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Knowledge, Attitude and Perceptions on Schistosomiasis Disease Among Community Members in the Federal Capital Territory: A Case Study of the Abuja Municipal Area Council (AMAC)

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Abstract: The neglected tropical diseases (NTDs) represent a collection of infections that disproportionately impact low-income earners in the developing countries, especially in sub-Saharan Africa. The Schistosomiasis continues to be a significant public health issue in Nigeria, which is the country with the greatest burden in the world today. According to the Federal Ministry of Health (Nigeria, 2015), an estimated 24 million individuals are at risk of schistosomiasis, and the prevalence of this disease is 9.5, in general. Though there has been continuous control like Mass Administration of Medicines (MAM), awareness and public sensitization, the burden of schistosomiasis is still very high in the Federal Capital Territory (FCT). The purpose of the study was to evaluate the knowledge, attitude, and the perception of the community-based on schistosomiasis in Abuja Municipal Area Council (AMAC), FCT, Nigeria. It was a cross-sectional study that used a semi-structured questionnaire on 400 male and female participants whose mean ages were 25.0 +8 years. In general, 66.5% of the respondents had heard about schistosomiasis, and 54.2% of the respondents had exhibited good knowledge about the disease. Nevertheless, only 28% were aware of its primary cause, 35.5% of knowing the primary means of transmission, and 52% were ignorant of the continuing MAM activities with praziquantel. Despite the awareness of 57.5% about the signs, symptoms and preventive practices, there were still wrong beliefs about the transmission of the disease. Sanitation was still of a suboptimal level, with 38.2 percent of the respondents not having toilets or latrines. Finally, although the general attitude of communities and knowledge on schistosomiasis control were positive, there is a huge gap in the understanding of the transmission of the disease, programmatic interventions, and emphasis on preventive practices. Effective control of schistosomiasis in AMAC and related endemic areas require the strengthening of health education, sanitation, and increase the engagement of the community in MAM campaigns, and enhancement of behavioral change using specific information and communication strategies.

Keywords: *Neglected Tropical Diseases (NTDs), Schistosomiasis, Knowledge, Attitude and Perception (KAP), Community-Based Study, Mass Administration of Medicines (MAM), Praziquantel, Disease Transmission, Health Education, Preventive Practices, Sanitation and Hygiene, Abuja Municipal Area Council (AMAC), Federal Capital Territory (FCT), Nigeria*.

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I. INTRODUCTION

Schistosomiasis is one of the most prevalent Neglected Tropical Diseases (NTDs) in many developing countries, particularly in Africa, which has the burden of 90 % of the world's reported cases with an estimated 280,000 deaths due to schistosomiasis annually[2]. Recent estimates revealed that more than 200 million[5,6] people are infected with *Schistosoma* species worldwide, and that almost 700 million[5] people are at risk of this infection. The disease is caused by different Schistosoma species, with *S. haematobium* (causes urinary Schistosomiasis), *S.Mansoni* and *S. Japonicum* (causes intestinal Schistosomiasis) being the main and most common species. *Haematobium* infection is characterized by haematuria as the classical sign. In chronic cases, bladder and urethral fibrosis, sandy patches in the bladder mucosa and hydro nephrosis occur while in advanced cases the infection is associated with bladder cancer. Meanwhile, *S. Mansoni* infection in humans causes diarrhea, abdominal pain and blood in faeces. In the late stage, hepatosplenomegaly is the common complication with ascites and portal hypertension. (WHO, 2023) Schistosomiasis remains a global health problem. The disease is endemic in several communities in Nigeria. According to the Anyanti J. et al, Schistosomiasis is one of several Neglected Tropical Diseases considered a major public health problem that affects tropical and sub-tropical countries. Residents of Gwako, a rural community in Nigeria's Federal Capital Territory (FCT)[7]Preventive chemotherapy remains the keypublic health strategy to combat Schistosomiasis disease in the FCT. In 2012, WHO published the neglected tropical diseases Roadmap for 2012–2025 and in the same year, WHO member states endorsed the WHA65.21 resolution on elimination of schistosomiasis[8], however, a detailed understanding of socio-cultural factors that may influence the uptake of the intended health activities and services is vital. Thus, the study sought to determine the knowledge, attitude and perceptions on Schistosomiasis disease among community's members in the FCT, focusing on Abuja Municipal Area Council.

