



ADDRESSING PNEUMONIA MISCONCEPTIONS AND PREVENTION IN CHILDREN UNDER FIVE IN KARAGITA, KENYA.



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-BACKGROUND-

- Pneumonia kills more children than any other infectious disease. TWO Children every ONE minute
- 40% of these deaths occur in only five countries – including Kenya
- Rates have doubled in Naivasha county over the last 5 years (figure 1).

A large percentage of cases admitted to Naivasha Community District Hospital (NCDH) came from the Karigita community. Current research reports the changing nature of pneumonia to predominantly viral causes in response to effective bacterial vaccination and lack of attention placed on primary prevention.

-PURPOSE-

Medical Officers, public health workers, and community members all equally expressed a need to address more preventative methods, including misconceptions, in lieu of the current curative focus in an effort to decrease pneumonia rates in children under five.

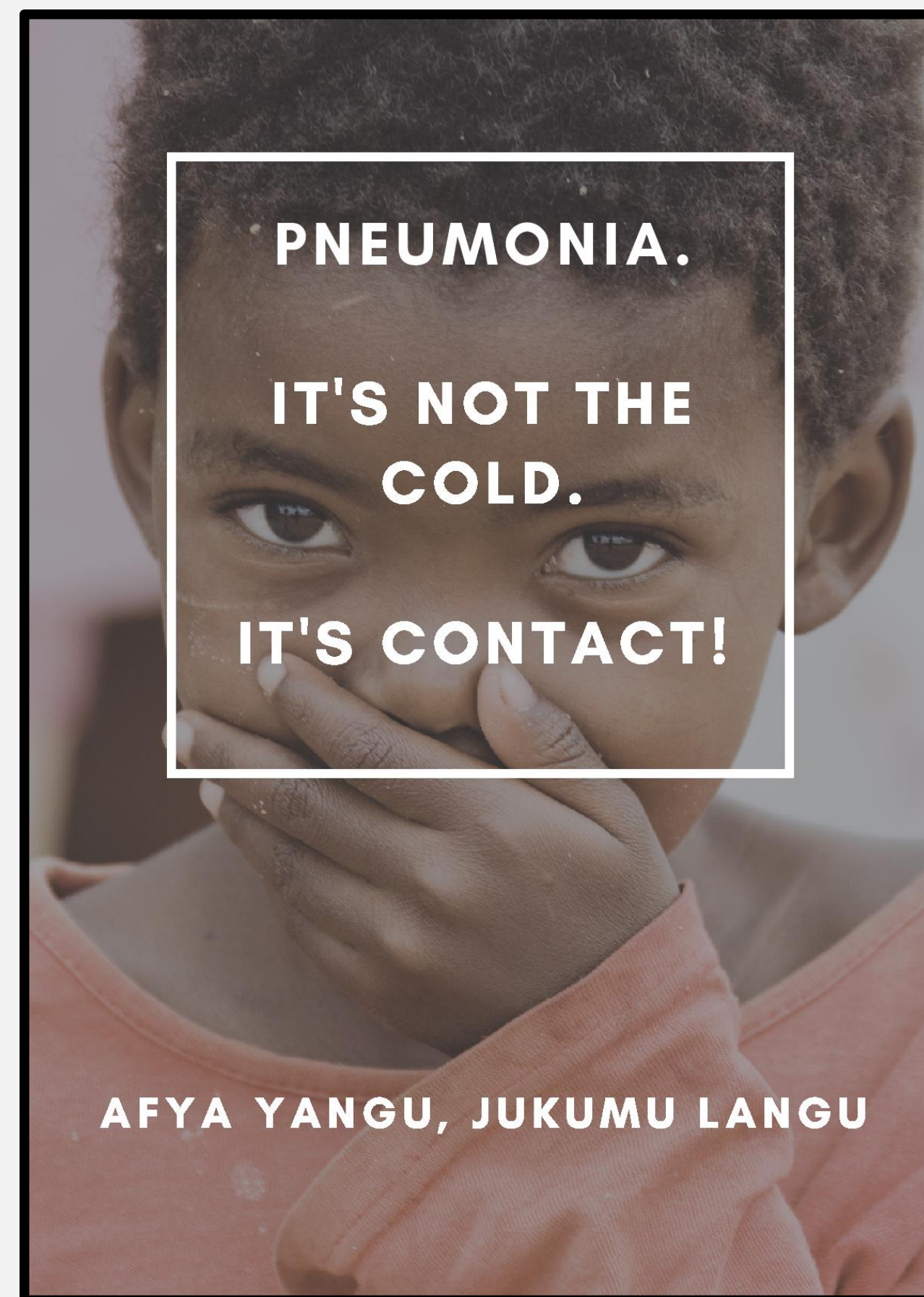


Figure 2: Awareness Poster created for CHVs to address public misconception that cold weather is causing pneumonia. Afya Yangu, Jakumu Langu (My health, My responsibility)

