Evaluation of the Knowledge and Activities of a Local Community in Mwea Endemic with Schistosomiasis

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ABSTRACT

Purpose
Schistosomiasis infection remains a neglected tropical disease in the tropics. Despite successive years of Mass Drug Administration (MDA) targeting school aged children prevalence rates have remained high over the years. This study sought to evaluation of the knowledge of the surrounding communities in close proximity to the schools previously targeted and activities predisposing them infection as a key indicator to successive control programs.

Methodology
Data collection involved semi structured interviews using a questionnaire and also through observation. A total of 99 people across the locality both male and female were interviewed. The people were selected randomly for the interviews at different points within the locality. Observations of their awareness of risks factors predisposing them to the disease was done within the different watering points. Qualitative data was analysed according to the common characteristics and the main themes identified and descriptive statistics was used in accessing these parameters with a percentage frequency of the variables. Spearman’s Rank correlations were performed on various variables to check for bivariate correlations between the demographic parameters and the various aspects of the knowledge of the residents on awareness of the disease at P≤ 0.05.

Findings
The study revealed that knowledge about the cause, transmission and prevention of schistosomiasis among the rural population in Karii locality was adequate and well known with 95% of the sampled population being aware of disease, many of whom have heard about it from a health worker (73%). There was a positive correlation between occupation and activities leading to infection whereas there was no correlation between the education level and knowledge of disease prevention. Ultimately the challenge is that with a high awareness level there was still a persistent high prevalence that can be attributed to occupation, education level and the activities leading to reinfection. This opens a gap between awareness of parents and actual health status and education to their children. The community is therefore continuously exposed despite efforts being made.

Keywords Schistosomiasis, community, control