BARRIERS TO EFFECTIVE TRACHOMA CONTROL AMONG CHILDREN AGED 1-9 YEARS OLD IN MAGADI DIVISION, KAJIADO COUNTY, KENYA.

BY

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DECLARATION

This proposal is my original work and has not been presented for a degree in any other university.

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OPERATIONAL DEFINITIONS

Manyatta – is a number of households that exist in one compound and comprise of people related to each other.

Household - A household is defined as a person or a group of persons, related or unrelated, who live together and who share a common source of food.

Trachoma - A contagious disease of the conjunctiva and cornea caused by the bacteria Chlamydia trachomatis and characterized by granules of inflammatory tissue. It is a major cause of blindness in Asia and Africa.

Active Trachoma – Includes both trachoma inflammation follicular (TF) and trachomatous inflammation intense (TI) grades of trachoma

Blinding Trachoma - Includes trachomatous scarring (TS), trachomatous trichiasis (TT) and corneal opacity (CO) grades of trachoma

Trachomatous inflammation follicular (TF) – Is the presence of five or more follicles in the upper tarsal conjunctiva of at least 0.5 mm.

Trachomatous Inflammation Intense (TI) – Is pronounced inflammatory thickening of the tarsal conjunctiva that obscures more than half of the normal deep tarsal vessels.

Trachomatous scarring (TS) - Presence of scarring in the tarsal conjunctiva.

Trachomatous trichiasis (TT) – At least one eyelash rubs on the eyeball or there is evidence of recent removal of in-turned eyelashes.

SAFE - Is a strategy developed to eliminate blindness caused by Trachoma through doing surgery, antibiotic treatment, facial cleanliness and improving the environment.

Leaky Tin – Containers (12-20litres) that conserve scarce water and are precisely for face washing and hands to prevent contamination of trachoma infection.
ABSTRACT

Trachoma is caused by Chlamydia trachomatis, a bacterium transmitted by direct spread of infected ocular material from one person to another. The spread of trachoma is by flies (Musca sorbens), fingers and formites. The environmental risk factors that facilitate transmission include dry environment, dirty home environment and discharge (on face, eyes, nose & ears) from the infected individual. Trachoma is a disease of poverty particularly affecting children and their mothers. This disease remains the principal cause of preventable blindness globally. With the establishment of the Global Elimination of Blinding Trachoma by 2020 (GET 2020) goal, the World Health Organization (WHO) has set an ambitious target for country programs. SAFE strategy which is currently recommended and stands for; surgery for trichiasis, antibiotics for active disease, facial cleanliness, and environmental change to reduce transmission targets all key elements believed to be necessary for a short- and long-term intervention program. Even with those things on the ground, the prevalence of trachoma is still high. The study’s general objective will be to determine the barriers to effective trachoma control among children aged 1-9 years. The Specific objectives will be to determine socio cultural barriers to latrine coverage and usage in Kajiado County, to explore hygiene practices among caregivers to children 1-9 years old in Kajiado and to determine access and utilization of water by households in Kajiado County. In order to conduct this study, a descriptive cross-sectional study will be conducted. Therefore, 310 children who meet the study criteria will be randomly sampled for study but their mothers or guardians will be the reference persons. Kajiado County is selected because the prevalence rates for infectious and blinding trachoma are 28.1% and 3.3% respectively and WHO defines trachoma as a district wide public health problem when the active infection and blinding trachoma are 10% and 1% respectively. Kajiado County will be sampled using multi stage cluster sampling; sub-location will be the cluster. Sample size will be distributed among the clusters. Data will be collected using interviewer administered questionnaire, FGDs and IDIs. Quantitative data will be managed using SPSS version 20 which will be triangulated using qualitative data. Qualitative data will be in vivo coded for thematic mentioned. Data will be analyzed for relationships and exploratory constructs. The study results will be used to by the Ministry of health, AMREF, ICTC and key health sector partners in designing of interventions in the prevention and control of trachoma to strengthen guidance for health policy formulation and emphasize on all the key components of the SAFE strategy.