II. MATERIALS AND METHODS

The study was community based and the total sample size was 400. The study population included males and females who reside in different communities in Abuja Municipal Area Council. Interviews were conducted for the participants. The respondents' consent for the survey was sought before participating in the study in all the twelve wards of the Abuja Municipal Area Council in the Federal Capital Territory. Politically, the wards are divided into twelve: Gwagwa, Jiwa and Karmo, Karu, Nyanya, Orozo, Karshi, Lugbe, Kabusa, Wuse, City Centre and Garki. AMAC is the biggest and the most vibrant Area Council out of the six area councils in the FCT. This accounts for why most of the federal institutions, Ministries, private Universities and embassies are located within the area council. In additionto this, extensive banking industries are available, adequate commercial infrastructure comprising shopping complexes and plazas, modern markets, and community markets. The affairs of the area council are presided over by the Chairman elected by suffrage of electorates and assisted by the Vice Chairmen. AMAC is located in the eastern wing of the FCT. It has a projected population of about 3,464,000 as at 2021 according to FMOH FCT Population estimate. Majority (55%) of the FCT dwellers reside in Abuja Municipal Area Council (AMAC). The population in AMAC is highly mobile, implying that the population during the day differs from that of the night population. The main reason for this is that most of the workforce lives in border towns, especially in Niger and Nasarawa states. This study was cross-sectional in design.

- *Data Collection and Analysis:*

A semi-structured questionnaire was developed and pretested among a few people that weren't partof the study population to ensure consistency, reliability, and appropriateness of language before the questionnaire was deployed for data collection into the study area. Information from respondents captured with the questionnaire included socio-demographic characteristics, knowledge about Schistosomiasis disease, including causes, signs and symptoms, mode of transmission, knowledge about the local name of the disease and specific information about the disease and its spread. Moreover, information on the attitude and perceptions of respondents towards prevention and control of the disease and participation in the Mass Administration of Medicines (MAM) program was assessed. Data was collected by trained interviewers who administered the questionnaire electronically using the Open Data Kit (ODK) application on Android devices. Data was exported from ODK into a statistical package for social science version 20 (SPSS 2.0). Data was cleaned and analyzed. Questions on knowledge relating to causes of Schistosomiasis disease, mode of transmission, prevention, and knowledge of control program through Mass Administration of Medicines (MAM) were summed into a composite knowledge score variable. Respondents whose total scores were less than the mean of the composite knowledge score variable were classified as having poor knowledge. In contrast, respondents whose total scores were equal to or greater than the mean knowledge score were classified as having good knowledge. Questions related to perceptions towards Schistosomiasis and its elimination was also summed into a composite practice score variable. Respondents whose scores were less than the mean score were grouped as having poor perceptions towards Schistosomiasis control, while those whose scores were equal to or greater than the mean were considered has having good perceptions towards Schistosomiasis control. All results a represented using frequency and percentages.

- *Socio-Demographic Characteristics of Respondents*

Majority of the respondents were between the ages of 25 and above; the mean age of respondents was 2.6 with males 248 (62.0%) and female 152 (38.0%) of the sample population. 198 (48.8%) of the respondents were married while 183 (45.8%) were single. 171 (42.8%) were self-employed while 81 (20.3%) were gainfully employed, and 67 (16.8%) were unemployed. Regarding the educational level of respondents, 144 (36%) were reported to have completed secondary education, 130 (32.5%) had tertiary education, and 29 (7.25%) reported no education. On religion, Christian respondents were 190 (47.5%), Muslim respondents were also

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190 (47.5%), while 10 (2.5%) of the respondents did not have any religious affiliation. 131 (32.8%) of the respondents were from the Hausa tribe of Nigeria, while the two other major tribes were Yoruba 72 (18.0%), Igbo 49 (12.3%), the natural inhabitants of FCT (Gbagyis) were 63 (15.8%).

