WOLKITE UNIVERSITY COLLEGE OF MEDICINE AND HEALTH SCIENCE DEPARETEMENT OF PUBLIC HEALTH

KNOWLEDGE, ATITUDE AND PRACTICEOFPARENTS TOWARDS UNDER FIVES`TRACHOMA PREVENTION AND ASSOCIATED FACTORS AMONG HOUSE HOLDS IN GUNCHIRE TOWN, GURAGE ZONE, SNNPR, ETHIOPIA, 2022A COMMUNITY BASED CROSS SECTIONAL STUDY

BY: 1. MUZEMIL MAZOYA

2. MESFIN ALEMU

3.EYOBMESERET

A RESEARCH REPORT SUBMITED TO WOLKITE UNIVERSITYOLLEGE OF MEDICINE AND HEALTH SCIENCE DEPARETEMENT OFPUBLIC HEALTHFOR THE PARTIAL FULLFILLEMENT OF BACHELOR OF SCIENCE IN PUBLIC HEALTH OFFICER (BSC PHO)

JUNE, 2022

WOLKITE, ETHIOPIA

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BY: 1. MUZEMIL MAZOYA

2. MESFIN ALEMU

3. EYOB MESERET

Advisors

1. ANTENEH KASSA (BSC. MPH IN EPIDEMIOLOGY)
2. JEMAL BEDEWI (BSC. MPH IN ENVIRONMENTAL HEALTH)

JUNE, 2022

WOLLKITE, ETHIOPIA

Declaration

We the undersigned proclaim that this research report is our exclusive work that hasn't proffered in this or other university, and all literature and/or article cited as a reference have been acknowledged.

	NAME	signature	date
1.	Muzemil Mazoya	----------	----------
2.	Mesfin Alemu	----------	----------
3.	Eyob Meseret	----------	----------

Name of institution: Wolkite University College of medicine and health Science

Date of submission: 1 3/10/2014 E.C

We have approved to submit this research proposal through our advisor.

	Name of advisor	signature	date
1	Jemal Bedewi	----------	----------
2.	Anteneh Kassa	----------	----------

Acknowledgements

Our profound thank to Wolkite University College of medicine and health science department of public health for giving the opportunity to conduct this study. We are also delight to thank our advisor's Mr, Jemal B. and Mr, Anteneh K. with whom we have a great luxury of working. In addition, we would like to express our oodles gratitude for participant, since this research report could not have been written without the genius assistance of these countless individuals who shared their knowledge and experience.

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Abbreviations and acronyms

HH	**Households**
KAP	Knowledge Attitude Practice
SNNPR	South Nation Nationality Peoples Region
SRS	Simple Random Sampling
SPSS	Stastical program for social science
UNICEF	United Nations International Children's Fund
WHO	World Health Organization
NTD	Neglected Tropical Disease
DALYs	lifetime disability-adjusted life years
HEW	Health Extension Workers
SAFE	Surgery, Antibiotic, Face cleanness, Environmental cleanness
IEC	Information Education Communication
US$	United states Dollar
CI	Confidence Interval
AOR	Adjusted Odds Ratio
EDHS	Ethiopia Demographic Health Survey

Abstract

Background: Trachoma is caused by Chlamydia trachomatis, a bacterium transmitted by direct spread of infected ocular material from one person to another. Despite of effective implementation with collaboration of (ORBIS international), in Gunchire town,especially by mass antibiotic administration program for last 9 year, it has still remain high prevalence 13.8% of active trachoma among under five children.In this area there is no published research on this and related topic which describes the recent status of parents knowledge, attitude, practice towards trachoma prevention mechanism and among under five children.

Objectives: To assess knowledge, attitude and associated factors of parents towards under-fives' trachoma prevention mechanism among households in Gunchire town, Gurage zone, South west Ethiopia, 2022.

Methods: A community based cross-sectional study design was conducted I Gunchire town from May 12 to June 7 2022 among 384 households selected by systematic random sampling method. The data were collected by face-to-face interview and observation by using semi-structured questionnaire. The data were cleaned, coded and analyzed using SPSS version 21. All variables with *P*-value less than 0.25 during bivariable binary analysis were entered into a multivariable logistic regression model. The results of the study were summarized frequency, proportion, and mean, median and presented by text, table, and graphs. The results of significant variables were presented using odds ratio with their 95% CI and *P*-value <0.05.

Result: Out of 384 samples, all of them participated in the study making response rate of 100%. In this study, 218(56.3%) of respondent were knowledgeable and about half (50.1%) of participants had favorable attitude while 121(31.3%) of participants had good trachoma prevention practice. Educational status (higher education) (AOR (1.493) (95 CI: 1.377-1.644)), being government employee (AOR (2.641) (95 CI: 2.022-3.450)), access to health education by health person worker (AOR 4.017 (95 CI: 3.008-5.038)), participants visited by HEW (AOR10.7 (95 CI: 4.7-24.2)) were significantly associated with knowledge status of participants at $p < 0.05$).

Conclusion and recommendation: This study revealed as an overall knowledge and attitude was good in the study participant and their practice was poor. So, the zonal health department and woreda health office should design culturally sensitive communication and behavioural change strategy that focus on improvement of knowledge, attitude and, especially practice by continuous recognition and evaluation.

1. INTRODUCTION

1.1 Backgrounds

Trachoma is an infection of the eyes caused by bacterium *chlamydia trachomatis* that results in blindness after repeated infections. Disease transmission occurs primarily between children and the women who care for them. Trachoma is caused by a contagious bacterial infection of the eye spread from person to person through contact with contaminated hands, clothing and eye- seeking flies.(1)Trachoma is a disease of poverty particularly affecting children and their mothers. This disease remains the principal cause of preventable blindness globally.(2)The environmental risk factors that facilitate transmission include dry environment, dirty home environment and discharge (on face, eyes, nose & ears) from the infected individual.(2) Trachoma, the leading cause of preventable blindness worldwide, continues to be hyper endemic in many of the poorest and most remote areas of Africa including Ethiopia, Asia, Australia, and the Middle East.(3)It should be noted that with improved living conditions and standards of hygiene in some countries, for example in Europe and Taiwan, trachoma has largely been eradicated. In some severely affected areas, trachoma can be the most common cause of blindness.(4) Approximately 80% of blindness in Ethiopia is believed to be avoidable i.e., either preventable or curable and majorly affecting children aged less than five years of old. Flies that transmit trachoma preferentially lay their eggs on human faeces lying exposed on soil .(5)

In Ethiopia, Active Trachoma and trachoma trichiasis are concentrated in the regions of the country with high population density, namely the Amhara, Oromia, and SNNP regional states. The prevalence of trachoma is three to four folds in rural residents and among females. The current prevalence of trachoma-related blindness (10.3%) in the rural Ethiopia is high .(6) Earlier anthropological and epidemiological suggest trachoma prevalence would decrease if children had their faces washed with soap and water at least once each day. Active trachoma is largely a disease of children, yet its squealed is mainly seen in adults(7). Poor sanitation, crowded living conditions, and insufficient clean water, toilets and availability of flies can also increase the spread of trachoma.(8)

The World Health Organization (WHO) and their partners endorse the surgery, antibiotics, facial cleanliness, and environmental improvement (SAFE) strategy for trachoma control. Parents who were aware of trachoma did not know well about causes and symptoms, bad effect. Eye disease can be prevented by washing children’s faces with soap and water at least once each day. It reduced by always using latrines or burying human faeces. Eye disease can be reduced by burning or burying refuse such as food scraps and peelings from fruits and vegetables. A dirty towel can carry infection from one child’s eyes to the eyes of another child. Anything that touches eyes, including hands, can spread eye infections. Prevention of trachoma-related blindness requires a number of interventions(9).

1.2. Statement of the problem

Trachoma is an infectious eye disease.Nearly 10% of the world's population is at risk of blindness from trachoma, the world's leading cause of preventable blindness. Globally, 1.2 billion people live in trachoma endemic areas, 40.6 million people are suffering from active trachoma, and 48.5% of the global burden of active trachoma is distributed in five sub Saharan countries including Ethiopia.(10)Overall, Africa is the most badly affected continent with 18.2 million cases of active trachoma (85.3% of all cases globally) and 3.2 million cases of trichiasis (44.1% of all cases globally) occurring in 29 of the 46 countries in WHO's African Region. Based on June 2021 data, Globally 136 million people live in trachoma endemic areas and are at risk of trachoma blindness .Trachoma is responsible for the blindness or visual impairment of about 1.9 million people . It causes about 1.4% of all blindness worldwide. According to the WHO weekly epidemiological record 2019, 142.2 million people live in trachoma endemic areas and 2.5 million people require urgent surgery to trachomatous trichiasis, the late stage of blinding trachoma.(11)In a WHO report (2013), the annual economic cost of trachoma in terms of lost productivity is estimated to be between US$ 2.9 billion and US$ 5.3 billion, increasing to US$ 8 billion when trichiasis is included. The prevalent cases of visual loss are responsible for 39 million lifetime disability-adjusted life years (DALYs). Ethiopia has the highest number of cases (10.2 million) followed by Republic of South Sudan (3.6 million) and Tanzania, Kenya, and Niger (about two million each) and 1.3 million people 15 years and older have trachoma trichiasis and trachoma-related blindness were (10.3%).(6).WHO adopted the SAFE strategy in 1993.(6)The NTD road map 2021–2030, endorsed by the World Health Assembly in 2020 through its decision , sets 2030 as the new target date for global elimination.The intensive effort of the Global Elimination of Trachoma of 2020 (GET 2020) has successfully reduced the global burden of active trachoma from 84 million cases in 2003 to 21.4 million cases in 2012 .(12)Although the national efforts currently ,to combat trachoma, has endorsed SAFE strategy ,but the prevalence active trachoma among 1- 9year age children were 26.9% and it remain still a public health burden.(13) This the SAFE strategy is strongly influenced by institutional factors and traditional practices in the community such as Ethiopia(14).Despite of the scale-up of different interventions particularly SAFE strategy were implemented in Gurage zone ,Enemor and ener woreda include Gunchire town, since started from 2013 with collaboration of (ORBIS international),by mass antibiotic administration and trachoma trichiasis surgical management program for last 10years the prevalence of active trachoma were still greater than 10.3% (15).There is no published or well organized recent data on this study area about the parent's knowledge attitude and practice to ward under five children trachoma prevention up to our search.We hypothesized that the disease is still a public health problem because of inadequate knowledge and attitude toward trachoma prevention and control measures Therefore, our aim is to assess parent's knowledge, attitude, and practice towards trachoma prevention mechanism and associated factors among under five children this area.

1.3 significance of the study

There is no well-studied scientific data used to measure KAP of parents toward under five trachoma prevention mechanism in this study area. We have explored and search the relation between these different stages of behavioral change and communication process such as knowledge attitude practice of parents and associated factors. Therefore, this study was having the following significance;

For policy makers:

- ✓ This study were explored and assessed the way and effectiveness health education program, SAFE strategy intervention and other possible factors that were significantly associated with parents KAP toward trachoma prevention.

For the community

- ✓ To provide useful information particularly for the study communities
- ✓ To provide concrete information about trachoma transmission mechanism and proper prevention mechanism
- ✓ For providing mitigation measures regarding to the knowledge, attitudes and practice of parents towards trachoma prevention mechanism.

For the researchers

- ✓ This research might be serves as a reference to other researches to be conducted.

For NGOs and for local health authorities

- ✓ From this research many collaborating governmental and non-governmental organization especially zonal health department, woreda health offices ,related health facility managers and non-governmental organization beneficiaries by using valid and accurate information used to design other alternative strategy to full fill the gap identified on knowledge ,attitude and practice of parents in mechanism of prevention of trachoma among under fives children

2. LITERATURE REVIEW

2.1 Overall prevalence of active trachoma and associated factors

Trachoma is probably the third most common cause of blindness worldwide, after cataract and glaucoma.(16).Trachoma has now disappeared from developed countries (with the exception of Aboriginal communities in outback Australia(17) probably as a result of general improvements in living and hygiene standards. Trachoma Survey conducted in Andaman & Nicobar Island, India were the prevalence of active trachoma infection (TF&TI)in children aged 1-9 years 6.8% (95% CI 5.1 - 8.5)and trichiasis (TT) in poplulation 10 years and above 3.9%.(18)Study conducted in various Africa countries shows the prevalence of active trachoma were in Senegal (2.5%)(19),Nigeria (0.04–19%)(20), Kenya (18.7%) (21)According to a systematic review and meta-analysis study conducted on 2019 the prevalence of active trachoma among children in Ethiopia was 26.9%, which is higher than WHO target for elimination (< 5%) in an evaluation unit of a country. The subgroup analysis of this study also showed that the prevalence of active trachoma among children significantly varies across regions of Ethiopia.(22)The prevalence was higher in children living in SNNP (37.7%) and Amhara (30.2%) regions as compared to other regions of the country.(22) The survey conducted in Somali regional state for prevalence and risk factor for trachoma transmission among children result shows that, the regional prevalence of TF among children aged between 1-9 years old in the region were 13.2%. However, the regional prevalence of TF varies in different evaluation unit .(23)The study conducted in areka town 37.9% of children aged 1–9 years have active trachoma (95% CI: 34%–42%).(10)According to survey in Gurage zone (ORBIS international), baseline survey and impact survey at the baseline survey were high in enamor and ener woreda with active trachoma 20.8% and high trachomatus trichiasis 7.8% followed by cheha woreda active trachoma 11.9% and trachomatus trichiasis 3.14 % at baseline survey. Whereas recent impact survey shown slight decrease in cheha after three round mass anti biotic administration active trachoma to 10.9%,but increase in trachomatus trichiasis 3.36% .In other hand to use for comparison purpose non orbis district at the baseline survey in mareko woreda very high for active trachoma 62.4% and trachomatus trichiasis were 3.4% ,whereas in impact survey drastically decrease to active trachoma 12.4% and trachomatus trichiasis 1.1% this result create major questions not answered that need analytical study even if without mass antibiotic administration in this woreda drastically decrease in both trachoma case, in contrast to this whereas in enemor and ener woreda impactsurvey done 2020 active trachoma 13.8% and trachomatus trichiasis 3.48% after 8 rounds of antibiotic administration.(15)

