

KNOWLEDGE, ATTITUDES AND PRACTICES OF FARMWORKERS REGARDING
SCHISTOSOMIASIS IN VUVHA COMMUNITY IN VHEMBE DISTRICT, LIMPOPO
PROVINCE, SOUTH AFRICA.

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ABSTRACT

Background

Schistosomiasis is an infection caused by an intravascular trematode. It is associated with agriculture and water development schemes especially in poor communities in sub-Saharan Africa where people live in conditions that favour transmission of the disease. There are significant economic and public health consequences resulting from the spread of the disease within communities whose health systems face difficulties in providing basic care at the primary health level.

Methodology

The study was quantitative in approach using a cross sectional design. There were 204 farmworkers who participated in the study and data was collected using a self-administered questionnaire. With the help of 3 research assistants, data was collected on the farm and analyzed using SPSS version 20. Interpretation of data was done using frequency tables and charts while X^2 -test was used to compare variables.

Results

The present study involved 204 participants between 20 and 60 years old, the mean age was 33.4 years (SD=9.6). The majority (84.3%) of the participants were knowledgeable about the cause of the disease as well as the mode of transmission (90.2%) but less than half had high knowledge about the common symptoms of the disease. Sixty eight (33.4%) participants disagreed that schistosomiasis is a problem of concern in the community. The majority (77.9%) agreed that it was abnormal to pass blood in urine, while 85.8% agreed that seeking medical help is the right thing to do when there are signs of schistosomiasis. Fifty five participants (27.0%) reported ever passing blood in their urine, among these, 43 (78.2%) consulted a doctor, 6 (10.9%) consulted a traditional healer and 6 (10.9%) did nothing. Fifty two (26.0%) participants reported having been treated for schistosomiasis and among these, 32 (15.7%) have been treated once, 16 (7.8%) have been treated twice and 4 (2.0%) have been treated more than twice.

Conclusion

Although South Africa is not a high point for schistosomiasis infection but pockets of the disease still exist in parts of the country especially in the North Eastern parts where the