Table 1 Shows the Socio-Demographic Profile of the Respondents.

Variable	Frequency(N=400)	%
Age Group		
8-16	33	8.25
17-24	83	20.8
25 and above	284	71
Religion		
Christian	190	47.5
Islam	190	47.5
Others	10	2.5
Traditional	10	2.5
Education		
Primary	27	6.75
secondary	144	36.0
Tertiary	130	32.5
None	29	7.25
Others	70	17.5
Marital status		
divorced	8	2.0
married	195	48.8
separate	10	2.5
single	183	45.8
widow	2	0.5
widower	2	0.5
Occupation		
employed	81	20.3
Self employed	171	42.8
students	81	20.3
unemployed	67	16.8
Gender		
Male	248	62.0
Female	152	38.0
Ethnic Groups		
Gbagyis	63	15.8
Hausa	131	32.8
Igbo	49	12.3
Others	85	21.3
Yoruba	72	18.0

- *Knowledge of Schistosomiasis Among Respondents*

The result showed that 217 (54.2%) of the respondents had good knowledge of Schistosomiasis disease, while 183 (45.7%) had poor knowledge of the disease. from the analysis in (Table 2). 266 (66.5%) of the respondents had heard about the disease. Regarding respondent's knowledge of the symptoms of Schistosomiasis disease, more than half of the total respondents 230 (57.5%) know the signs and symptoms of the disease. 125 (31.2%) of the respondents were able to correctly associate the symptoms with blood in the urine, 63 (15.8%) with blood in the stool, 20(5.0%) associated it with fever and 16 (4.0%) with abdominal pain. In comparison, only 26 (6.5%) of the respondents linked the disease with parasites. Moreover, 57 (14.2%) of the respondents affirmed the disease was caused by worms that live in freshwater sources. However, some of the respondents wrongfully gave other reasons, such as bacteria, 112 (28.0%), fungi, 17 (4.2%), virus, 20 (5.0%), and witchcraft, 5 (1.2%) as the cause of the disease. The study revealed that 294 (73.5%) (Bulk of the respondents) did not know the local name for Schistosomiasis disease, 258 (64.5%) of the respondents have not had any contacts with anyone infected with the disease. 142 (35.5%) of the respondents knew that swimming and bathing in infected water play a significant role in transmitting the disease. The rest of the respondents gave walking in dirty water without shoes 18 (4.5%), playing with soil 25 (6.2%), and eating contaminated food/fruits 16 (4%) as mode of transmission of the disease. Other reasons attributed by very few of the respondents for the transmission of Schistosomiasis disease are drinking untreated water 20 (5%). The percentage that reported not knowing the mode of transmission of the disease was 47 (11.8%). On determining

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the respondent's knowledge about the source of information on Schistosomiasis disease, 78 (19.5%) of the respondents claimed to have heard about the disease from health workers; other recorded responses include: posters 29 (7.2%), neighbors 41 (10.2%), family members 19 (4.8%) radio 13 (3.2%), television 8 (2%), and pamphlets 7 (1.8%). Surprisingly, 226 (52%) of the respondents didn't know about Mass Administration of Medicines (MAM).