2.2 The knowledge of parents toward child's trachoma prevention

The study conducted in Tigray regional state most 89.2 of respondent have ever heard about trachoma .above half 54.6% of respondents knew that trachoma can transmitted from one person to other person and answered correctly that trachoma can be transmitted by dirty fingers (53. 1%) ,flies(35. 6%) , and by

using contaminated towel(24. 7%) .The majority, (84. 5%) , of respondents knew trachoma as a preventable disease ,and (83%) of respondent knew that trachoma can lead to blindness .(51%) of respondents were scored above the mean score and classified as having good knowledge on trachoma .(13)The study conducted in ArbaMinch Zuria district, Gamo Zone, Southern Ethiopia shows that All of the respondents heard about trachoma. Less than one forth (23.2%) of the study subjects had adequate knowledge towards trachoma. On the other hand, (30.1%) of the respondents were unsure that trichiasis patients may loss vision if not operated. (24)(76.8%) had inadequate knowledge toward trachoma infection.(12, 25)

2.3 Attitude of parents towards child's trachoma prevention

The study conducted in tigray regional state most (95.4%) ,of participants agreed availability of adequate water is important for trachoma prevention, and (86.1%) of respondents believed taking mass drug administration is important to prevent and control trachoma .Over all ,(49. 5%) of respondents were classified as having good attitudes on trachoma prevention and control (13).The study conducted in Arba Minch Zuria district, Gamo Zone ,Southern Ethiopia One hundred forty eight(18. 6%) strongly agreed that trachoma can be transmitted through gene.(24)According to some published research on KAP of parents on trachoma prevention of those under-fives had both good and bad (negative) attitude and behavior in taking care of their children. However, there were a lot of observed children with dirty face, hands and clothes particularly children under-fives. (26)Research on KAP of parents towards trachoma prevention mechanism revealed that, answers to question "what do you do when a member in your family is affected by trachoma" reveal that 80.8% of respondents would take their relative to health facilities;16.8% of respondents would buy drugs to treat the disease themselves. 0.3% of respondents would do nothing and other treatments (2.1%). Despite poor knowledge on Trachoma most of parents had the right attitude toward the disease. However, parents of under fives in such districts such as tam duong (47.9%), locninh (25.3%), Ninhhai (25.5%) were answered they would treat the disease themselves or would do nothing in case their family member suffered from trachoma.In study conducted Oromia (30.7%) of parents had unfavorable attitude.(12, 25)

2.4 The practice of parents towards child's trachoma prevention

The study conducted in tigray regional state the majority ,(88. 1%) ,of respondents took mass drug administration, and (76. 8%) of households had separated human and animal dwellings .However , (37. 1%) were utilizing a latrine and (30. 4%) had clean house compounds .Out of the total, (35. 6%) of respondents were classified as having good practices towards trachoma prevention and control(13).

According to research published on the KAP of parents of under-fives trachoma revealed that, practice of the replies to question "do you have a face towel and a basin of your own" it was found that only 11.9% of households had private basins and 64.4% had private face towels .this reveals that parents ' practice is much lower than knowledge, especially practice of using separate basin 50% of parents said they did not have private face towel or a basin because of their habits. Parents still did not know the benefits of using the private basin and face towel (25.3%-20.3%).(26)The study conducted in Tigray regional state Overall level of good knowledge, attitudes, and practices on trachoma was 51%, 49.5% and35.6%,respectively. (13) study in India new Delhi the Prevalence of unclean faces 5.2 %.(18)

Environmental and sanitation factors

A study from central Ethiopia has demonstrated that water access and sanitation status directly or indirectly affects the magnitude of active trachoma. (13) Another study in southern Ethiopia also reported that living in low and mid altitude and farther away from water source is a risk factor for active trachoma. The density of 'eye seeking' flies is also high in areas where the prevalence of active trachoma is very high; the fly density is also highest in the lower altitudes.(14) According to EDHS 2016 The availability and accessibility of the safe and adequate water in Ethiopia is 65.2 percent similar study support this finding.(27)At national level, 62.7% of populations do not have access to safe water of urban population do not have access to adequate safe water 70.9%.According to 2016 EDHS six percent of households in Ethiopia use an improved and not shared toilet or latrine facility.(27) Another 9 percent of households (35 percent in urban areas and 2 percent in rural areas) use facilities that would be considered improved if they were not shared by two or more households. (27)Half of households in urban areas (50 percent) use an unimproved toilet facility, compared with more than 9 in 10 (94 percent) of households in rural areas The most common type of toilet facility in both urban and rural households is a pit latrine without a slab or open pit (41 percent in urban areas and 55 percent in rural areas).(27)At national level,71.1% of populations do not have access to excreta disposal, and in Gambella and 93.4% of urban population do not have access to excreta disposal respectively.(16)

2.5 Associated factors with parents Knowledge, Attitudes, and Practices towards Trachoma prevention and control

Factors like education, occupation, walking distance from home to clean water source and wealth index were significantly associated with knowledge status of the participants .(24)Another reason is lack of money (18.0-24.8%).reasons for not having private pillow were reported that parents did not find necessary (39.2%), parents did not have money to buy (21.4%) and parents did not have this habit (39.4%). So parents still did not understand the benefits of using private pillow.(24)Parents knowledge about symptoms, causes, bad effects and prevention of trachoma is poor, especially those in southern districts. The knowledge is closely involved with mothers' education and occupation. This target group should be taken into consideration in communication intervention. (24)The survey has been conducted in 13 UNICEF districts that locate mostly in mountainous areas. The living conditions are still very poor and mothers' education is low. Mothers live mainly on farming.(28)Unemployed mothers, housewives or mothers doing other work had poorer knowledge on trachoma than that of mothers who are working in state company or in small business .(26)

The odds of developing active trachoma parents with no schooling was close to 5 times higher than the odds among people with a primary or higher education (OR, 4.89; 95% CI; 3.90–6.11). Women had low treatment uptake (43.8%) compared to men (55.0%) (p=0.40). The main reason for less low treatment uptake was financial problem (49.2%) followed by poor knowledge about the treatment (35.6%). (9)

The study conducted in ArbaMinch Zuria district, Gamo Zone ,Southern EthiopiaIndividuals who had no formal education (AOR=0.365, 95%CI: 0.212–0.626) and primary education (AOR=0.58,95%CI: 0.35–0.962) were negatively associated with adequate knowledge towards trachoma infection. Being a farmer (AOR=0.063, 95%CI: 0.008–0.52), merchant (AOR=0.022, 95% CI: 0.003–0.194), student (AOR=0.026, 95%CI: 0.003–0.225) or housewife (AOR=0.03, 95%CI: 0.004–0.256) were negatively associated with adequate knowledge. Those study subjects whose wealth index were lowest (AOR=0.49, 95%CI: 0.27–0.878), second (AOR=0.38, 95%CI: 0.21–0.69) and middle (AOR=0.36, 95%CI: 0.199–0.658) percentiles negatively associated with adequate knowledge. A short distance to fetch water (AOR=2.53,95%CI: 1.18–5.415) was positively associated with adequate knowledge about trachoma infection.(24)

Environmental cleanliness (AOR=2.224, 95%CI: 1.518–3.257).Children with unclean faces were 5.5 more likely to have trachoma than those children whose faces were clean. Children who were not using soap while washing their face were 3.3 times more likely to suffer from trachoma than those children who were using soap during face washing.(13)

Based on the study conducted in Oromia region good Trachoma preventive practices were (51.5%). Residence (AOR= 1.8; p-0.01), household wealth (AOR= 1.8; p-0.01), mother trachoma preventive knowledge (AOR= 1.6; p-0.02) water getting frequency (AOR, = 0.6; p-0.01) and time taken to water point (AOR= 0.3; p-0.01) were factors significantly and independently associated to good preventive practice at p-0.05 in the study district. From socio-demographic factors, HH wealth level (p-v; 0.01) and household residence (p-v; 0.01), mother preventive knowledge and from water supply related variables, water getting frequent (p-v; 0.01) and time taken to water point (p-v; 0.01) were variables those found to be associated to the outcome variable of practice.(12) The study conducted in areka Households without latrine (AOR6.88; 95% CI: 2.13–22.18), openly disposing domestically produced waste (AOR4.62; 95% CI: 2.41–8.83), cooking in the same room (AOR5.13; 95% CI: 2.21–11.88), and using the cooking room without a window (AOR2.28; 95% CI: 1.11–4.69) were more likely to have their children develop active trachoma. Similarly, children with caretakers having inadequate knowledge about trachoma (AOR8.10; 95% CI: 2.04–32.17) were more likely to develop active trachoma. However, households consuming more than 20 liters of water per day were 82% (AOR0.18; 95% CI: 0.07–0.44) less likely to have their children develop active trachoma while compared to those consuming less than the figure.(10)Coverage of mass drug administration in 2012, 2011 and 2010 90.2%, 87.6% and 83.2% respectively Reduction in active trachoma infection 50.8% (2010) to 6.8% (2013)(18)

3. Conceptual framework

Figure 1; shows conceptual frame work to assess parents KAP toward trachoma prevention among under fives in Gunchire town, 2022

4. Objectives

General objectives

- To assess knowledge, attitude and associated factors of parents towards under-fives` trachoma prevention mechanismand among households in Gunchire town, Enemor and ener woreda, Gurage zone, South Ethiopia, 2022.

Specific objectives

- To assess the knowledge of parents towards under-fives` trachoma prevention mechanism in Gunchire town.
- To assess the attitude of parents towards under-fives` trachoma prevention mechanism in Gunchire town.
- To assess the practice of parents towards under-fives` trachoma prevention mechanism in Gunchire town
- To assess associated factors of KAP of parents towards under-fives` trachoma prevention mechanism in Gunchire town

5. Methods and Materials

5.1. study design and period

A community based cross-sectional study were employed from 10 th May to6th June 2022

4.2 Study area

The study was conducted in Gunchire town administration which is found in Enemor and ener woreda, Gurage zone, SNNPR, Ethiopia. It is located 196 km to the south east of Addis Ababa which is capital City of Ethiopia. It where found semi low land and woyna dega weather condition with an estimated population of 28312 and5778 households, and among these the total number of house hold who have under than five children is 901. In this town administration there are 2 urban Keble and two rural Kebele,1 primary Hospital and 1 Health Post three health extension worker provide health service with collaboration of woreda health office. In addition to these there are 3 trained integrated eye care worker and 1 secondary eye care unit with 2 ophthalmic nurse.(15)

4.3 Population

4.3.1 Source population

All resident of households found in Gunchire town were source population

4.3.2 Study population

All resident parents of households in Gunchire town who have under-fives child were study population.

4.3.3 Study unit

Parents in selected households with under five child

4.4. Inclusion and Exclusion criteria

4.4.1. Inclusion criteria

All households have at least one under five child were included in this study

4.4.2. Exclusion criteria

Household where only minors are living and house hold whose residence lived temporarily (less than 6 month). Parents who are mentally ill were not included in study.

4.5. Sampling Size and sampling procedure

4.5.1 Sample size determination

Sample size for assessment of KAP

The minimum sample size were determined by using a single population proportion formula [n = $[(Za/2)^2.P\ (1-P)]/d^2$] by assuming a 95% confidence level (Z a/2 = 1.96), a margin of error of 5%, P=proportion of adult knowledge on trachoma prevention taken from recent study in the Oromia region (23.2% had adequate knowledge toward trachoma infection) (12, 25)

Where $_o$ = initial sample size

z = confidence interval

p = estimated population proportion (23.2%) had adequate knowledge (12)

q = 1-p

d= margin of error= 0.05

Sample size =274

By adding 10% (27) for non-respondents =it gives 301

Sample size for prevalence

The prevalence of active trachoma among children in Ethiopia was 26.9%. (17) By using formula [n = $[(Z\ a/2)^2.P\ (1-P)]/d^2$] by assuming a 95% confidence level (Z a/2 = 1.96), a margin of error of 5%, and adding for non-respondent (10%), the sample size were, 302+30=332

Sample size for associated factor

Formula [n = $[(Z\ a/2)^2.P\ (1-P)]/d^2$] by assuming a 95% confidence level (Z a/2 = 1.96), a margin of error of 5%,

P=According to EDHS 2016 the availability and accessibility of the safe and adequate water in Ethiopia is 65.2 percent (27)

Sample size were =349and non respondent 10%=35, 384 which provide maximum sample size

The Final sample size were calculated using water availability as a factor gives the maximum sample size (384). Therefore, it were the final sample size for the study

4.4.2 Sampling procedure

From the total of 5778 households 901 house hold with under five child found in four Kebele of Gunchire town. We haveproportionally allocated the total sample size dividing for each Kebele based on proportional fraction ,which were for Gunchire 01 75HH, Gunchire 02Kebele 71HH, Kochira Kebele 58HH and Zibegne Kebele 80 HH. Finally we have selected 384 HH with under five child through systematic random sampling method by using sampling frame list of household with under five child in family folder that is already available in health post from each four Kebele i.e. By applying lottery method to select the first household which was taken as starting point and continued at k interval which is 3 (calculated by dividing the total number of households having under by samples size). The study participants whom, the data were collected from mothers or fathers of under-fives child purposefully preferable from mothers.

