

The Knowledge and Practice Involved in the Protection of Pregnant Women from ZikaVirus

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DESCRIPTION

The infection occurs early in pregnancy, the effects of Zika Virus (ZIKV) infection during pregnancy can be severe, including congenital Zika syndrome and potential neurological problems. The three main routes of ZIKV transmission are mosquito bites, in utero transfer from mother to fetus, and sexual contact.

The first epidemic of the Zika Virus (ZIKV) was discovered in Colombia in October 2015 after the early 2015 Zika Virus (ZIKV) outbreak in Brazil prompted Colombia to start monitoring for the Zika Virus Disease (ZVD) in August 2015. A survey under 12000 instances of ZVD in pregnant women were among the approximately 66000 cases of ZVD that had been documented in Colombia by April 2016. By the According to data submitted to Colombia's National Monitoring System at the end of July 2016, the estimated number of pregnant people infected by ZVD had increased to little over 18000. The frequency of brain or eye problems in children or fetuses was 13 per 10,000 during the height of the epidemic, compared to 10,000 before and after the pandemic, respectively, in Colombia. The Zika pandemic was officially declared over in late July 2016, although surveillance for unfavorable pregnancy and newborn outcomes went on.

The World Health Organization (WHO) suggests a number of strategies for lowering the mosquito population and for taking precautions against mosquito bites on oneself, including the use of eco-friendly insect repellents. Wearing protective clothes, including long-sleeved shirts and trousers, using screens on windows and doors, utilizing air conditioning, and sleeping under mosquito nets sprayed with insecticides. The Colombian Ministry of Health and Social Protection advised couples or women of reproductive age to put off getting pregnant until the ZIKV outbreak was over in order to prevent sexual transmission. Few studies have evaluated these Knowledge, Attitudes,

and Behaviors (KAB) among male partners of pregnant women in regions of active ZIKV transmission.

Previous research have described the KAB of pregnant persons towards the use of these activities to avoid ZIKV infection. However, numerous studies indicate that people, even those who were pregnant, were unaware that ZIKV could be transmitted sexually, which may have led to conflicting results.

The KAB surrounding preventing ZIKV transmission among male partners of pregnant persons in an area where ZIKV was spreading is described in this paper. Understanding male partners' KAB can help guide methods to prevent ZIKV infection because male partners who are infected with ZIKV can pass the Virus to their pregnant partners through sex and because one partner's attitudes toward preventative measures might influence the other partner's behavior.

Most male partners reported wearing protective clothing such as long pants (97.6%) and long sleeves (72.8%), as well as covering ankles and feet (89.1%) to prevent ZIKV infection. When comparing the preventive behavior of protection use between male and pregnant partners, 26 pairs (10.0%) both responded that they performed the behavior. Overall, 25.1% of male partners and 18.9% of pregnant people reported any Contraceptive use during the three months before enrolling in ZEN. When comparing other preventive behaviors between male and pregnant partners, the behavior which was most frequently reported by both partners was wearing long pants (85.4%), and the least frequently reported by both partners was using protection after finding out about a partner's pregnancy (3.4%)

These findings provide new information on the behaviors used by male partners to prevent ZIKV infection during the outbreak in Colombia and can be used to inform future ZIKV and other arboVirus prevention strategies that include both pregnant people and their partners.

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