Table 2 Knowledge of Schistosomiasis Among Respondents

Overall knowledge	**N**	**%**
Poor	183	45.7
Good	217	54.2
Specific Knowledge Variables	**NO**	**YES**
Ever heard about SCH	134 (33.5)	266 (66.5)
Know what SCH is	158 (39.5)	242 (60.5)
Local name for SCH	294 (73.5)	106 (26.5)
Contact with anyone with SCH	258 (64.5)	142 (35.5)
Signs & Symptoms of SCH	170 (42.5)	230 (57.5)
Know what MAM is	208 (52.0)	192 (48.0)
Knowledge related to where you heard about SCH		
Family members	19	4.8
Health workers	78	19.5
Neighbor	41	10.2
Pamphlet	7	1.8
Posters	29	7.2
Radio	13	3.2
Television	8	2.0
Knowledge related to knowing signs & symptoms of SCH		
Abdominal pain	16	4.0
Blood in the stool	63	15.8
Blood in the urine	125	31.2
Cough	1	0.2
Fever	20	5.0
Headache	5	1.2
Vomiting	1	0.2
Knowledge related to knowing the causes of Schistosomiasis		
Bacteria	112	28.0
Fungi	17	4.2
None	29	7.2
Parasite	26	6.5
Virus	20	5.0
Witchcraft	5	1.2
Worms	57	14.2
Knowledge related to mode of transmission		
Drinking untreated water	20	5.0
Eating contaminated food/fruit	16	4.0
I don't know	47	11.8
Playing with soil	25	6.2
Swimming/bathing in infected water	142	35.5
Walking in dirty water without	18	4.5
Fresh Water with Snails	0	0.0

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➢ *Attitude of Respondents Towards the Control Schistosomiasis and MAM*

The attitude of community members towards those infected with Schistosomiasis disease and how to control the disease generally were assessed and presented in Table 3. From the study, 226 (56.5%) of the respondents reported they have never participated in the annual MAM; a strategy put in place by the government for the control the disease while 174 (43.5%) have participated in MAM over the years. 255 (63.8%) of the respondents perceived Schistosomiasis to be a dangerous disease, 125 (31.2%) did not know whether it is a dangerous disease or not, 229 (57.2%) of the respondents did not know that the disease cannot be contracted/spread from one person to another, 96 (24%) of the respondents affirmed that the disease can spread through contact with an infected person. Moreover, 209 (52.2%) of the respondents thinks the diseases can be prevented by reducing contact with slow-moving river. To control this disease, 56 (25.2%) suggested promotion of hand washing, 41 (18.5) suggested Increased personal hygiene, 33 (8.2) clamored for provision of basic social infrastructures/amenities by the government. Furthermore, 201 (50.2%) of the respondents have never taken deworming medicines during MAM. 88 (22%) have swallowed medicines for less than ≥5 years (<5 years) during MAM, 24 (6%) have taken between 5- 10years, while only 12 (3%) have taken more than 10 years. The study further revealed that 313 (78.2%) of the study population have never had blood in their stool/urine while 261 (65.2%) have never seen anyone with blood in their stool or Urine.

Table 3 Attitude of Respondents Towards the Control Schistosomiasis and MAM

Specific Attitude Variables	N	%
Have you and your family ever participated in annual MAM		
No	226	56.5
Yes	174	43.5
Have you ever taken medicines to prevent Schistosomiasis		
No	225	56.2
Yes	175	43.8
In your own opinion, is Schistosomiasis a dangerous disease?		
i don't know	125	31.2
No	20	5.0
Yes	255	63.8
Can Schistosomiasis be contacted or spread from one person to another		
i don't	229	57.2
No	75	18.7
Yes	96	24.0
Can Schistosomiasis be prevented		
i don't	190	47.5
Yes	209	52.2
For how long have you been taken deworming medicine during MAM?		
<5yrs	88	22.0
1-5yrs	75	18.8
10yrs and above	24	6.0
6-10yrs	12	3.0
never taken	201	50.2
Have you ever had blood in your stool or urine		
No	313	78.2
Yes	87	21.7
Have you ever seen or know anyone with blood in the stool or urine		
No	261	65.2
Yes	139	34.7
How can the spread of SCH be prevented		
Increase personal hygiene	41	18.5
Increase environmental hygiene	40	18.0
provision of basic social infrastructures/amenities by the government	33	8.2
promotion of hand washing	56	25.2
Reduced contact to slow moving river	85	38.3

➢ *Perceptions of Respondents Towards the Control of Schistosomiasis Disease*

Since Schistosomiasis disease is associated with witchcraft, worms, virus, parasites, fungi, bacteria etc. by some of the respondents, it was not a surprise that their perceptions are diverse in nature. Table 4 shows the Perceptions of the respondents on Schistosomiasis disease. The bulk of the respondents 324 (81%) do not have a slow-moving river in their community. 247 (61.7%), of the respondents have access to toilets/latrines while 153 (38.2%)