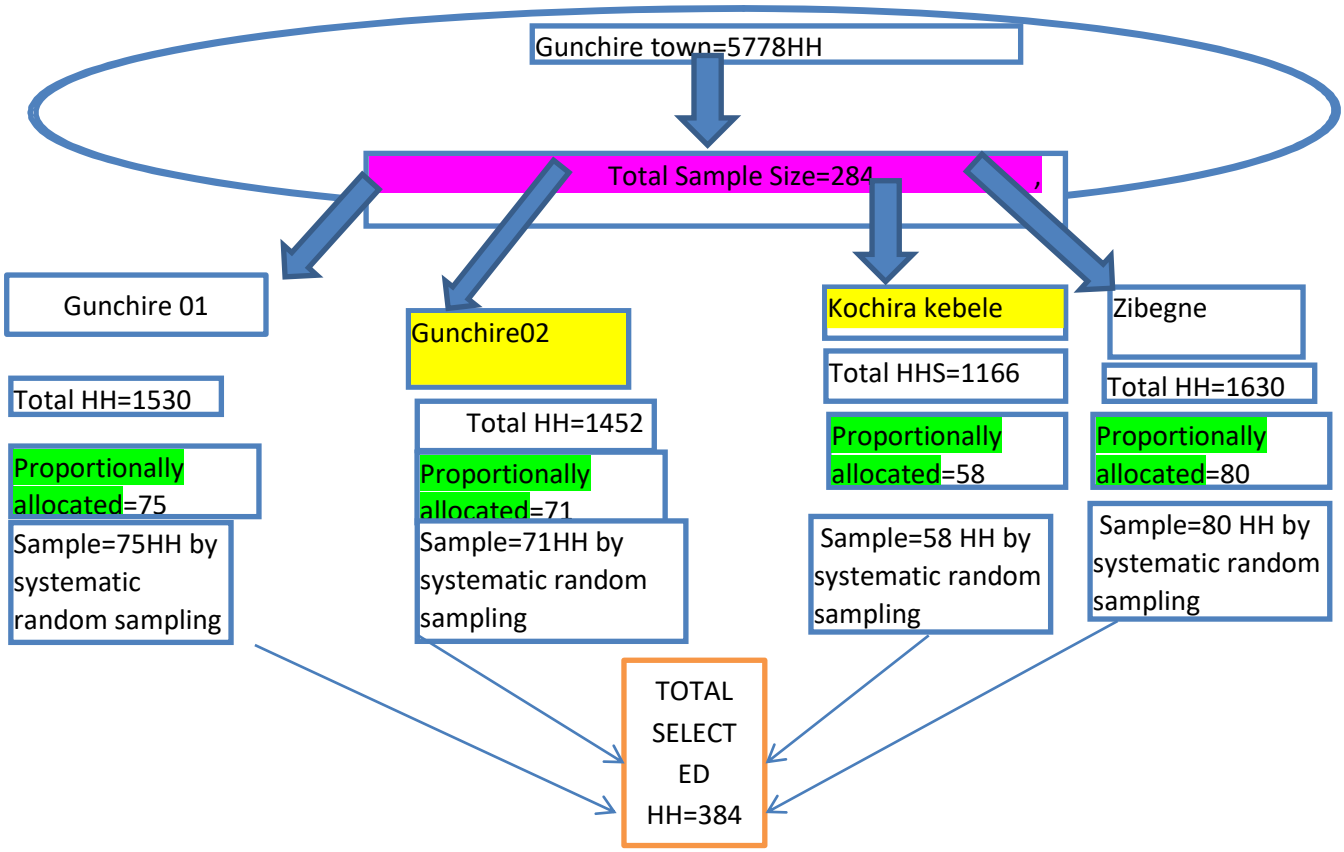

Figure 2 Schematic presentation of sampling procedure for the study on KAP parents and associated factor to ward trachoma prevention among under five in Gunchire town 2022.

4.5 study variable

4.5.1dependent variables

- Knowledge (knowledgeable/not knowledgeable)
- Attitude Favourable attitude/Unfavourable attitude
- Practice (Poor practice/Good practice)

4.5.2. Independent variable

Socio-demographic factors

- ✓ Age
- ✓ Sex
- ✓ Religion
- ✓ Family size/Crowdedness
- ✓ Income/HH wealth level
- ✓ Educational status
- ✓ Occupation
- ✓ Residence

Environmental factor

- ✓ Water accessibility ,distance to water source, water getting frequent /adequate and time taken to water point)
- ✓ Environmental cleanliness handling of solid and liquid waste disposal
- ✓ Type of latrine , distance of latrine , utilization, cattle isolation

Access health facility,

- ✓ HEWs visit, IEC access
- ✓ Distance of health facility to home

Individual/Personal behavioral factor,

- ✓ Hand washing practice after latrine
- ✓ Face cleanliness and use of soap for face washing
- ✓ Taking of antibiotic Zithromax/TTC
- ✓ Medical treatment seeking behaviour

4.6 Term definitions

Trachoma: trachoma is an infectious eye disease caused by *chlamydia trachomatis(3)*

Knowledge: knowledge will be based on the respondent's ability to respond to five questions about trachoma prevention.(29),(13),14)The knowledge of the parents will be assessed by 5 questions focusing on Trachoma transmission and ways of prevention: knowledge of Information about Trachoma, body organ affected by Trachoma, Source of Trachoma infection, Preventability of Trachoma and How to prevent it.

Inadequate knowledge: Respondents that scored below half of the total questions will be categorized as having poor inadequate knowledge.(29),(13),(25)

Adequate knowledge: those that scored above the mean score of the total knowledge questions will be categorized as having adequate knowledge.(29),(13, 25)

Attitude: there are 7 questions which is either favourable or unfavourable psychological response of parents in relation to hand washing. Mark will be awarded for agree, 0 mark for disagree. (29),(13),14)

Favourable attitude: respondents who scores above the mean score the total attitude questions will judged to signify favourable attitude in trachoma prevention mechanism.

Unfavourable attitude:: respondents who answer below the mean score attitude questions will adjudged to signify unfavourable attitude in trachoma prevention mechanism.((13, 29),14)

Practice: is overt behaviour, habit that a person does follow or carry out in his or her daily life. There will be 8 practice questions regarding with trachoma prevention mechanism.((13, 25),14)The assessment will be by asking 8 questions. Environmental improvement (E) by asking about HH latrine availability, latrine Utilization practice, waste disposal pit availability, waste disposal pit utilization, proper child faces disposal practice and preparation of separate room for livestock. The second questions for Facial cleanliness (F) assessment were by asking about child facial cleanness status, Child face washing practice and Child face washing frequency.

Good practice: those that answer above the mean score of total practice questions were categorized as having good practice.((13),14)

Poor practice: Respondents that had answersbelowthe mean score of practice questions were categorized as having poor practice.((13, 25),14)

Over all favourable attitude: If above half (50%) of respondent were scored favourable attitude

Over all knowledgeable: If above half (50%) of respondent were scored knowledgeable

Over allGood practice: If above half (50%) of respondent were scored good practice

Water accessibility: Water source within 1km of the home and collection time does not exceed 30 minutes(25)

Adequate water: It is recommended a minimum average of 20 liters (1-2 pots) per person per day of water supply for all basic needs is considered adequate.**(25)**

Water affordability: The costs for water and sanitation services do not exceed 5% of a household's monthly income(25)

SAFE: It is a strategy developed to eliminate blindness caused by trachoma through doing surgery, antibiotic treatment, facial cleanliness, and improving the environment.

An Improved Toilet Facility: It is a structure used by household members and able to separate waste from human contact.

Unclean Face: The presence of "sleep" (or ocular discharge) around on the eyes and the presence of nasal discharge on the upper lip or cheeks.(25)

Crowdedness: The percentage of dwellings that house more than 4 people per room, where the minimum size for a habitable room is four square meters. (25)

IEC materials availability: Mother gets health/Trachoma information from any kind of IEC materials (Radio/TV, poster) if she can read (especially urban women)(25)

Home Visit by HEWs: contact at least once with mother at home level for health care service which helps mothers to get information if she can't read (especially rural women)

Urban: Urban is a residence of 2,000 or more in habitats (25).

Trachoma as a public health problem is defined by the WHO as a prevalence of TF of at least 10% in children aged 1–9, or a prevalence of TT of at least 1% in those aged 15 or more.(16)

Elimination of trachoma is defined as a prevalence of trachomatous trichiasis "unknown to the health system" of <0.2% in adults aged ≥15 years and a prevalence of active trachoma in children aged 1–9 years of <5%, in each formerly endemic district(16)

4.7 data collection and analysis

4.7.1 Data collection instruments

This a structured standard checklist were adapted from standardized WHO KAP survey questionnaire for assessing the KAP of parents towards under-fives` trachoma prevention mechanism and associated factors(25)(13),(12).The tool consists of socio demographic variables;age, sex religion, family size, HH income, educational status, occupation ,residence, environmental variables; Water accessibility ,distance to water source, water getting frequent and time taken to water point)environmental cleanliness handling of solid and liquid waste disposal, type of latrine , distance of latrine , utilization, cattle isolation ,access health facility **,**HEWs visit, IEC access**,** distance of health facility to home. It also consists questions which can measure dependents variable like knowledge , attitude and practice of parents towards under-fives` trachoma prevention mechanism based on assigned criteria and as described as in operational definition.

4.7.2 Data collection technique

The data was collected by face-to-face interview and observation by using a structured questionnaire which is specifically developed for this purpose. The data were collected by three trained data collectors'. The data collectors were reach to our study unit by using house hold head name or number based.

4.7.3 Data quality assurance

Before starting data collection we have translated household's questionnaire in to Amharic and the data collectors were trained and discussed, elaborated and created a common understanding on data collection tool.In order to test the content of the questionnaire as well as to assess the skill of data collectors we have done pre-test on prepared semi structured questionnaire on 5%(19) households found in Gunchire mazoreia town which is around 5 kilometres distance from the study area. Based on the result of the pre-test, corrections were made on the data collection tools and feedbacks were given to data collectors. The collected data were checked daily for completeness, consistency and accuracy before data entry and analysis.

4.7.4 Data processing, presentation and analysis

The data were cleaned, coded and analyzed using SPSS version 21.bivariableanalysis were done to determine the associations between each independent variables and outcome variables. All variables with *P*-value less than 0.25 during bivariate analysis were entered into a multivariable logistic regression model. The results of significant variables were presented using AOR (odds ratio) with their 95% CI and *P*-value <0.05. The result was summarized by frequencies, percentile , mean, median, adjusted odd ratio, and proportion, and presented by narration, table, graphs and chart. Finally, the result of the study was interpreted by relating the finding in this town with the result of other town researches in related subjects.

4.8 Ethical consideration

Ethical Clearance was obtained from Wolkite University, college of medicine and health sciences Ethical Review Committee. A permission letter to conduct the study was obtained from the district health office. Every study participant were interviewed independently and the collected information on KAP were been kept confidential. During interviewing, the interviewer was told to respect the respondents' right to decline to participate or to elect to discontinue the interview.

4.9 dissemination of result

The study result were elaborated, compiled and submitted to Department of Public health, college of medicine and health science, Wolkite University. Finally we had disseminated and recommend based on result to many concerned body governmental and non-governmental organization especially zonal health department, woreda health offices, and related health facility managers beneficiaries.

6. Result

6.1. Socio Demographic Profile of the Respondent

The mean ages of respondents were 31.21 (±4.08 SD) years. The majority of the respondent's about 29.8 %(n=102) age is under the category of 35-40. About a quarter (26.6%) of participants completed College/university education while 16(4.1%) of the respondents were unable read and write. About 145(37.8%) of study participant are Muslim religion followers. The monthly income for majority 98(25.5%) of household were in the range of 3001-4000. Almost 95.3% of respondent were female. Furthermore the table shows on average 4.2 family members were lived per each household.

Table 1: Socio demographic characteristics of respondents in Gunchire town, Gurage zone, SNNPR,Ethiopia, June,2022. (n=384)

Variable	Categories	Frequency(n)	Percent
Respondent's age	18-29	155	40.1
	30-39	224	57.9
	>=40	8	2.1
	Total	384	100
Educational level	Not read and write	16	4.1
	Read and write	97	25.1
	Primary school(1-8)	99	25.7
	High school (9-12)	70	18.2
	College/university	102	26.6
	Total	384	100

Religion	Orthodox	124	32.3
	Muslims	145	37.8
	Protestant	110	28.6
	Other	5	1.3
Occupation type	Housewife	74	19.3
	Merchant	132	34.4
	Government employed	126	32.8
	Farmer	35	9.2
	Others	17	4.4
Monthly income	<2000	82	21.4
	2000-3000	90	23.4
	3001-4000	98	25.5
	4001-5000	62	16.1
	>5000	52	13.5
	Total	384	100
Number of family members live in the house hold	Total	1612	4.2/HH

4.2. Knowledge respondents on trachoma prevention

The table below shows that from the interviewed parents on heard about trachoma 345(89.1%) parents answered yes and 42(10.9%) of the study participant replied no which implies they are not heard about trachoma and its causes, infectious, symptom and its prevention mechanism. While the Shows picture of trachoma and ask do you know what this condition (4)1% respond trichiasis, 302 (78) trachoma and 20.9% don't know what the condition is called. The majority of respondent heard about trachoma from Health worker 182 (52.2%) and symptoms that knew (suspect) respond that eyes became red 190(55.6%) followed by, Pain inside of the eyes which accounts of 185(54.1%) of study participant in the study area. The knowledge of parents about the Harmful (bad) effect of trachoma respond that the disease may lead to blind which accounts 188 (55%), and significant number of respondent they didn't know bad effect of trachoma which accounts 42(12.4%). Over all of 251 (65.4%) the respondent that now trachoma is infectious, although above half of respondent knew some major mode of trachoma transmission for instance, Contamination with flies that accounts 203(59.2%), sharing a face towel with others members in family (57.3%), but significant number of respondent didn't know about mode of transmission 133(38.1%).The highest number of participants respond by taking of zitromax or trachoma tablet properly 60.4%, washing their face with soap daily 57.6%,. In contrast 35.4% of respondent didn't know/ No idea at least one method of trachoma prevention among children in the study participant.

Table 2:The source of information and the respondent's knowledge about symptom, bad effect, causes and method of trachoma prevention in the study area, June, 2022.

