmission Mode	Vector Characteristics	Prevention Measures	Call To Action	Dengue Prevention Benefits
Vector Characteristics	0.646				
Prevention Measures	0.571	0.651			
Call To Action	0.485	0.689	0.761		
Dengue Prevention Benefits	0.483	0.449	0.761	0.723	
Community Engagement	0.552	0.748	0.703	0.828	0.607
Personal Protection	0.170	0.392	0.376	0.607	0.609
Environmental Management	0.092	0.357	0.296	0.504	0.411
Mosquito Control	0.423	0.458	0.543	0.680	0.650
	Community Engagement	Personal Protection	Environmental Management		
Vector Characteristics					
Prevention Measures					
Call To Action					
Dengue Prevention Benefits					
Community Engagement					
Personal Protection	0.346				
Environmental Management	0.495	0.604			
Mosquito Control	0.519	0.724	0.637		

APPENDIX F- cont'd

Pairwise Pearson Correlations

Sample 1	Sample 2	N	Correlation	95% CI for ρ
Vector Characteristics	Transmission Mode	167	0.646	(0.548, 0.727)
Prevention Measures	Transmission Mode	167	0.571	(0.460, 0.666)
Call To Action	Transmission Mode	167	0.485	(0.360, 0.594)
Dengue Prevention Benefits	Transmission Mode	167	0.483	(0.357, 0.592)
Community Engagement	Transmission Mode	167	0.552	(0.437, 0.650)
Personal Protection	Transmission Mode	167	0.170	(0.018, 0.314)
Environmental Management	Transmission Mode	167	0.092	(-0.061, 0.241)
Mosquito Control	Transmission Mode	167	0.423	(0.290, 0.541)
Prevention Measures	Vector Characteristics	167	0.651	(0.554, 0.731)
Call To Action	Vector Characteristics	167	0.689	(0.600, 0.762)
Dengue Prevention Benefits	Vector Characteristics	167	0.449	(0.319, 0.563)
Community Engagement	Vector Characteristics	167	0.748	(0.672, 0.808)
Personal Protection	Vector Characteristics	167	0.392	(0.256, 0.514)
Environmental Management	Vector Characteristics	167	0.357	(0.217, 0.483)
Mosquito Control	Vector Characteristics	167	0.458	(0.329, 0.570)
Call To Action	Prevention Measures	167	0.761	(0.689, 0.819)
Dengue Prevention Benefits	Prevention Measures	167	0.761	(0.688, 0.818)
Community Engagement	Prevention Measures	167	0.703	(0.616, 0.772)
Personal Protection	Prevention Measures	167	0.376	(0.238, 0.500)
Environmental Management	Prevention Measures	167	0.296	(0.151, 0.429)
Mosquito Control	Prevention Measures	167	0.543	(0.426, 0.642)
Dengue Prevention Benefits	Call To Action	167	0.723	(0.641, 0.788)
Community Engagement	Call To Action	167	0.828	(0.774, 0.871)
Personal Protection	Call To Action	167	0.607	(0.501, 0.695)
Environmental Management	Call To Action	167	0.504	(0.382, 0.610)
Mosquito Control	Call To Action	167	0.680	(0.589, 0.754)
Community Engagement	Dengue Prevention Benefits	167	0.607	(0.501, 0.695)
Personal Protection	Dengue Prevention Benefits	167	0.609	(0.503, 0.696)
Environmental Management	Dengue Prevention Benefits	167	0.411	(0.277, 0.530)
Mosquito Control	Dengue Prevention Benefits	167	0.650	(0.553, 0.730)
Personal Protection	Community Engagement	167	0.346	(0.204, 0.473)
Environmental Management	Community Engagement	167	0.495	(0.371, 0.601)
Mosquito Control	Community Engagement	167	0.519	(0.398, 0.622)
Environmental Management	Personal Protection	167	0.604	(0.498, 0.692)
Mosquito Control	Personal Protection	167	0.724	(0.643, 0.789)
Mosquito Control	Environmental Management	167	0.637	(0.537, 0.719)
Sample 1	Sample 2	P-Value		
Vector Characteristics	Transmission Mode	0.000		
Prevention Measures	Transmission Mode	0.000		
Call To Action	Transmission Mode	0.000		
Dengue Prevention Benefits	Transmission Mode	0.000		
Community Engagement	Transmission Mode	0.000		
Personal Protection	Transmission Mode	0.028		
Environmental Management	Transmission Mode	0.236		
Mosquito Control	Transmission Mode	0.000		
Prevention Measures	Vector Characteristics	0.000		
Call To Action	Vector Characteristics	0.000		
Dengue Prevention Benefits	Vector Characteristics	0.000		
Community Engagement	Vector Characteristics	0.000		
Personal Protection	Vector Characteristics	0.000		
Environmental Management	Vector Characteristics	0.000		
Mosquito Control	Vector Characteristics	0.000		
Call To Action	Prevention Measures	0.000		
Dengue Prevention Benefits	Prevention Measures	0.000		
Community Engagement	Prevention Measures	0.000		
Personal Protection	Prevention Measures	0.000		
Environmental Management	Prevention Measures	0.000		
Mosquito Control	Prevention Measures	0.000		
Dengue Prevention Benefits	Call To Action	0.000		
Community Engagement	Call To Action	0.000		
Personal Protection	Call To Action	0.000		
Environmental Management	Call To Action	0.000		
Mosquito Control	Call To Action	0.000		
Community Engagement	Dengue Prevention Benefits	0.000		
Personal Protection	Dengue Prevention Benefits	0.000		
Environmental Management	Dengue Prevention Benefits	0.000		
Mosquito Control	Dengue Prevention Benefits	0.000		
Personal Protection	Community Engagement	0.000		
Environmental Management	Community Engagement	0.000		
Mosquito Control	Community Engagement	0.000		
Environmental Management	Personal Protection	0.000		
Mosquito Control	Personal Protection	0.000		
Mosquito Control	Environmental Management	0.000		

