

Barriers to controlling schistosomiasis at the Ugandan lakes: a qualitative study identifying underlying reasons with regards to knowledge, practices and availability of effective control measures

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Uganda's challenges in eliminating schistosomiasis

Schistosomiasis is a disease caused by parasitic flatworms causing rash, fever, respiratory symptoms, vomiting, diarrhoea, stomach-ache, and bloody urine. Severe long-term consequences include malnutrition, chronic anaemia, infertility, and liver and kidney damage, impaired neurological and cognitive functioning in children, as well as educational, learning and memory deficits. Schistosomiasis transmission often occurs in areas near freshwater bodies, such as a lake, where snails serve as intermediate hosts for the parasite responsible for the disease. WHO's schistosomiasis strategy entails preventive chemotherapy with praziquantel for at-risk populations, access to clean drinking water, improved sanitation, hygiene education, environmental management, and snail control.

Objective

To identify and link the reasons for the persistently high prevalence of schistosomiasis in the lake regions of Uganda.

25.6 %
of Ugandans
are infected
with
schistosomes

36.1%
among the 2-4
years age group
(Exum et al., 2019)

Data collection and analysis

- Data collection in Bugiri district at Lake Victoria and Hoima district at Lake Albert, Uganda in June 2022
- 61 key Informant interviews: parents, community leaders, community health volunteers, health professionals, district health authorities
- Focus group discussions: parents (4), community health volunteers (2)
- Observations
- Thematic analysis with MAXQDA

Findings

Lack of knowledge about prevention and transmission despite high awareness of the disease

- High awareness of the disease
- Medium knowledge about disease signs and symptoms
- Rather low knowledge on transmission and prevention
- The drug praziquantel is known but some individuals think that it is protective like a vaccination, entering the lake feeling protected.

Practices putting individuals at risk and contributing to disease transmission

Related to contact with lake water

- High risk groups: fishermen and children
- Risky practices can not only be related to knowledge or to an individual's decision of "taking the risk" – often individuals do not have an alternative option (e.g. no alternative water source)

Related to open defecation

- Open defecation is common: fishermen and children are said to do so regularly at the lake shores
- Low coverage of latrines and partly amateurishly built latrines, especially in Hoima with its fast-changing, nomadic population including a high influx of refugees from DRC with low resources

Lacking availability of effective control measures

Health education: scarcity of accurate information sources

- High level of illiteracy thus reading material cannot be used
- Limited access to radio and TV due to remoteness and no access to the electricity grid in Hoima villages
- Dependency on oral information provided by community health volunteers in remote regions, but their schistosomiasis knowledge is low
- Often, language is a barrier to receiving and understanding information

Access to the drug against schistosomiasis

- Praziquantel largely unavailable at public health centres
- Individuals can receive the drug during MDAs once or twice a year, but the information flow especially about side effects is not always given.

Recommendations to the Ministry of Health's schistosomiasis control strategy

- To invest in water and sanitation infrastructure
- To improve the communication flow to the communities by providing visuals and translators at health centres
- To offer training on schistosomiasis to community health volunteers
- To improve access to appropriate medication

Contact us to discuss our results, receive information on newest insights or to collaborate with our social science team:
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