Variable	Categories	Frequency(n)	Percent (%)
From where do you know about trachoma of those heard trachoma	TV/Radio TV	170	49.7
	Poster ,banner, booklet ,leaflet	102	29.8
	Health worker	182	52.2
	Non health personal	130	38.0
	Others... friends ,family members	89	26.0
What are the symptoms that you know (suspect) about trachoma?	Eyes became red	190	55.6
	Pain inside of the eyes	185	54.1
	Itchy, bulge, water out from the eyes discharge	146	42.7
	Unclear sight when it becomes darker	123	36.0
	Don't know	39	11.4
Do you know the Harmful (bad) effect of trachoma?	The disease may lead trachoma trichiasis then to blind	124	32.3
	Trachoma trichiasis (eyelash inward)	138	35.9
	The disease may lead to blind	188	55.0
	Sight gets dim	152	44.4

	Don’t know	42	12.3
Causes/mode transmission of trachoma	Contamination with flies	203	59.2
	Use dirty water to wash face	175	51.2
	Share the face towel with others	196	57.3
	Polluted environment	127	37.1
	Wash their face irregularly	183	53.5
	Share the basin with others	142	41.5
	Don't know/ No idea	133	38.3
	Others	47	13.7
Which method do you know trachoma prevention among children?	Washing their face with soap daily	221	57.6
	Using isolated basin and towel to clean their face	203	52.9
	Appropriate use of latrine	186	48.4
	Proper solid and liquid waste disposal	164	42.7
	Taking of zitromax or trachoma tablet properly	232	60.4
	Seeking medical treatment while child eye ill	123	32.0
	Don't know/ No idea	136	35.4

NB: There were a possibility of greater than one choice of answering the knowledge type question that is why there is no hundred percent in the study participant.

The figure below showed that 55.0% of the respondent replied that the bad effect of trachoma were the disease may lead to blind, 44.4% were respond sight get dim, 35.9% of respondent know trachomatrichiasis (eye lash inward), 32,3 were correctly respond first trachomatrichiasis then to blind ,the rest significant number (12.4%),were did not know at least one of bad effect of trachoma

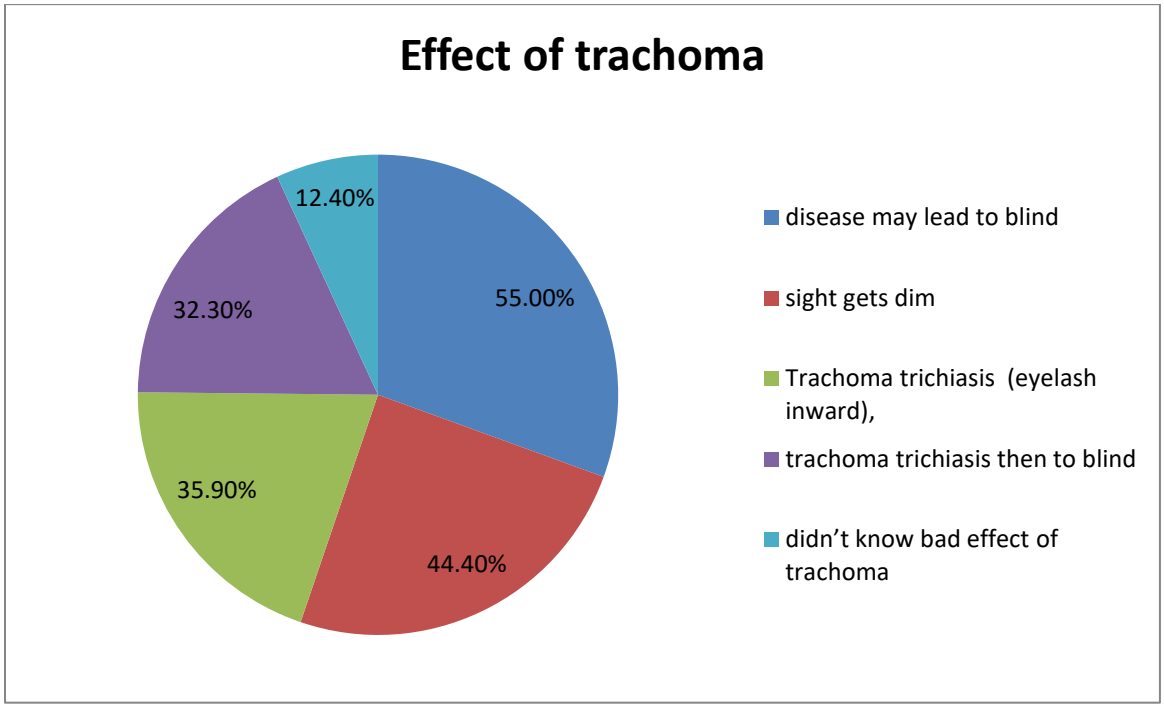

Figure 1: Respondents answered on the effect of trachoma among children in study area (Gunchire town), June, 2022.

This study result revealed that majority 59.2%, respondents knew that contamination of flies and the second highest proportion (57.3%) of respondents the main causes of trachoma were sharing face towel with other family members, followed by 53 .3% of respondents knew transmitted by irregular washing of child's face daily, whereas 37.1% respondent were did not know at least one of the main causes of trachoma transmission in the study area.

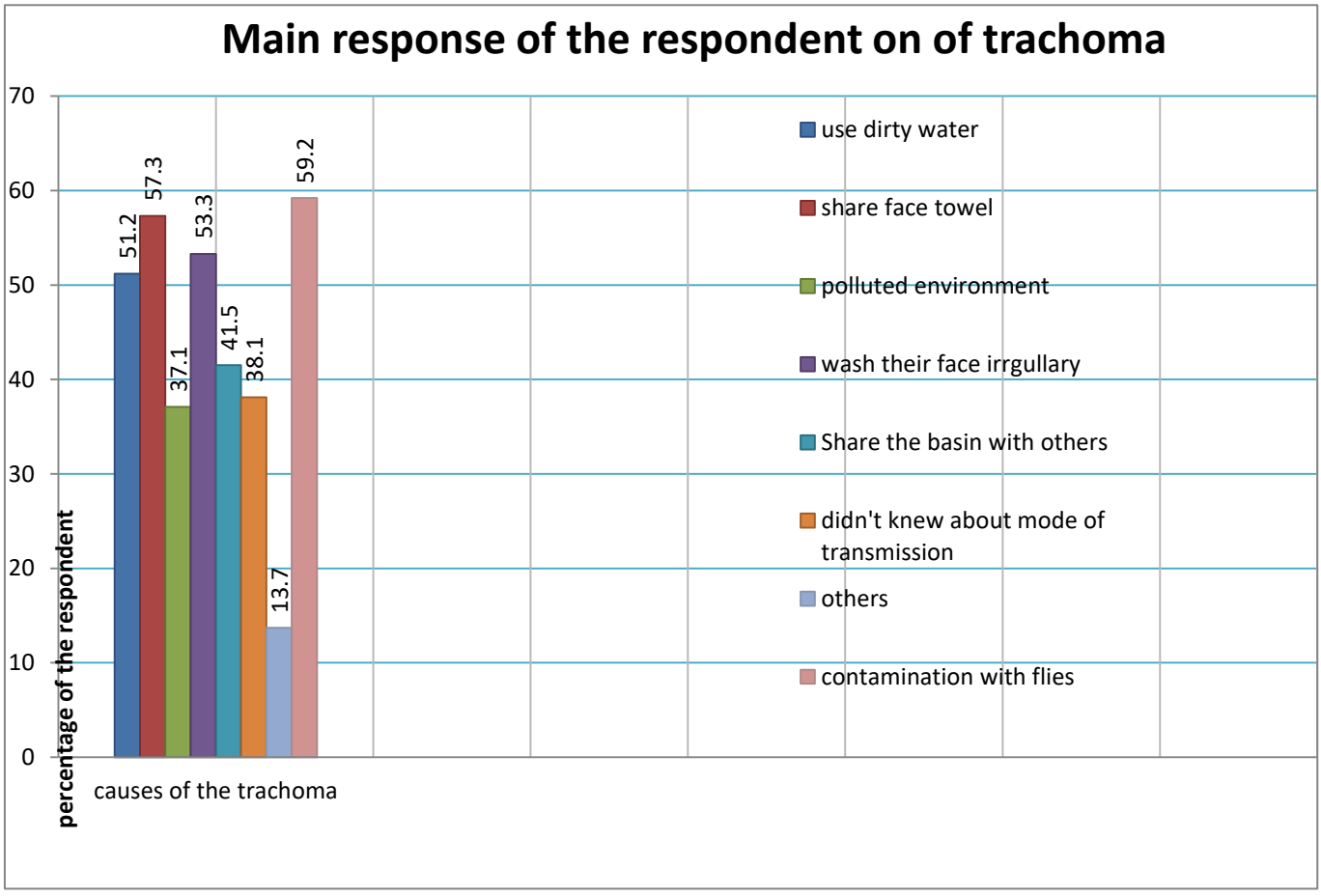

Figure 2: Respondents answered on the main causes of trachoma among children in study area (Gunchire town), June, 2022

4.2. Attitude respondents on trachoma prevention

The table below shown that 79.9% of the respondent believed or think that the underlying causes of trachoma prevention mechanism is due poverty, contrast with this 20.1% respondent disagree that the underlying causes of trachoma prevention mechanism is due poverty in the study area. About 239(61.0%) of the interviewed participant had an attitude of (agree) on having an individual towel for each child is important for trachoma prevention, 148(38.2%) of the respondent were disagree on having an individual towel for each child is important for trachoma prevention. Almost 70(18.1%) of the interviewed participant believe that open burning of wastes had no impact on the Childs they had and human beings in general. About 148(38.2%) of respondent agree on, if you think one of your family members is infected with trachoma you will Buy drug and treat at home by yourself. almost 193(49.9%) of respondent can respond below the mean score.Overall attitude question score out of 70 were mean score was 40.04 with Std. Deviation 8.3.

Table 4: Responses of the study participant on attitude type question on trachoma prevention mechanism in study area (Gunchire town), June, 2022

Attitude question	Response	Frequency	Percent
In my view, the underlying cause of trachoma prevention problem is poverty	Agree	309	79.8
	Disagree	78	20.2
In my view, having an individual towel for each child is important for trachoma prevention	Agree	239	61.8
	Disagree	148	38.2
In my view, open burning of wastes has no impact on the health of human being	Agree	70	18.1
	Disagree	317	81.9
In my view, it is not necessary having a towel for each and	Agree	237	61.2

every family member	Disagree	150	38.8
In my view, it is not necessary having a towel for each and every family member	Agree	237	61.2
	Disagree	150	38.8
In my view, the impact of inappropriate dumping of wastes in open fields attract flies and around road sides causes the area loses its natural beauty, bad odor to the community, and as result causes trachoma	Agree	148	38.2
	Disagree	239	61.8
In my view, if you think one of your family members is infected with trachoma you will Buy drug and treat at home by yourself	Agree	148	38.2
	Diagree	239	61.8
can respond from those attitude question above mean score	Yes	194	50.1
	No	193	49.9

4.3. Practice respondents on trachoma prevention

The table below shown Majority of parents didn't wash face daily which accounts 33.3%. Majority of the interviewed parents have no any face towel for their own family members that regularly applied which accounts 276(80.1%) of the study participant in the selected Gunchire town) and 33.3% of parents didn't wash face daily. As many as 313(81.5%) of the study participant had their child took Zithromax /tetracycline in last campaign. While highest frequency of 272 (70.8%) observed child their face not clean and not free of nasal discharge.

Table 6: respondent's response on ,practice of hand washing ,use of face towel , frequency child face washing practice and took antibiotic/Zithromax for prevention on the study area (Gunchire town), June,2022

Variables	Categories	Frequency (%)	Percent (%)
Do you have a face towel of your own family members regularly applies?	Yes	66	19.3
	No	276	80.1
Frequency of washing Childs face per a day	Once	114	29.7
	Twice	94	24.5
	Thrice	48	12.5
	None	128	33.3
Do you had your child took Zithromax /tetracycline in last campaign	Yes	313	81.5
	No	71	18.5
Dose child face clean and free of nasal discharge? Observe it.	Clean	112	29.2
	Unclean	272	70.8

The figure below shown that most of the respondent practice of washing child's face once per day as the graph implied which accounts 29.7% and 24.7% twice 12.5 trice was washing other (none) 33.3%.

Figure 3: Respondents practice of washing child's face in study area (Gunchire town), June, 2022

Part v: question on water, sanitation and hygiene of the households

The table below shows that the main source of water used by household for other purposes such as cooking and hand washing is 77.6% piped water and majority of respondent think that disease can be transmitted through contaminated water 61.2% while significant number of respondent did not know 37.5% that disease can be transmitted through contaminated water. Almost 92.7% of household observed have latrine the rest 7.3% didn't have latrine in the study area.