APPENDIX G- Turnitin

PALMERO, LYNORE Y..docx

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APPENDIX H- Grammarly

The screenshot shows a web browser window with multiple tabs. The active tab is titled 'TITLE LEVEL OF KNOWLEDGE ATTITUDES AND PREVENTIVE PRACTICES ON DENGUE FEVER'. The browser address bar shows the URL: coda.grammarly.com/d/TITLE-LEVEL-OF-KNOWLEDGE-ATTITUDES-AND-PREVENTIVE-PRACTICES-ON-D_d5mjtb89IRz/TITLE-LEVEL-OF-KNOWLEDGE-ATTITUDES-AND-PREVENTIVE-PRACTICES-ON-D_suu081ZO#_lluBloxkx. The document content is as follows:

LEVEL OF KNOWLEDGE, ATTITUDES, AND PREVENTIVE PRACTICES

ON DENGUE FEVER

Start typing or insert using 

PALER, CUBIE BRYAN M.

PALMERO, LYNORE Y.

TABILIRAN, PAUL EDRIE A.

VILLAMOR, MERRY ROSE P.

MISAMIS UNIVERSITY

LEVEL OF KNOWLEDGE, ATTITUDES, AND PREVENTIVE PRACTICES

Grammarly Proofreader

Writing quality  100

All Grammar ✓ Clarity ✓



You did it!

There are no more clarity suggestions.

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Windows taskbar at the bottom shows the search bar with 'Type here to search', task view button, and application icons for File Explorer, Microsoft Word, Excel, and Chrome. The system tray shows the date and time as 9:28 am on 20/12/2025.

CURRICULUM VITAE



PERSONAL DATA

Name : Cubie Bryan M. Paler

Date of Birth : September 1, 2002

Place of Birth : Calube, SND, Lanao del Norte

Home Address : Purok 6, Bangkal Aguada

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Elementary : Calube Elementary School

Secondary : Calube Integrated School

Senior High School : North Central Mindanao College

Tertiary : Misamis University

CURRICULUM VITAE

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Name : Lynore Y. Palmero

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EDUCATIONAL BACKGROUND

Elementary : Balanagan Elementary School

Secondary : Tinggabalung National High School

Senior High School : Laureano Salusod National High School

Tertiary : Misamis University

CURRICULUM VITAE



PERSONAL DATA

Name : Paul Edrie A. Tabiliran

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CURRICULUM VITAE



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Secondary : Zamboanga del Sur National High School

Senior High School : Saint Columban College-Senior High School

Tertiary : Misamis University