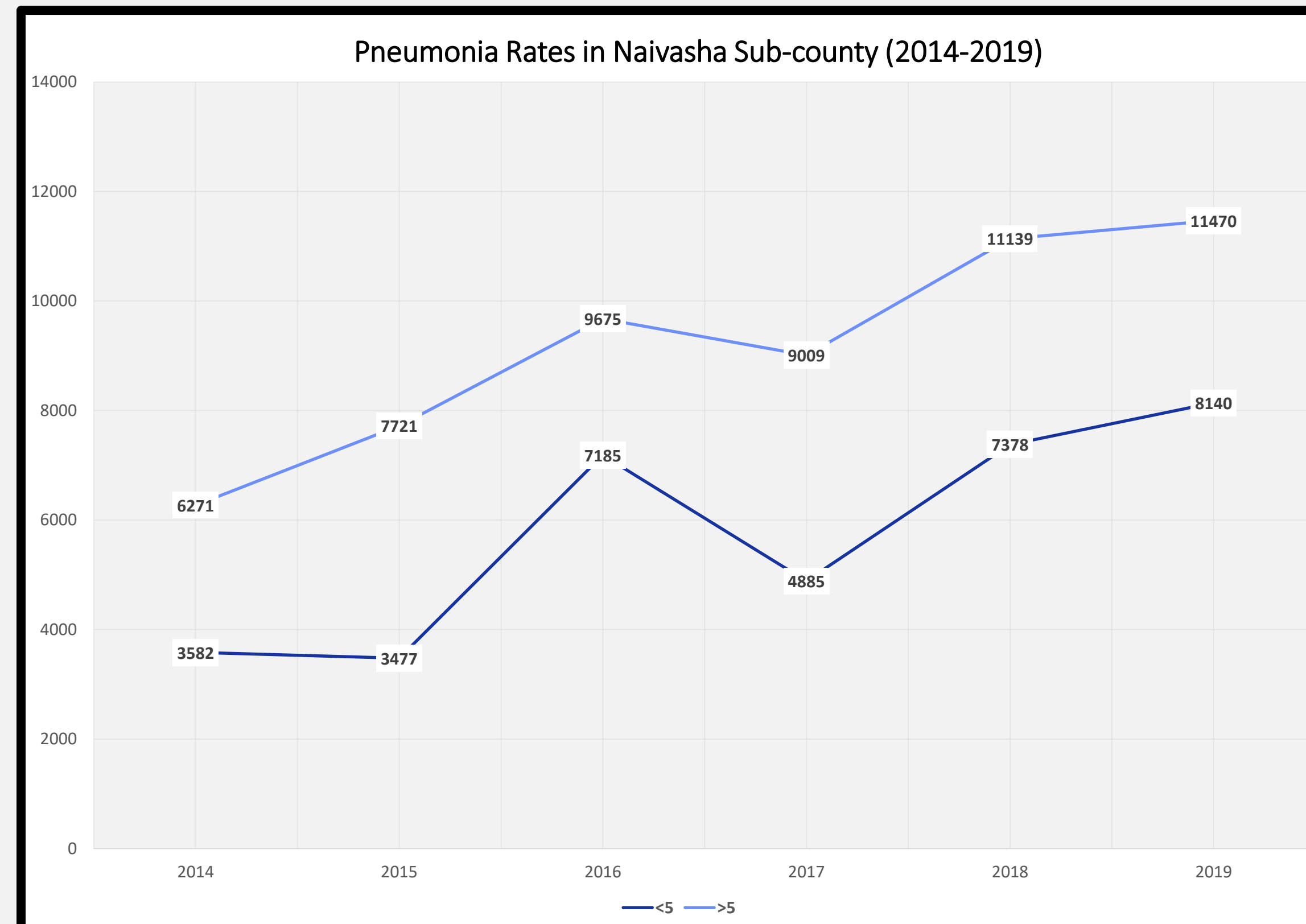


Figure 1: Pneumonia rates for age categories >5 and <5 by Naivasha sub-county Public Health. Note: pneumonia rates for 2019 are extrapolated from reported 2019 (Jan – June), considering rates in previous years and pneumonia spikes during the cold season.