Table 7: Environmental condition that associated with trachoma prevention practice (Gunchire town), June, 2022

Variables	Categories	Frequency(n)	Percent (%)
What is the main source of water used by your household for other purposes such as cooking and hand washing?	Piped water	298	77.6
	Public tap /standpipe	67	17.4
	Protected well	12	3.1
	Protected spring	2	.5
	Surface water (river, stream , dam	5	1.3
	Other (specify)	11	2.9
Do you have latrine	Yes	356	92.7
	No	28	7.3
Do you have used hand washing facility after	Yes	78	20.2

toilet	No	309	79.8
Is there evidence of solid waste or garbage within 20 meters of the house (This does not include animal droppings	Yes	236	61.0
	No	151	39.0
Do your livestock (sheep, cows, goats, horses or donkeys) sleep in the same room as any member of your family	Yes	226	58.4
	No	161	41.6

4.4 overall outcome KAP parents toward under five trachoma prevention

The overall mean score of knowledge were 53.13 with std. Deviation ±12.62, attitude 40.04 with std. Deviation ±8.23 and practice 46.99 with std. Deviation ±10.62 of the study participant. Almost 169(43.7%) were classified as not knowledgeable, which can't respond greater than or equal to the mean score of knowledge, about (193) (49.9%), were classified as Unfavourable attitude and Majority of respondent 266(68.7%) were classified as poor practice

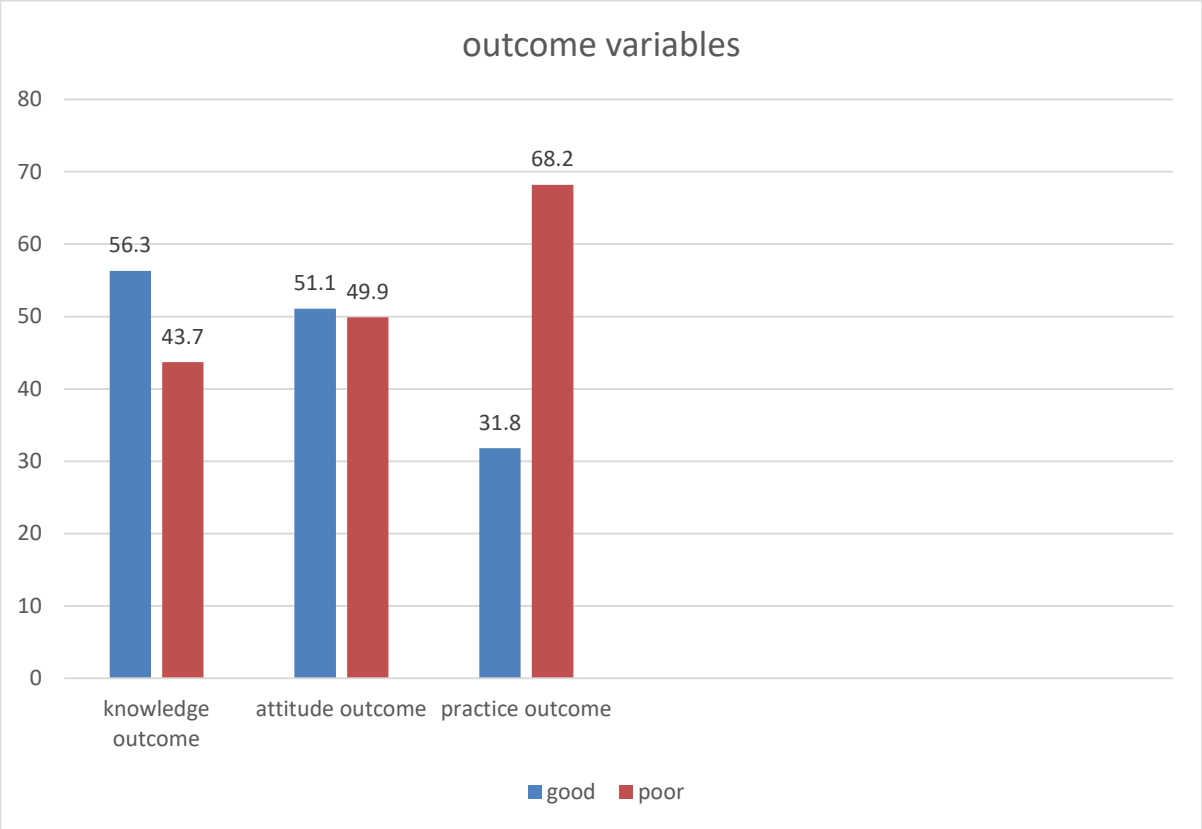

Figure 7: The overall outcome variable, knowledge, attitude and practice of the study participant on the study area (Gunchire town), June, 2022

4.6 ASSOCIATED FACTORS TO KAP PARENTS TOWARD UNDERFIVE TRACHOMA PREVENTION

About 218(56.3%) of respondent were knowledgeable and 169(43.7) not knowledgeable, almost half 194 (50.1%) parents were classified as favorable attitude but lowest number of respondent 121(31.3%) were classified as good practice. Regarding of associated factors 345(89.1) of respondent were heard about trachoma among those heard about trachoma 237(61.2%) were get information from health person/health worker and 207(53.5%) have not visited by health extension worker/health worker.

Table over all summary of outcome variable and independent variable to toward under five trachoma prevention

Out come Variable	Category	N	Marginal Percentage
can respond greator than or equal to the mean score of knowledge	Knowledgeable	218	56.3%
	not knowledgeable	169	43.7%
can respond greator than or equal to the mean score of attitude	favourable attitude	194	50.1%
	unfavourable attitude	193	49.9%
can respond greator than or equal to the mean score of practice	good practice	121	31.3%
	poor practice	266	68.7%
Have you heard about trachoma	Yes	345	89.1%
	No	42	10.9%
Health personnel	Yes	237	61.2%
	No	150	38.8%
Do you have visited by health extension worker/health worker	Yes	180	46.5%
	No	207	53.5%

Table over all summary of outcome variable and independent variable to toward under five trachoma prevention

Variables	Category	Practice		COR(95%CI)	AOR(95% CI)
		Good	Poor		
Age(yrs.)	18-29	18	137	7.61(1.75, 33.11)**	
	30-39	99	125	1.26(0.31, 5.17)	
	≥40	4	4		
Occupation	Farmer	42	23	Reference	
	Merchant	61	130	.06 (.030, .15)*	
	Formal employment)	8	34	.270 (.131, .55)*	
	H/wife	10	79	.538 (.19,1.48)*	
Number of family member in house	Less than 4 family member	0	70	2.198 (.000,)**	
	Greater than or equal to 5 family member	121	266	Reference	
Residence of respondent	Urban	89	203	Reference	
	Rural	32	63	.863(.527,1.413)	.508 .23,1.16
Accesses to water	<30 minute	117	119	36.13 (12.96,100.7)***	
	>30 minute	4	147	Reference	
Visited by HEW	Yes	107	73	Reference	
	No	14	193	.049 (.027 .092)**	.04 (.016,.118)***
Distance of water source	<1000 meter	117	189	Reference	
	>1000 meter	4	77	11.9 (4.25,33.4)***	

Accesses to health facility	Greater than 30 minute	112	109	Reference	
	Greater than 30 minute	9	157	17.9(8.7,36.8)***	
	can't read and write	8	77	.12(.05, .27)**	
	can read and write	0	59	Reference	
	Secondary	47	70	.43(.20, .93)*	1.53(.49,4.77)
	higher education	55	22	2.79(1.035,7.5)*	2.78(.37,20.50)
Knowledge	Knowledgeable	65	153	1.17(.76,1.79)*	1.65(.43,6.32)
	Not knowledgeable	56	113	Reference	
Attitude	favourable attitude	70	124	Reference	
	Unfavourable attitude	51	142	1.57 (1.09, 2.42)*	1.15,(7.15 ,8.42)

p <0.05, **P<0.01. p=000**

a. The reference category is: poor practice. Associated factors to the knowledge toward under five trachoma prevention

Place residence being urban of respondent were significantly associated with being knowledgeable value .043 AOR (1.086) (95 CI .515-2.292) .being educated of higher education were significantly associated with being knowledgeable with p.value .035AOR (1.493) (95 CI 1.377-1.644) being government employed p.value .027 AOR (2.641) (95 CI 2.022-3.450) .Access to health education by health person worker were p.value .025 AOR 4.017 (95 CI , 3.008-5.038) ,heard about trachoma p.value.338 AOR 1.606(95 CI ,1.218 -2.688) and visited by HEW p.value .017 AOR10.7 (95 CI , 4.7-24.2)

Associated factors to the attitude toward under five trachoma prevention

Place residence being urban of respondent were significantly associated with being with favorable attitude were p.value .289 AOR (1.368) (95 CI .767-2.44) .being educated of higher education were significantly associated with favorable attitude with p.value .056 AOR (1.493) (95 CI 2.28-4.02)but being government employed not significantly associated p.value 0.71 AOR (1.043) (95 CI .83-1.3) .Access to health education by health person worker were significant p.value .045 AOR 1.298 (95 CI , 2.179- 3.49) ,heard about trachoma p.value .441 AOR .731 (95 CI , .329-1.623) and visited by HEW were not significantly associated p.value .000AOR .250 (95 CI , .140- .446)

Discussions

The World Health Organization (WHO) and their partners endorse the surgery, antibiotics, facial cleanliness, and environmental improvement (SAFE) strategy for trachoma control. Parent who were aware of trachoma did not know well about causes and symptoms, bad effect (18).Eye disease can be prevented by washing children's faces with soap and water at least once each day. Eye disease can be reduced by always using latrines or burying human faeces. Eye disease can be reduced by burning or burying refuse such as food scraps and peelings from fruits and vegetables. A dirty towel can carry infection from one child's eyes to the eyes of another child. Anything that touches eyes, including hands, can spread eye infections. Prevention of trachoma-related blindness requires a number of interventions (18). Today, there is a need for prevention of the health care of the children with respect to trachoma prevention mechanisms at the family level to know as to where we stand today, so that activities can be designed for the parents of under-fives to prevent death and blindness due to trachoma disease. The present study was planned and conducted to assess the KAP of parents of under five children in trachoma prevention mechanism.

Generally, this study reveals that the parents included in this study Majority of respondent 266 (68.7%) were classified as poor practice and only 31.3% of parents had good practice toward under five trachoma prevention. Despite relatively high proportion of respondent 56.5% were knowledgeable & 51.3% were favorable attitude which was higher than that of the study conducted in Tigray regional state of (51%) but problem in mitigating with their practice 31.3 %, which was lower than that of in Tigray regional state 35.6%. Finally this study reveals that even though, high proportion parents included in this study had classified knowledgeable in mitigating with their attitude and practice of washing child's face or hand, using private basins and towel, make their child face clean, free of nasal discharge and fly's .these all are major indicator of poor practices of parents to ward under-fives trachoma prevention and control mechanism in the study area.

Discussions on knowledge of trachoma among the respondents in the study area

This study reveals that (90.1%) parents heard about trachoma with major information source from health worker and radio/television in the study area almost the same that of study conducted in Tigray most 89.2 of respondent have ever heard about trachoma (11) 89.1%) parents heard about trachoma compared to similar study conducted in ArbaMinch Zuria ,All respondents heard about trachoma (14).Over all this study reveals 56.5% of parents with good/adequate knowledge about trachoma disease among under five whereas compared to similar study conducted in Congo which is 93.3%. Similar study finding were reported by UNICEF in their study conducted in Nigeria where they found that 94 percent were having correct knowledge. But higher than compared that of similar study Tigray regional state (51%) (11) In study conducted Oromia (76.8%) had inadequate knowledge toward trachoma infection.(12, 25) .The study conducted in ArbaMinch Zuria, less than one forth (23.2%) of the study subjects had adequate knowledge towards trachoma.(14). Furthermore, in the study area parents were know trachoma prevention method among children which accounts (64.6%) slightly higher in the study area compare with study conducted in Tigray regional state 54.6%.(11)

Discussions attitude on trachoma among the respondents in the study area

This study reveals almost lower than half of 43.0% the respondent believed that the best way to prevent trachoma was don't sharing the face towel with other family members, which is significantly lower number of respondent compared with that of similar study conducted in tigray regional state most (95.4%).(11) This study reveals the respondents believe in their choice if they had a health problem in one of the family members they were believe to 36.0% in the other hand respond they buy drug and treat at home by themself which is similar that of Research on KAP of parents towards trachoma prevention mechanism revealed 16.8% of respondents would buy drugs to treat the disease themselves. Despite poor knowledge on Trachoma most of parents had the right attitude toward the disease. However, parents in Such districts as tam duong (47.9%), locninh (25.3%). Ninhhai (25.5%) answered they Would treat the disease themselves or would do nothing in case their family member suffered from trachoma (17) .In this study also negative attitude and misconception accounts above one third 26.9%) of the interviewed participant strongly agree on that open burning of wastes had no impact on the Childs they had and human beings in general. Lastly in this study area Over all, 51.1% of respondent were classified as having favourable attitudes on trachoma prevention and control which is slightly lower than compared with study sconducted Oromia (69.3%) of parents had favorable attitude.(12, 25)while higher than a study conducted in tigray,(49. 5%) of respondents were classified as having good attitudes on trachoma prevention and control (11).

Discussions on practice of trachoma prevention among the respondents in the study area

In this study even if, majority respondent in the study area had good knowledge but few number of respondent had practice hand wash after having latrine about 20.8% and majority 70.8% of observed child their face was not clean and free of nasal discharge .In addition to these Majority (80.1%) of the interviewed parents in the study area hadn't any face towel for their own family members that regularly . According to research published on the KAP of parents of under-fives trachoma revealed that, practice of the replies to question "do you have a face towel and a basin of your own" it was found that only 11.9% of households had private basins and 64.4% had private face towels .this reveals that parents ' practice is much lower than knowledge, especially

practice Of using separate basin 50% of parents said they did not have private face towel or a basin because of their habits. (14). The he main source of water used by household for other purposes such as cooking and hand washing is 77.6% piped water and, (74.5%) ,of respondents response waste disposal system is municipality, in the study area. Higher number of 92.7% ,household observed have latrine and off them majority 81.3% have used all family member used toilet, While compared that the study conducted in tigray regional state (37. 1%) were utilizing a latrine(11). In the study area majority (81.5%)of the study participant had their child took Zithromax /tetracycline in last campaign slightly lower than that of, the study conducted in tigray ,(88. 1%) ,of respondents took mass drug administration(11). In contrast to higher number of 56.3% respondent were knowledgeable but lower number of respondent were having good practice (31.3%), of respondent had classified as good practice in the study area compared to the study conducted in tigray, (35.6%) of respondents were classified as having good practices towards trachoma prevention and control (11)study in India new Delhi the Prevalence of unclean faces 5.2 %(18)

DISCUSSIONS ASSOCIATED FACTORS TO KAP PARENTS TOWARD UNDERFIVE TRACHOMA PREVENTION

This study result revealed about 218(56.3%) of respondent were knowledgeable and 169(43.7) not knowledgeable, almost half 194 (50.1%) parents were classified as favorable attitude but lowest number of respondent 121(31.3%) were classified as good practice. Regarding of associated factors 345(89.1) of respondent were heard about trachoma among those heard about trachoma 237(61.2%) were get information from health person/health worker and 207(53.5%) have not visited by health extension worker/health worker. Place residence being urban of respondent were significantly associated with being knowledgeable value .043 AOR (1.086) (95 CI .515-2.292) .being educated of higher education were significantly associated with being knowledgeable with p.value .035AOR (1.493) (95 CI 1.377-1.644) being government employed p.value .027 AOR (2.641) (95 CI 2.022-3.450) .Access to health education by health person worker were p.value .025 AOR 4.017 (95 CI , 3.008-5.038) ,heard about trachoma p.value.338 AOR 1.606(95 CI ,1.218-2.688) and visited by HEW p.value .017 AOR10.7 (95 CI , 4.7-24.2). Urban residence respondent were significantly associated with being with favorable attitude

were p.value .289 AOR (1.368) (95 CI .767-2.44) .being educated of higher education were significantly associated with favorable attitude with p.value .056 AOR (1.493) (95 CI 2.28-4.02)but being government employed not significantly associated p.value 0.71 AOR (1.043) (95 CI .83-1.3) .Access to health education by health person worker were significant p.value .045 AOR 1.298 (95 CI , 2.179- 3.49) ,heard about trachoma p.value .441 AOR .731 (95 CI , .329-1.623) and visited by HEW were not significantly associated p.value .000AOR .250 (95 CI , .140- .446) .Similar finding were in the study conducted in Oromia region good Trachoma preventive practices were (51.5%). Residence (AOR= 1.8; p-0.01), household wealth (AOR= 1.8; p-0.01), mother trachoma preventive knowledge (AOR= 1.6; p-0.02) water getting frequency (AOR, = 0.6; p-0.01) and time taken to water point (AOR= 0.3; p-0.01) were factors significantly and independently associated to good preventive practice at p-0.05 in the study district..(12)

Chapter VII: conclusion

As our study revealed that there was a gap in knowledge and acceptable practice. this study suggests that of those parents interviewed in our study area concerning on assessment of KAP of of parents under five children on trachoma prevention mechanism even if there were a gap conducted in other similar study on knowledge and practice most had the correct knowledge with negative attitude on prevention and causes and bringing them to local health facility if they had trachoma problem in your family. In addition to this study were reveals that even though, high proportion parents included in this study had classified overall good knowledge in mitigating with their attitude and practice of parents to ward under-fives trachoma prevention and control mechanism in the study area but there was gap on some specific part of knowledge question and attitude question . This witnessed that parents even had the better knowledge the practiced lower than other studies conducted in similar topics.

