MYTHS AND PERCEPTIONS ON DIARRHOEA AND USE OF ORS/ZINC AMONG MOTHERS/ CAREGIVERS OF UNDER FIVE YEARS OLD CHILDREN AMONG A NOMADIC COMMUNITY IN KENYA
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ABSTRACT
Background: Diarrhoeal disease is the second leading cause of death in children aged below five years in Kenya. Community and individual myths, perceptions and attitudes toward diarrhoea do influence the decisions and practices in the prevention and management of the disease and this poster explores these myths and perceptions in a nomadic Maasai community in Kenya. Methods: Qualitative data was collected from 42 key informants and 12 focus group discussions comprising caregivers of children under 5 years of age. The transcriptions were entered and analyzed using MAXQDA version 11 qualitative analysis program. Results: The reported myths and perceptions were grouped into three dominant themes: causes, prevention, and treatment of diarrhoea. The community believes teething, breast feeding while pregnant, and having too much sex while breast feeding causes diarrhoea. The use of special herbs was believed to be better for preventing and treating diarrhoea than the modern drugs. Conclusion: Myths and perceptions capable of compromising diarrhoea management in this community exist and must be addressed.

BACKGROUND
• Diarrhoea disease is the second leading cause of death in children under five years old in Kenya (DHS, 2008-9).
• The Maasai are a nomadic population. The community largely lacks basic infrastructure including roads, making it hard for them to go to the hospital when sick. There are few health facilities that are far apart.
• Diarrhoea prevalence among children below five years at Narok South was documented at 20%. This prevalence is higher than the national average of 17% (DHS, 2008-9).
• Perceptions and attitudes towards diarrhoea among mothers/caregivers influence their decisions and practices in the prevention and management of their children’s diarrhoea.

METHODS
• A cross-sectional assessment of Knowledge, Attitudes and Practices (KAP) was carried out in May 2013 as part of a collaborative project between AMREF Health Africa, the Kenyan Ministry of Health, and the Micronutrient Initiative.
• This research offers qualitative baseline data to complement an ongoing cRCT study at Narok South Sub-county.
• 42 interviews with key informants including chiefs, laibons (traditional healers), village elders, religious leaders and teachers were conducted.
• 12 focus group discussions (FGD) with a total of 86 caregivers of children under 5 years of age were carried out.
• Transcripts were entered into MAXQDA version 11, a qualitative analysis programme.
• Data was analysed and coded for thematic areas of interest including myths, perceptions and experiences related to causation, prevention and treatment of diarrhoea.

METHODS

RESULTS
COMMUNITY PERCEPTIONS RELATED TO CAUSES OF DIARRHOEA
• Many community members felt that teething in babies causes diarrhoea. “The eruption of milk teeth is the main cause of diarrhoea among children here” explained an Assistant Chief and the perception was confirmed in all the FGDs.
• According to those interviewed, being pregnant and breast feeding at the same time causes diarrhoea. An FGD participant explained that “… when a woman is pregnant she should not be breast feeding the other child…”
• Caregivers believed that having too much sex while breast feeding is perceived to “… contaminate the baby’s milk resulting to diarrhoea”, as explained by an FGD participant.

COMMUNITY PERCEPTIONS RELATED TO DIARRHOEA TREATMENT
• There was a belief in the superiority of traditional therapies as a first step in diarrhoea management. “Children are given herbs mixed with milk cream to treat and prevent diarrhoea sickness … and it is only when this fails that a child is taken to a health facility” explained a mother in an FGD.
• According to a Laibon: “traditional herbs and a goat’s blood are used to treat diarrhoea in children while nausea is treated by eating fresh raw goat kidneys immediately after slaughter.”
• A healthcare practitioner estimated that “…90% of the community members give alcohol and bitter herbs to treat diarrhoea in children.”
• The community has no faith in the use of ORS for diarrhoea management. A nurse from a public health facility summed it up saying, “villagers have a low opinion of ORS as they do not consider it as a drug, they like drugs like the I.V. fluid.”

COMMUNITY PERCEPTIONS RELATED TO PREVENTION OF DIARRHOEA
• According to a health provider “…the community knows several herbal medicines including Ololoto, Sama- gururei, lemunaki which once given they believe to prevent childhood diarrhoea.” This was consistently confirmed during all the FGDs.
• Some mothers and caregivers also believe that use of deworming tablets prevents diarrhoea in children.

CONCLUSIONS
The Maasai community involved in this study holds strong perceptions and myths on causes, prevention and management of diarrhoea, some of them present barriers to children getting access to life saving of zinc & ORS. Zinc & ORS interventions need to build upon local perceptions. Community based programmes which respond to and address the myths and perceptions regarding diarrhoea management among children are needed.

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OBJECTIVES
To identify the myths, perceptions and experiences among mothers/caregivers which may be barriers or enablers to diarrhoea management in children under five years old in a nomadic Maasai community in Kenya, with a broader aim to address identified barriers through an intervention.

CONCLUSIONS

ACKNOWLEDGEMENTS

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