

Knowledge, Attitude and Perception of Human African Trypanosomiasis in Lui Hospital,  
Western Equatoria State of Southern Sudan

Richard Lino Loro Lako

A thesis submitted in partial fulfillment for the Degree of Master of Science in Applied  
Epidemiology in the Jomo Kenyatta University of Agriculture and Technology

2009

## ABSTRACT

Human African Trypanosomiasis (HAT) or sleeping sickness is an endemic disease in Southern Sudan including the three States namely; Central, Eastern and Western Equatoria. The aim of this study was to determine the knowledge, attitude and perception about early detection and diagnosis of sleeping sickness in Mundri East County. A formal survey with a component of unmatched case- control study was conducted and a total of 108 participants recruited for the study. The findings reveals that majority of cases were resident in a rural area with (OR = 2.96; P value = 0.00358).

The mean ages of cases was  $25.5 \pm 5$  yrs and were younger than those without disease and majority were males. There was a significant difference in knowledge on signs and symptoms of HAT disease among cases than those without the disease. Similar significant differences on knowledge on disease, transmission mode, and the causes of disease diagnosis and disease management were evident between cases and controls with cases being knowledgeable on the disease more than controls. Fifty two percent of cases and 75% of controls however, were not aware of mother to child transmission capacity of the disease ( $\chi^2 = 5.46$ ;  $P \leq 0.0001$ ). on the source of disease information, majority of both cases (66.7%) and controls (87%) got information about the disease presentation and transmission through public community meetings rather than health care provider (OR= 3.36; P value < 0.05).

Over a third of the participants (35%) had the belief that the disease is due to witchcraft and another 56% incriminated mosquitoes in transmission of the disease. The study participants also had different perception of the disease. Over 80% of cases and controls viewed that the disease not as a health risk in the Mundri County. Analysis from several variables for identification of

independent risk factors of the disease showed that fishing (OR= 2.75; P = 0.0061), hunting (OR= 2.71; P = 0.0086), herding (OR= 3.4; P = 0.0011) and fire wood collection (OR= 4.78; P < 0.0001) were significant in acquisition of the disease. Majority of the cases delayed in seeking appropriate medical attention for the condition. The mean diagnosis delay was  $10.5 \pm 2.5$  months before contact was made with health care provider. In conclusion, there was significant difference in knowledge about disease, transmission mode and vector (tsetse flies). Younger male rural base subjects engaged in outdoor activities were more affected with HAT. Majority of cases were diagnosed at the late stage of the disease. Community health notices or campaign was the major source of information about the disease. Therefore to improve the knowledge on disease the findings of this study indicated more community involvement is needed to reduce the risk of infection.