Chater VIII: Recommendations

The regional health bureau should design culturally sensitive health education or communication and behavioural change program for this population needed to be a clear, planned, targeted, culturally sensitive and selectively focus on identified gap on knowledge and attitude diseases cause, transmission and method of trachoma prevention, especially focus ,on proper hygiene and sanitation and face cleanliness. This health education needs to be conducted by all health care providers when they see their patients (children with the disease). Health education can be in the form of simple conversation supplemented by posters, brochures and TV. Conversation supplemented by audio-visuals can provide accurate information about causes, disease sign and symptom as well as prevention of the disease.

Zonal health department with collaboration with other non-governmental organization In addition to improving their knowledge and attitude also needed to be design strategy to support, monitor and evaluate the change of knowledge and attitude to practice of trachoma mitigating measures and regular evaluation with the outcome which is the decrease in the trachoma prevalence among children in this population.

Woreda health office local health authorities should coordinate the effort of other, concerned governmental and nongovernmental institution /sectors; encourage Parents to improve both their own Childs health and home personnel hygiene practice of hand washing, washing child's face

or hand, using private basins and towel, make their child face clean, free of nasal discharge and fly's and in cleaning Childs face per day especially after defecation when they attend health facility. Furthermore, the following is recommended. Communication in community The integrated communication activities on trachoma prevention in community should be taken based on existing opportunities in each community such as home visits, health development army Women' Union meetings, Production team meetings, to talk about trachoma for parents with children under five

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ANNEX:

ANNEX 1: Information sheet

Subject enrolment information and consent form;knowledge, atitude and practice of parents towards under fives`trachoma prevention and associated factors among house holds in gunchire town, gurage zone, snnpr, ethiopia, 2022 a community based cross sectionalStudy

Researchers; wolkite universityMuzemil Mazoya ,mesfin Alemu, eyob Meseret ;Principale Investigator

Researchers' statement;We request you to participate in a research study. The purpose of this consent form is to give you the information you will need to help you decide whether to participate in the study or not. Please read the form carefully. You may ask questions about the, purpose of the research, what we would ask you to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research on this form that needs clarification. When we have answered all your questions, you can decide if you want to participate in the study or not. This process is called "informed consent." We will give you a copy of this form for your records.

Purpose of the study;The aim of this study is to assess knowledge, atitude and practice of parents towards under fives`trachoma prevention and associated factors among house holds in gunchire town, gurage zone, snnpr, ethiopia,

Study procedures;We aim to enroll 384 Parents of children under five years old into the study. Children typically have the highest rates of infection and are believed to be the main source of trachoma infection. As a parent, you likely have significant influence over the behaviors and beliefs of your child/children. During the interviews, we will ask you questions pertaining to your children's demographic characteristics ,environmental and their health status particularly in relation to knowledge, attitude and practice of parents towards under fives`trachoma prevention . You will also be requested to give any relevant information about factors that are associated with good knowledge, attitude and practice of parents towards under fives`trachoma prevention active trachoma. If you agree, we will ask some question relate with trachoma prevention, your child face will be examined for cleanes and your home and compound will also be inspected. If therefore, you agree to participate you will be requested to give permission by signing the consent form and a questionnaire will be administered to you.

Risks/discomforts;This study will consume some time which may not have been budgeted for by the respondent. It will take about 30 minute of your time. It may therefore be an inconvenience in the respondent's daily chores.

Benefits;This research project is purely academic; there are no direct benefits to the participants. The findings will benefit science by adding information to solve health challenges in our society as well as enhance worldwide effort underway to control/eliminate trachoma. However, children recruited for the study will be advise to clean their child face.

Study costs;If you agree to participate, there will be no payment to you and for any study procedures to be carried out.

Alternative to participation;The participants are free to refuse to participate; no penalty or loss will accompany any individual for participating or not participating in the study.

Confidentiality;All information given will be treated with a high level of confidentiality; no name(s) will be used. Instead, a unique code for each informant will be used. The responses noted from our discussions and interviews will be locked up for information security and will be destroyed after exactly one 3 month from the day of data collection.

Voluntariness;This exercise is totally voluntary, the chief researcher will be very grateful for your participation.

ContactsIn case of any queries or concerns, please contact; Muzemil Mazoya on 0928185205

Your rights as a Participant;;This research has been reviewed and approved by the Ethics Review Committees of Wolkite University, college of medicine and health sciences.This committee reviews research studies in order to help protect participants. If you have any questions about your rights as a research participant you may contact. The Secretary; Wolkite University, college of medicine and health sciences Ethical Review Committee. 020-

Subject's statement;**This study has been explained to me. I am providing consent for study participation on my behalf. I have read this form or had it read to me. I volunteer to take part in this research. I have had a chance to ask questions. I understand that I will be interviewed on my child's/children's trachoma prevention mechanisms. If I have questions later about the research, I can ask one of the researchers listed above. If I have questions about my rights as a research subject, I can call the . I will receive acopy of this consent form**

Name of subject Signature of subject/Thumb print Date

Copies to: ResearcherSubject

Questionnaire

WOLKITE UNIVERSITY COLLEGE OF MEDICINE AND HEALTH SCIENCE

DEPARETEMENT OF PUBLIC HEALTH

Questionnaire on an assessment of KAP of parents towards under-fives` trachoma prevention mechanisms

Respondents consent

Dear respondent, Good day, we are graduating BSC PUBLIC HEALTH students of Wolkite university. Currently we are doing a research on an assessment of KAP of parents those who have under five children towards trachoma prevention mechanism in your town. This research will play a great role in producing useful information for further planning and action towards trachoma prevention mechanism in your town.

Your name will not be written in this form and will never be used in connection with any information you tell us. All information given by you will be kept strictly confidential. Your participation is voluntary and you are not obliged to answer any question you do not wish to answer and no one will force you if you don't like to participate or any measure be taken as a result of your refusal. You can interrupt the interview as soon as you feel discomfort. This interview will take about 30 minutes. You have also a right to continue or discontinue at any time during the interview. Would you be willing to participate?

1. Yes _____to continue. 2. No _____ skip to the next respondent

Questionnaire for Household KAP Survey Serial*(do not fill in field)*			
Woreda _____			
Kebele _____			
Town _____ Residence			
House No _____			
Identity number _____			
Name of the interviewer_____ Signature _____			
Part I:socio-demographic characteristics			
Q1	Sex of respondent	Male Female	1 2
Q2	Age of respondent (in years)	*Write in years*	

Q3	What‟s the highest level of schooling you have completed?	Not read and write Read and write Primary school(1-8) High school (9-12) College/university	0 1 2 3 4
Q4	What is your main occupation? *Circle only one (select the one he or she spends most time doing)*	Farming Petty trade (business) Cattle rearing Formal employment (receives monthly salary) Priest/Imam Other (specify)	1 2 3 4 5 88
Q5	What religion do you follow?	Islam Christian Catholic Other	1 2 3 88
Q6	What is your ethnicity?	Gurage Oromo Amhara Other	1 2 3 88
Q7	How many people (including children) usually sleep in this compound?	Write in number	*Room /person*
Q8	How many children do you have of your own?		
Q9	How many other children do you live with/are living with you on your household?.....		
Part II: **Knowledge of trachoma (10)**			
Q10	Do you know what this condition is called? Show them the picture of trachoma/trichiasis. If answer is not trachoma /trichiasis, tell them “trachoma /trichiasis”	Trichiasis Trachoma Inappropriate response No answer/don‟t know	1 2 3 88
Q11	What infection or disease causes trichiasis?	Trachoma Inappropriate response No answer/don‟t know	1 2 88
Q12	Have you ever been informed about trachoma?	Yes No	1 2
Q13	If the answer for No 11 is Yes, What is the source of information? *Circle all that apply*	Health personnel Non health personnel Radio TV Movies Poster Billboard	1 2 3 4 5 6 7

		No answer/don‟t know	88
		Other*(write in)*	99
Q14	What are the symptoms of trachoma? *Circle all that apply* *After each response ask* „Anything else?‟	No symptoms	1
		Painful eyes	2
		Itching and/or burning	3
		Sunlight is painful	4
		Ocular discharge	5
		Foreign body sensation	6
		Eyelashes touch eye	7
		Red eyes	8
		No answer/ Don‟t know	88
		Other*(write in)*	99
Q15	How is trachoma spread from person to person? *Circle all that apply* *After each response ask* „Anything else‟	By flies	1
		By sharing towels or wash cloths	2
		By sharing a bed or a pillow	3
		By sharing eye make-up	4
		By close contact	5
		By touching your eyes	6
		Inappropriate response	7
		No answer/don‟t know	88
		Other *(write in)*	99
Q16	How can trachoma be treated? *Circle all that apply* *After each response ask* „Anything else‟	Antibiotics (TTC or Zitromax)	1
		Medicine	2
		Inappropriate response	3
		No answer/Don‟t know	88
		Other *(write in)*	99
Q17	How can you avoid getting trachoma? Circle all that apply After each response ask ‚Anything else?‟	Take medicine	1
		Go to the clinic	2
		Wash face	3
		Use own towel/face cloth	4
		Use latrine	5
		Use own pillow	6
		Stop flies	7
		Keep the compound clean	8
		Clean up faeces	9
		Inappropriate response	10

		No answer/Don‟t know	88
		Other *(write in)*	99
Q18	In the end, what can happen if you have trachoma? *Circle all that apply* *After each response ask* „Anything else‟	No consequence	1
		Blindness	2
		Reduced vision	3
		Pain	4
		The lashes touch the eye	5
		Sensitivity to light	6
		No answer/don‟t know	88
		Other (write in)	99
Q19	What are you or people in your community doing with regards to preventing trachoma /Accept more than one response/ Ask what else to get more answers	Advise people who have trichiasis to undergo surgery	1
		Advise people with trachoma to get treatment	2
		Wash your own and your children‟s faces	3
		Clean your environment	4
		Inappropriate response	5
		No answer / I don‟t know	88
		Other	99
Q20	What do you or people in your community plan on doing with regards to preventing trachoma /Accept more than one response/ Ask what else to get more answers	Advise people who have trichiasis to undergo surgery	1
		Advise people with trachoma to get treatment	2
		Wash your own and your children‟s faces	3
		Clean your environment	4
		Inappropriate response	5
		No answer / I don‟t know	88
		Other	99
Part III: **Attitude Measuring Questions(7)**			
Q21	In my view, the underlying cause of trachoma prevention problem is poverty	Agree	1
		Disagree	2
Q22	In my view, having an individual towel for each child is important for trachoma prevention.	Agree	1
		Disagree	2
Q23	In my view, open burning of wastes has no impact on the health of human being.	Agree	1
		Disagree	2

Q24	In my view, educated mothers are more concerned on trachoma prevention than non- educated mothers	Agree	1
		Disagree	2
Q25	In my view, the impact of inappropriate dumping of wastes in open fields attract flies and around road sides causes the area loses its natural beauty, bad odor to the community, and as result causes trachoma.	Agree	1
		Disagree	2
Q26	In my view, it is not necessary having a towel for each and every family member.	Agree	1
		Disagree	2
Q27	In my view, if you think one of your family members is infected with trachoma you will Buy drug and treat at home by yourself	Agree Disagree	1 2
	Part Iv: **Environmental factor&practice(8)**		
Q28	Where do you normally go to collect water	River	1
		Non-protected spring	2
		Protected spring	3
		Water point	4
		Pipeline at home	5
		Well	6
		Pond	7
		Hand pump	8
		Other	99
Q29	Distance of source of water	Write in number	
Q30	Can you go, collect water and come back in the time it takes to brew coffee? (not make and drink coffee, just brew it)	Yes	1
		No	2
Q31	On average, how many liters of water do you collect every day?	Write in number	
Q32	Do you have a latrine in the compound	Yes	1
		No	2
Q33	What type of slab does the latrine have	Cement slab with vent	1
		Cement slab without vent pipe	2
		Local type	3
Q34	Do you have used hand washing facility after toilet	Yes	1
		No	2
Q35	Are there (fresh) faces in the pit latrine?	Yes	1
		No	2
Q36	What type of cover does it have?	No cover	0
		Flat stone	1
		Wood	2
		Iron Sheet	3

		Tin can or other container	4
		Other	88
Q37	On average how frequently are the faces of the children washed?	Never washed	0
		Occasionally	1
		Daily	2
		Twice daily	3
		More than twice daily	4
		I don‟‟t have kids	5
Q38	Do you have used isolated wash towel for each children	Yes	1
		No	2
Q39	Clean lines of child face	Dirty /runny nose/discharge/many fly on face/unclean	1
		Clean no discharge/fly	2
Q40	Do your livestock (sheep, cows, goats, horses or donkeys) sleep in the same room as any member of your family	Yes	1
		No	2
Q41	Do you have isolated kitchen with window	Yes	1
		No	2
Q42	Is there evidence of solid waste or garbage within 20 meters of the house (This does not include animal droppings)	Yes	1
		No	2
Q43	Do you have visited by health extension worker/health worker	Yes	1
		No	2
Q44	Access /distance to near by health facility	Write in number of kilometer/minute	
Q45	What is the estimated monthly income /expense?	Write in number ETB	