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do not have access to toilets/latrines. Regarding places where faeces were disposed due to lack of toilet facilities, responses from the respondents includes: bush 85 (38.3%), Pit 33 (8.2%), Drainage 24 (6.0%), River 11 (2.5%). The study showed that 254 (63.5%) of the respondents reported they have primary health care facilities (PHCs) in their communities, while 146 (36.5%) do not have access to Primary Health care facilities. Some of the activities undertaken in slow moving water includes: washing of clothes or utensils 112 (28%), washing or soaking of farm produce 85 (21.2%), fetching of water 72 (18%), washing of car or motor bike 49 (12.2%), defecation/urination in the slow-moving water 11 (2.5%), disposal of waste products 8 (2.3%). Furthermore, the major source of drinking water by the respondents was borehole 201 (50.2%), other sources of water include, pipe borne water 88 (22.0%), Wells75(18.8%), Rain water 24 (6.0%), rivers/streams (3.0%). In summary, the result from the study indicates that the perceptions of community members, 384 (81.0%) towards the prevention and control of Schistosomiasis disease was good. Nevertheless, the perceptions can best be described as confusing and not clearly spelt out because more than half of the respondents, 229 (57.2%) were naïve and ignorant of the Schistosomiasis disease transmission. They did not know whether the disease can spread from person to person. Therefore, there is no way they can put all their efforts towards the prevention and control of the disease.

Table 4 Perceptions of Respondents Towards the Control of Schistosomiasis Disease

Specific practices Variables	N	%
Do you have a slow moving river in your community?		
No	324	81.0
Yes	76	19.0
Do you have access to the use of toilets/latrines		
No	153	38.2
Yes	247	61.7
If no, mention where you always depose human waste (feaces)		
River	11	2.5
Drainage	24	6.0
Pit	33	8.2
Bush	85	38.3
Forest	0	0.0
Do you have a Primary Health Care (PHC) Clinic in your Community		
No	146	36.5
Yes	254	63.5
Inform health care/clinic on who has blood in the Urine/stool or outbreak of SCH?		
No	146	36.5
Yes	254	63.5
Activities in slow moving water		
swim/bath	63	15.7
washing clothes or utensils	112	28.0
wash car or motorbike	49	12.2
wash or soak farm produce	85	21.2
fetch water	72	18.0
catch fish/fishes	0	0.0
Defecate/urinate	11	2.5
Disposed waste products	8	2.6
Source of drinking water		
Rain water	24	6.0
River/Stream	12	3.0
Tap	88	22.0
Well	75	18.8
Boreholes	201	50.2
Overall perception on Schistosomiasis disease		
Good	324	81.0
Poor	76	19.0