-METHODS-

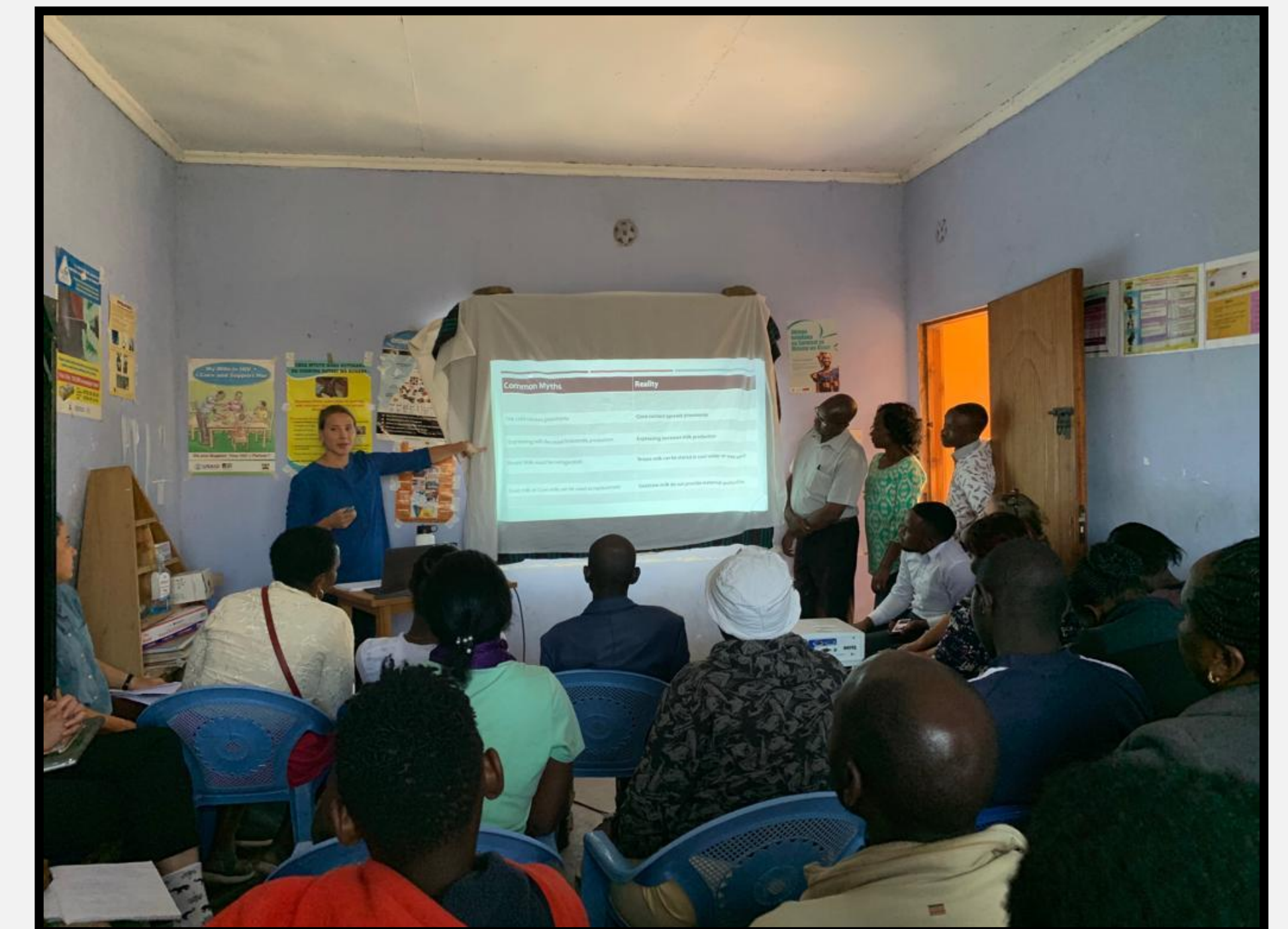
Building on ongoing local research, public health projects, and based on Kenyan and international guidelines, a training was developed to cover pneumonia-related misconceptions and preventative methods. Ongoing public health interventions already address immunization, indoor pollution, and hygiene to prevent diarrheal diseases, so emphasis was placed on:

- Incorporating cough hygiene
- Addressing misconceptions about pneumonia
- Educating about prompt care-seeking
- Avoiding antibiotic misuse
- Promoting exclusive breastfeeding for 6 months.

Thirty CHVs participated in a 1-hour educational session with facilitated discussion and pre/post knowledge-based assessments. A two-month public health follow up and data tracking of pneumonia cases will be used to assess the quality of the training and its impact on pneumonia rates.

-RESULTS-

- The pre to post-test knowledge assessment score increased from 4/30 to 29/30 for an overall increase of over 80%.
- Continued education on pneumonia prevention is ongoing within Karigita and neighboring communities as a direct result of a successful educational session.
- A digital media for more efficient sharing, storage and access, already utilized by the NCDH, was a suggested and readily accepted alternative to printed educational material (Figure 2).
- Integrating concepts derived from ongoing local projects and research resulted in future collaboration; a workshop addressing 6-month exclusive breastfeeding and misconceptions surrounding manual expression is being constructed based on expressed community concerns.



-CONCLUSION-

Participating CHVs benefited from an increase in knowledge base and were actively engaged in discussions to address methods of sensitizing the community and implementing change in cultural practices. The session's engaging atmosphere generated opportunities to collaborate and integrate with related projects and set-up additional workshops addressing community needs.

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