ቃለ መጠይቅ

የ ወ ል ቂ ጤዩ ኒ ቨ ር ሲ ቲ ህ ክ ምና እ ና ጤና ሳ ይ ን ስ ኮ ሌ ጅ

ህ ብ ረ ተ ሰ ብ ጤና ሳ ይ ን ስ ት ምህ ር ት ክ ፍ ል

ከ እ ም ስ ት ዓ መት በ ታ ች ለ ሆ ኑ ል ጆ ች ስ ለ ት ራ ኮ ማ መ ከ ላ ከ ያ ዘ ዴ ዎ ች ስ ለ የ እ ው ቀ ት ፣ እ መ ላ ካ ከ ት እ ና ል ም ም ድ ግ ም ገ ማ።

ም ላ ሽ ሰ ጪ ዎ ች ፈ ቅ ደ ዋ ል ?ህ .እ ዎ ለ .እ ይ

ው ድ ም ላ ሽ ሰ ጪ፣ መ ል ካ ም ቀ ን ፣ ወ ል ቂ ጤዩ ኒ ቨ ር ሲ ቲ ህ ብ ረ ተ ሰ ብ ጤና ሳ ይ ን ስ ተ ማ ሪ ዎ ች ን እ ያ ስ መ ረ ቀ ይ ገ ኘ ል ።
በ እ ሁ ኑ ጊ ዜ በ ከ ተ ማ ዎ ው ስ ጥ ከ እ ም ስ ት ዓ መት በ ታ ች የ ሆ ኑ ህ ጻ ና ት ያ ሏ ቸ ው ወ ላ ጆ ች ስ ለ ት ራ ኮ ማ መ ከ ላ ከ ያ ዘ ዴ ስ ለ የ እ ው ቀ ት ፣ እ መ ላ ካ ከ ት እ ና ል ም ም ድ ግ ም ገ ማ እ ያ ደ ረ ግ ን ነ ው ።
ይ ህ ጥ ና ት በ ከ ተ ማ ዎ ው ስ ጥ ለ ቀ ጣ ይ እ ቅ ድ ማ ው ጣ ት ና ለ ት ራ ኮ ማ መ ከ ላ ከ ያ ዘ ዴ ጠ ቃ ሚ መ ረ ጃ ዎ ች ን በ ማ ዘ ጋ ጀ ት ረ ገ ድ ት ል ቅ ሚ ና ይ ጫ ወ ታ ል ።

ስ ምህ በ ዚ ህ ቅ ጽ አ ይ ጻ ፍ ምእ ና ከ ምት ነ ግ ሩ ን ማን ኛ ው ም መረ ጃ ጋ ር በ ተ ያ ያ ዘ ፈ ጽ ሞ ጥ ቅ ምላ ይ ሊ ው ል አ ይ ች ል ም ።
ሁ ሉ ም በ እ ር ስ ዎ የ ተ ሰ ጡ መረ ጃ ዎ ች በ ጥ ብ ቅ ሚስ ጥ ራ ዊ ይ ሆ ና ሉ ።
የ እ ር ስ ዎ ተ ሳ ት ፎ በ ፈ ቃ ደ ኝ ነ ት ነ ው እ ና እ ር ስ ዎ ለ መ መ ለ ስ የ ማ ይ ፈ ል ጉ ት ን ማን ኛ ው ን ም ጥ ያ ቁ ለ መ መ ለ ስ አ ይ ገ ደ ዱ ም እ
ና እ ር ስ ዎ ለ መ ሳ ተ ፍ ካ ል ፈ ለ ጉ ማን ም አ ያ ስ ገ ድ ድ ዎ ት ም ወ ይ ም በ እ ም ቢ ታ ዎ ም ከ ን ያ ት ም ን ም አ ይ ነ ት እ ር ም ጃ ቢ ወ ስ ድ ም ቾ
ት ሲ ሰ ማ ዎ ት ወ ዲ ያ ው ኑ ቃ ለ -መ ጠ ይ ቁ ን ማ ቋ ረ ጥ ይ ች ላ ሉ ። ይ ህ ቃ ለ መ ጠ ይ ቅ 30 ደ ቂ ቃ ያ ህ ል ይ ወ ስ ዳ ል ።
እ ን ዲ ሁ ም በ ቃ ለ መ ጠ ይ ቁ ወ ቅ ት በ ማ ን ኛ ው ም ጊ ዜ የ መ ቀ ጠ ል ወ ይ ም የ ማ ቋ ረ ጥ መ ብ ት አ ል ዎ ት ። ለ መ ሳ ተ ፍ ፈ ቃ ደ ኛ ት ሆ ና ለ ህ ?

1. አ ዎ ለ መ ቀ ጠ ል 2. አ ይ ወ ደ ቀ ጣ ዩ ም ላ ሽ ሰ ጪ ይ ዝ ለ ሉ

ክ ል ል _____ዞ ን _____ወ ረ ዳ _____ከ ተ ማ/ጎ ጠ ር _____

ቀ በ ሌ _____የ ቤ ት ቁ ጥ ር _____

ክ ፍ ል አ ን ድ ፡ የ ወ ላ ጅ እ ና የ ል ጁ ማ ህ በ ራ ዊ -ስ ነ -ሕ ዝ ብ ባ ህ ሪ ያ ት

ክ ፍ ል አ ን ድ ፡ -ማ ህ በ ረ -ሕ ዝ ብ ባ ህ ሪ ያ ት

1	ም ላ ሽ ሰ ጪ ዋ ታ	ወ ን ድ ሴ ት	1 2
2	ም ላ ሽ ሰ ጪ ድ ሜ በ አ መ ታ ት ው ስ ጥ ይ ፃ ፉ		
3	ያ ጠ ና ቀ ቁ ት ከ ፍ ተ ኛ የ ት ም ህ ር ት ደ ረ ጃ ም ን ድ ነ ው ?	1ማ ን በ ብ እ ና መ ጻ ፍ አ ይ ደ ለ ም 2ማ ን በ ብ እ ና መ ፃ ፍ 3የ መ ጀ መ ሪ ያ ደ ረ ጃ ት ም ህ ር ት ቤ ት (1-8) 4ሁ ለ ተ ኛ ደ ረ ጃ ት ም ህ ር ት ቤ ት (9-12) 5ኮ ሌ ጅ /ዩ ኒ ቨ ር ሲ ቲ	0 1 2 3 4
4	ዋ ና ሥ ራ ህ ም ን ድ ን ነ ው ?እ ን ድ ብ ቻ ከ ብ (እ ሱ ወ ይ ም እ ሷ ብ ዙ ጊ ዜ የ ሚ ያ ሳ ል ፉ ት ን ይ ም ረ ጡ)	1እ ር ሻ 2ጥ ቃ ቅ ን ን ግ ድ (ን ግ ድ) 3የ ከ ብ ት እ ር ባ ታ 4መ ደ በ ኛ ሥ ራ (የ ወ ሩ ደ መ ወ ዝ ይ ቀ በ ላ ል) 5የ ቤ ት እ መ ቤ ት 6ሌ ላ (ይ ግ ለ ጹ)	1 2 3 4 5 99
5	የ ት ኛ ው ን ሃ ይ ማ ኖ ት ነ ው የ ም ት ከ ተ ለ ው ?	1እ ስ ል ም ና	1

		2ከ ር ስ ቲ ያ ን 3ካ ቶ ሊ ክ 4ሌ ላ	2 3 99
6	ብ ሄ ር ህ /የ ቱ ነ ው?	1ኑ ራ ጌ 2ኦ ሮ ሞ 3አ ማ ራ 4ሌ ላ	1 2 3 99
7	ስ ን ት ሰ ዎ ች (ል ጆ ች ን ጨ ም ሮ) ብ ዙ ው ን ጊ ዜ በ ዚ ህ ግ ቢ ው ስ ጥ ይ ተ ኛ ሉ ?በ ስ ን ት ከ ፍ ል ?በ ቁ ጥ ር ይ ፃ ፉ	የ ከ ፍ ል ብ ዛ ት ሰ ው	
8	የ ራ ስ ህ ስ ን ት ል ጆ ች አ ሉ ህ ?በ ቁ ጥ ር ይ ፃ ፉ		
9	ከ እ ር ስ ዎ ጋ ር ስ ን ት ሌ ሎ ች ል ጆ ች ይ ኖ ራ ሉ /በ እ ር ስ ዎ ላ ይ ይ ኖ ራ ሉ ቤ ተ ሰ ብ ?.....በ ቁ ጥ ር ይ ፃ ፉ		
ክ ፍ ል ሁ ለ ት ፤ የ ግ ን ዛ ቤ /የ እ ው ቀ ት ጥ ያ ቄ			
10	አ ይ ን ው ስ ጥ ቅ ን ድ ብ /መ ድ ረ ር ሲ ቆ ረ ቁ ር ይ ነ ቀ ላ ል ይ ህ ሁ ኔ ታ ም ን እ ን ደ ሚ ባ ል ያ ው ቃ ሉ ?	1ት ሪ ቺ ያ ሲ ስ 2ት ራ ኮ ማ 3ተ ገ ቢ ያ ል ሆ ነ ም ላ ሽ	1 2 88
11	ት ሪ ቺ ያ ስ በ ም ን ዓ ይ ነ ት ኢ ን ፌ ክ ሽ ን ወ ይ ም በ ሽ ታ ም ክ ን ያ ት ይ መ ጣ ል ?	1ት ራ ኮ ማ 2ተ ገ ቢ ያ ል ሆ ነ ም ላ ሽ 3መ ል ስ የ ለ ም /አ ላ ው ቅ ም ።	1 2 88
12	ስ ለ ት ራ ኮ ማ ተ ነ ግ ሮ ህ ያ ው ቃ ል ?	አ ዎ አ ይ	1 2
13	ለ ቁ ጥ ር 11 መ ል ሱ አ ዎ ክ ሆ ነ የ መ ረ ጃ ም ን ጭ ም ን ድ ን ነ ው? የ ሚ መ ለ ከ ታ ች ው ን ሁ ሉ አ ክ ብ ብ	1የ ጤ ና ባ ለ ሙ ያ ዎ ች 2የ ጤ ና ሰ ራ ተ ኞ ች ያ ል ሆ ኑ 3ሬ ዲ ዮ 4ቲ ቪ 5ፊ ል ሞ ች	1 2 3 4 5 6

		6ፖስተር 7ቢልቦርድ 8መልስየለም/አላውቅምም። 9ሌላ (ይጻፉ)	7 88 99
14	የትራኮማምልክቶችምንድናቸው? የሚመለከታቸውንሁሉአክብብ ከእያንዳንዱምላሽበኋላ "ሌላነገርአለ?"	1ምንምምልክቶችየሉም 2የሚያሰቃዩአይኖች/ማሳከክእና/ወይምማቃጠል 3የፀሐይብርሃንህመምነው 4የዓይንመፍሰስ 5የውጭሰውነትስሜት 6የዐይንሽፋሽፍትዓይንንይነካል። 7ቀይአይኖች 8መልስየለም/አላውቅም 9ሌላ (ይጻፉ)	1 2 3 4 5 6 7 88 99
15	ትራኮማከሰውወደሰውእንዴትይተላለፋል? የሚመለከታቸውንሁሉአክብብ ከእያንዳንዱምላሽበኋላ "ሌላማንኛውንምነገር"ይጠይቁ.	1በዝንቦች 2ፎጣዎችንበማጋራትወይምጨርቆችንበማጠብ 3አልጋወይምትራስበመጋራት 4የዓይንሜካፕንበማካፈል 5በቅርብግንኙነት 6ዓይኖችዎንበመንካት 7ተገቢያልሆነምላሽ 8መልስየለም/አላውቅም። 9ሌላ (ጻፍ)	1 2 3 4 5 6 7 88 99
16	ትራኮማእንዴትሊታከምይችላል?	አንቲባዮቲኮች (TTC ወይም Zitromax)	1

	የ ሚመለ ከ ታቸ ውን ሁሉ አ ከ ብ ብ ከ እ ያ ን ዳ ን ዱ ምላ ሽ በ ኋ ላ "ሌ ላ ማን ኛ ውን ምነ ገ ር "ይ ጠይ ቁ .	መድ ሃ ኒ ት ተ ገ ቢ ያ ል ሆ ነ ምላ ሽ መል ስ የ ለ ም/አ ላ ውቅ ም። ሌ ላ (ጻ ፍ)	 2 3 99
17	ከ ት ራ ኮ ማበ ሽ ታ እ ን ዴ ት መራ ቅ ይ ቻ ላ ል ? የ ሚመለ ከ ታቸ ውን ሁሉ አ ከ ብ ብ ከ እ ያ ን ዳ ን ዱ ምላ ሽ በ ኋ ላ "ሌ ላ ነ ገ ር አ ለ ?"	1መድ ሃ ኒ ት ይ ውሰ ዱ 2ወ ደ ክ ሊ ኒ ኩ ይ ሂ ዱ 3ፊ ት ን መ ታ ጠብ 4የ ራ ስ ዎ ን ፎ ጣ /የ ፊ ት ጨር ቅ ይ ጠቀ ሙ 5መ ጸ ዳ ጃ ቤ ት ይ ጠቀ ሙ 6የ ራ ስ ዎ ን ት ራ ስ ይ ጠቀ ሙ 7ዝ ን ቦ ች ን አ ቁ ም 8ግ ቢ ው ን በ ን ጽ ህ ና ያ ስ ቀ ም ጡ 9ሰ ገ ራ ን አ ጽ ዳ 10ተ ገ ቢ ያ ል ሆ ነ ምላ ሽ 11መል ስ የ ለ ም/አ ላ ውቅ ም። 12 ሌ ላ (ጻ ፍ)	1 2 3 4 5 6 7 8 9 10 88 99
18	በ መጨረ ሻ ም ት ራ ኮ ማካ ለ ብ ዎ ምን ሊ ፈ ጠር ይ ች ላ ል ? የ ሚመለ ከ ታቸ ውን ሁሉ አ ከ ብ ብ ከ እ ያ ን ዳ ን ዱ ምላ ሽ በ ኋ ላ "ሌ ላ ማን ኛ ውን ምነ ገ ር "ይ ጠይ ቁ .	1ምን ም ውጤ ት የ ለ ም። 2ዓ ይ ነ ስ ውር ነ ት 3የ ተ ቀ ነ ሰ እ ይ ታ 4ህ መም / 5ግ ር ፋ ቱ ዓ ይ ን ን ይ ነ ካ ል ። 6ለ ብ ር ሃ ን ስ ሜ ታ ዊ ነ ት 6ሌ ላ (ጻ ፍ)	1 2 3 4 5 6 99
19	ት ራ ኮ ማን ለ መከ ላ ከ ል እ ር ስ ዎ ወ ይ ም በ አ ካ ባ ቢ ዎ ያ ሉ ሰ ዎ ች ምን እ የ ሰ ሩ ነ ው? /ከ አ ን ድ በ ላ ይ ምላ ሽ ተ ቀ በ ል /ተ ጨማሪ መል ስ ለ ማግ ኘ ት ሌ ላ ምን ጠ ይ	1ት ሪ ቲ ያ ሲ ስ ያ ለ ባ ቸ ውን ሰ ዎ ች 2ቀ ዶ ጥ ገ ና እ ን ዲ ያ ደ ር ጉ ም	1 2