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III. DISCUSSION

To the best of our knowledge, this is the first knowledge, attitude and practices survey in the study area to observe the response rate of KAP methods in an awareness campaign that could understand the Target Population, identify gaps in knowledge and misconceptions and most importantly evaluating program effectiveness. It was discovered during our survey that despite the educational background of the respondents which indicates Tertiary education 130 (32.5%), Secondary education 144 (36.0%), Primary 27 (6.75%), more than half of the respondents claimed that they didn't know whether the disease can spread from person to person. This implies there is a need to scale up awareness on the disease, not only in the area council in focus but across the six area councils in the Federal Capital Territory. Moreover, a good number of respondents knew about the disease mostly through health workers, neighbors, posters, Television, Radio etc. which gave credence to the positive impact of annual community-based deworming exercise among community members. On a sad note, more than half of the respondents 225 (56.2%) are not aware of the drugs of choice and their availability in the FCT for the treatment of Schistosomiasis disease. This signifies that information and awareness creation on the Mass Administration of Medicines (MAM) remains very low in the study area. Awareness creation and community sensitization would allow community members to have specific and not just a general knowledge about the disease. It will surely help community members to have concrete information about the availability and accessibility of medicines for the treatment of Schistosomiasis disease and other NTDs. These medicines are generously donated by the World Health Organization (WHO), are given free of charge, available and easily accessible for treatment annually. Some of the respondents who had the knowledge and swallowed the medicines have done so in less than 5 years, while the Mass Administration of Medicines for Schistosomiasis disease has been ongoing for close to 9 years. Moreover, as earlier stated, the mode of transmission of the disease and most importantly the causal (causative) agents require further education, information and enlightenment to the community members by health care workers. The study further revealed that the study population had good knowledge of the signs and symptoms of the disease, but grossly attributed the cause of the disease to options unrelated to the main cause such as bacteria, fungi, viruses, rather than the actual cause which is parasitic flatworms commonly called blood flukes. Furthermore, the findings on whether the respondents have heard about Schistosomiasis disease indicated that very few respondents knew the main causative agent. This corroborated the findings from a previous study in western Kenya (Poole H, Terlouw et al, 2014). Findings from this study showed that the majority of the respondents did not know the local name for Schistosomiasis disease, which suggests that the bulk of the people in the community did not understand the disease peculiarity or take precautionary measures against the spread of it. The few who knows the local name of Schistosomiasis disease in Hausa language referred to it has *"""Tsargiya"""* while in Gbagyi language; it was referred to as """*ChepaDadyayi*""". Interestingly, it was found out that the majority of the respondents associated the disease with swimming/bathing in infected water, while one of the respondents indicated the role of fresh water and snails in the transmission of Schistosomiasis disease. Also, it was revealed from the study that preventive measures. mostly preferred by the respondents was reducing contact with slow-moving rivers. The knowledge about SCH was significantly higher among males, aged 25 and above, educated and workers in comparison with their female counterparts. Furthermore, regarding the 'respondents' attitude towards the prevention of Schistosomiasis disease, 255 (63.8%), buttressed their assertion that Schistosomiasis is a dangerous disease. As expressed by one respondent, "yes, it is a very dangerous disease, from experience, I know it's very painful and the amount of blood one loses daily is massive". Most respondents asserted that the disease cannot spread from one person to another which was a fallacious statement. This finding is in contrast to findings from the result from the study conducted in Plateau state where about half of the study population did not feel that they were at risk of being infected with the disease[9]. However, further findings from this study showed that many of the respondents have never taken drugs to prevent Schistosomiasis disease. This low level of drug prevention may be associated with the overall low family participation in MAM which is in contrast to a study carried out in Western Kenya where the majority (88%) of the respondents consumed PZQ tablets during MAM because majority knew about MAM in their communities.[10]

IV. CONCLUSION

In view of the foregoing, this study shows that the knowledge on Schistosomiasis disease in the AMAC communities (study area) was good, most especially the responses of the respondents from the study population on signs & symptoms, attitude to reporting any outbreak, and cases of blood in the stool or urine to health care workers. The report on the knowledge of Schistosomiasis disease was high when compared with previous studies on this subject matter. This is an indication of success and a boost to the prevention, control, eradication, and elimination of Schistosomiasis disease and other NTDs. On the other hand, the survey further revealed that MAM coverage is still very low in AMAC and community members did not really understand the role of MAM in preventing and controlling the Schistosomiasis disease. Therefore, there is every need for increased community mobilization, sensitization, and awareness creation on the MAM not only in AMAC but in the FCT generally. The awareness creation can be done through health education, constant advocacy visits to major stakeholders in various communities, community dialogue, mobilization, triggering, participation, ownership and active engagement of all relevant stakeholders in the health sector and the media. Also, the need for vector control, improved treatment, and therapeutic and geographical coverage are imperative while emphasizing and buttressing the goal of MAM program in the prevention, control, eradication, and elimination of SCH disease in AMAC and all the area councils in the FCT. The study clearly revealed a gap in the knowledge of the disease and the available intervention for its prevention.

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RECOMMENDATION

- Government at all levels should intensify health education and community sensitization to create more awareness among community members on SCH and the MAM.
- The Department of Public Health should liaise with relevant institutions in the community before MAM.
- More research is required to determine the current prevalence of the disease, especially among school age children in AMAC because of the increased urbanization.

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