	ቅ	ከ ር ይ ስ ጡ 3ት ራ ኮ ማ ያ ለ ባ ቸ ውን ሰ ዎ ች እ ን ዲ ታ ከ ሙ ም ከ ሩ 4የ ራ ስ ዎ ን እ ና የ ል ጆ ች ዎ ን ፊ ት ይ ታ ጠ ቡ 5አ ካ ባ ቢ ዎ ን ያ ፅ ዱ 6ተ ገ ቢ ያ ል ሆ ነ ም ላ ሽ 7መ ል ስ የ ለ ም / አ ላ ው ቅ ም 8ሌ ላ	3 4 5 6 88 99
20	ት ራ ኮ ማ ን ከ መ ከ ላ ከ ል ጋ ር በ ተ ያ ያ ዘ እ ር ስ ዎ ወ ይ ም በ ማ ህ በ ረ ሰ ብ ዎ ው ስ ጥ ያ ሉ ሰ ዎ ች ም ን ለ ማ ድ ረ ግ አ ቅ ደ ዋ ል /ከ አ ን ድ በ ላ ይ ም ላ ሽ ተ ቀ በ ል /ተ ጨ ማ ሪ መ ል ስ ለ ማ ግ ኘ ት ሌ ላ ም ን ጠ ይ ቅ	1ት ሪ ቺ ያ ሲ ስ ያ ለ ባ ቸ ውን ሰ ዎ ች ቀ ዶ ጥ ገ ና 2እ ን ዲ ያ ደ ር ጉ ም ከ ር ይ ስ ጡ 3ት ራ ኮ ማ ያ ለ ባ ቸ ውን ሰ ዎ ች እ ን ዲ ታ ከ ሙ ም ከ ሩ 4 የ ራ ስ ዎ ን እ ና የ ል ጆ ች ዎ ን ፊ ት ይ ታ ጠ ቡ 5 አ ካ ባ ቢ ዎ ን ያ ፅ ዱ 6 ተ ገ ቢ ያ ል ሆ ነ ም ላ ሽ 7መ ል ስ የ ለ ም / አ ላ ው ቅ ም 8በ ሌ ላ	1 2 3 4 5 6 88 99
	ክ ፍ ል ሥ ስ ት : የ አ መ ለ ካ ከ ት ጥ ያ ቄ	እ ባ ክ ዎ ን ያ ስ ታ ው ሱ ፡ በ ጥ ብ ቅ	
		እ ስ ማ ማ ለ ሁ =1,	አ ል ስ ማ ማ ም =2
21	በ እ ኔ እ ይ ታ የ ት ራ ኮ ማ መ ከ ላ ከ ል ች ግ ር ዋ ነ ኛ ው መ ን ስ ኤ ድ ህ ነ ት ነ ው።		
22	.በ እ ኔ እ ይ ታ ለ እ ያ ን ዳ ን ዱ ል ጅ የ ግ ለ ሰ ብ ፎ ጣ ማ ድ ረ ግ ለ ት ራ ኮ ማ ን መ ከ ላ ከ ል ጠ ቃ ሚ ነ ው።		
23	በ እ ኔ እ ይ ታ , ከ ፍ ት ቆ ሻ ሻ ማ ቃ ጠ ል በ ሰ ው ል ጅ ጤ ና ላ ይ ም ን ም ተ ጽ እ ኖ የ ለ ው ም።		
24	.በ እ ኔ እ ይ ታ ፣		

	ካልተማሩእናቶችይልቅየተማሩእናቶችለትራኮማመከላከልትኩረትይሰጣሉ።		
25	.እንደእኔእይታበሜዳላይተገቢያልሆነቆሻሻመጣያዝንቦችንይስባልእናበመንገድዳርአካባቢውየተፈጥሮውበቱንእንዲያጣ፣በህብረተሰቡዘንድመጥፎጠረንእንዲፈጠርያደርጋልበዚህምምክንያትትራኮማያስከትላል።		
26	በእኔእይታለእያንዳንዱእናለእያንዳንዱየቤተሰብአባልፎጣመኖሩአስፈላጊአይደለም።		
27	ከቤተሰብውስጥአንድሰውበትራኮማቢታመምመድሃኒትገዝቼበቤትአከመውነበር		
ክፍል IV፡ የአካባቢሁኔታእናልምምድ			
28	ውሃለመሰብሰብወዴትትሄዳለህ	1ወንዝ 2ያልተጠበቀጸደይ 3የውሃነጥብ 4የቧንቧመስመርበቤትውስጥ 5እንግዲህ /ጉድጓድ 6ኩሬ 7የእጅፓምፕ 8ሌላ	1 2 3 4 5 6 7 99
29	የውሃምንጭርቀትበቁጥርይፃፉ		
30	ሄደህውሃወስደህቡናለማፍላትበሚያስፈልገውጊዜመመለስትችላለህ? (ቡናሳይሰራእናሳይጠጣ፣ብቻአፍልቶ)	አዎ አይ	1 2
31	በአማካይበየቀኑምንያህልሊትርውሃትሰበስባለህ? በቁጥርይፃፉ		
32	በግቢውውስጥሽንትቤትአለህ	አዎ	1

		አ ይ	2
33	መጸ ዳ ጃ ቤ ቱ ምን ዓ ይ ነ ት ን ጣ ፍ አ ለ ው። ከ አ የ ር ማ ስ ወ ጫ ጋ ር	1የ ሲ ሚ ን ቶ ን ጣ ፍ 2የ አ የ ር ማ ስ ወ ጫ ቧ ን ቧ የ ሌ ለ ው የ ሲ ሚ ን ቶ ን ጣ ፍ 3የ አ ካ ባ ቢ አ ይ ነ ት ሌ ላ	1 2 3 4 99
34	ከ መጸ ዳ ጃ ቤ ት በ ኋ ላ የ እ ጅ ማ ጠ ቢ ያ መ ሳ ሪ ያ ተ ጠ ቅ መ ዋ ል ?	አ ዎ አ ይ	1 2
35	በ ጉ ድ ጓ ዱ መጸ ዳ ጃ ቤ ት ው ስ ጥ (ት ኩ ስ) ፊ ቶ ች አ ሉ ?	አ ዎ አ ይ	1 2
36	ምን ዓ ይ ነ ት ሽ ፋ ን አ ለ ው? ሽ ፋ ን የ ለ ም።	0 የ ለ ውም 1ጠ ፍ ጣ ፋ ድ ን ጋ ይ 2እ ን ጨት 3የ ብ ረ ት ሉ ህ 4ቆ ር ቆ ሮ ወ ይ ም ሌ ላ መ ያ ዣ 5ሌ ላ	1 2 3 4 99
37	በ አ ማ ካ ይ የ ል ጆ ቹ ፊ ት ምን ያ ህ ል ጊ ዜ ይ ታ ጠ ባ ል ?	1በ ጭራ ሽ አ ል ታ ጠ ብ ም 2አ ል ፎ አ ል ፎ 3 በ የ ቀ ኑ 4በ ቀ ን ሁ ለ ት ጊ ዜ 5በ ቀ ን ከ ሁ ለ ት ጊ ዜ በ ላ ይ 6ል ጆ ች የ ሉ ኝ ም።	0 1 2 3 4 5
38	ለ እ ያ ንዳ ን ዱ ህ ጻ ን የ ተ ነ ጠ ለ ማ ጠ ቢ ያ ፎ ጣ ተ ጠ ቅ መ ዋ ል ?	አ ዎ	1 2

		አ ይ	
39	የ ሕፃ ን ፊ ት ን ጹ ህ መስ መሮ ች ቆ ሻ ሻ /ን ፍ ጥ /ፈ ሳ ሽ / ብ ዙ ፊ ት ላ ይ ይ በ ር ራ ሉ /ን ጹ ህ	አ ይ ደ ሉ ም ም ን ም ፍ ሳ ሽ /መ ብ ረ ር ያ ጽ ዱ	1 2
	ል ጆ ት ን በ ባ ለ ፈ ው ዘ መ ቻ የ ዚ ት ሮ ማ ክ ስ /ክ ኒ ን /ሽ ሮ ፕ	አ ዎ አ ይ	1 2
40	ከ ብ ቶ ቻ ች ሁ (በ ጎ ች ፣ ላ ሞ ች ፣ ፍ የ ሎ ች ፣ ፈ ረ ሶ ች ወ ይ ም አ ህ ዮ ች) እ ን ደ ማ ን ኛ ው ም የ ቤ ተ ሰ ብ ዎ አ ባ ል በ አ ን ድ ክ ፍ ል ው ስ ጥ ይ ተ ኛ ሉ ።	አ ዎ አ ይ	1 2
41	መ ስ ኮ ት ያ ለ ው ወ ጥ ቤ ት አ ለ ህ	አ ዎ አ ይ	1 2
42	ከ ቤ ቱ በ 20 ሜ ት ር ር ቀ ት ው ስ ጥ ስ ለ ደ ረ ቅ ቆ ሻ ሻ ወ ይ ም ቆ ሻ ሻ ማ ስ ረ ጃ አ ለ (ይ ህ የ እ ን ስ ሳ ት መ ው ደ ቅ ን አ ያ ካ ት ት ም)	አ ዎ አ ይ	1 2
43	በ ጤ ና ኤ ክ ስ ቴ ን ሽ ን ሥ ራ ተ ኛ /የ ጤ ና ባ ለ ሙ ያ ን በ ኘ ህ	አ ዎ አ ይ	1 2
44	በ ጤ ና ተ ቋ ም አ ቅ ራ ቢ ያ መ ድ ረ ስ / ር ቀ ት በ ኪ ሎ ሜ ት ር /ደ ቂ ቃ ብ ዛ ት ይ ፃ ፉ		
45	የ ሚ ገ መ ተ ው ወ ር ሃ ዊ ገ ቢ /ወ ጪ ም ን ያ ህ ል ነ ው? በ ቁ ጥ ር ኢ ቲ ቢ ይ ፃ ፉ		

ANNEX2

2. TT Backlog in Orbis & Non-Orbis Gurage Districts, as of Dec 2020 (Tahsas 2013).

Woredas	**Year of Baseline (last) Survey**	**TF %**	**TT Prevalence (%)**	**Year of Recent Survey**	**Estimated Population at Survey Year**	**TF %**	**TT Prevalence**	**Estimated TT Burden**	**Estimated Threshold**	**Cases Managed to Date (Nov 2020)**	**Estimated manageable TT cases (1st,2020**	**Total TT cases to be managed**
Abeshge	2013	14.1	3.2	2018	77,916	11.09	1.730	714	78	285	**351**	**429**
Cheha	2017	11.04	3.10	2020	162,056	10.93	3.360	2,886	162	0	**2,724**	**2,886**
Endegagn	2015	20.8	7.8	2019	64,337	2.95	0.790	269	64	37	**168**	**232**
Enemor Ener	2015	20.8	7.8	2018	140,734	13.75	3.480	2,596	141	607	**1,848**	**1,989**
Enor Ener	2015	20.8	7.8	2018	73,473	13.75	3.480	1,355	73	282	**1,000**	**1,073**
Ezha	Oct-16	1	0.5	2018	111,448	3.76	1.390	821	111	45	**665**	**776**
Gedebano Gutazer Wolene	2013	15.4	1.6	2020	129,525	2.19	0.670	460	130	0	**330**	**460**
Kebena	2019	5.8	1.6	2020	72,273	6.60	2.140	820	72	0	**747**	**820**
Mihur Aklil	2017	1.95	1.88	2020	121,451	1.82	1.280	824	121	0	**702**	**824**
Geta	2014	2.3	0.3	2014	81,892	2.3	0.300	130	82	0	**48**	**130**
Gumer	2014	2.3	0.3	2014		2.3	0.300		95	0	**56**	**151**

					95,032			151				
Mareko	2014	62.4	3.4	Mar-19	88,043	12.2	1.100	513	88	0	**425**	**513**
Mesqan	2014	55.1	3.5	2014	185,304	55.1	3.500	3,437	185	2,782	**470**	**655**
Sodo	2014	33.5	1.4	2014	166,907	33.5	1.410	1,247	167	900	**180**	**347**
Total								**16,224**	**1,570**	**4,938**	**9,716**	**11,286**

TT Backlog at Enemor Ener District, Dec 2020 (Tahsas 2013).						
S.no	**Name of kebeles**	**Population at the impact survey (2018)**	**# of people >15 yrs (53% DHS 2011)**	**TT Prev.**	**TT backlog/UIG-100% clearance**	**TT surg. performed after the impact survey***
32	Gunchire	5,778	3,062	3.480%	107	25