

## Mothers' Knowledge and Practices regarding Care of their Children Suffering from Blinding Trachoma

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### Abstract

**Background:** Blinding trachoma is the leading infectious cause of blindness worldwide. **Aim of this study:** Was to assess mothers' knowledge and reported practices regarding care of their children suffering from blinding trachoma. **Research design:** A descriptive design was utilized to conduct this study. **Setting:** This study was conducted at outpatient clinic at the Benha Ophthalmic Hospital. **Sample:** A purposive sample of 55 mothers who accompanied their children who diagnosed with blinding trachoma and aged 1 day-9 years. **Tools of data collection:** Two tools were used to conduct this study. **Tool I:** Structured questionnaire schedule to assess mothers' knowledge regarding blinding trachoma. **Tool II:** Reported practice questionnaire to assess mothers' reported practice regarding care of their children suffering from blinding trachoma. **Results:** The majority of the studied mothers had unsatisfactory knowledge about blinding trachoma, while less than two thirds of them had inadequate reported practices toward caring for their children with blinding trachoma. **Conclusion:** There was a positive correlation between total knowledge and reported practices of mothers' towards caring of their children with blinding trachoma. **Recommendations:** Provision of educational programs on regular basis is suggested to the mothers caring of their children with blinding trachoma.

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**Key words:** Blinding trachoma, Children, Mothers' knowledge and practices.

### Introduction

Blinding trachoma, a neglected tropical disease, is an infectious eye disease caused by an obligate intracellular Gram-negative bacterium called *Chlamydia trachomatis* types A, B, Ba, and C. (Gebrie et al., 2019). Disease affects mostly children aged one to nine years. Children are frequently infected with *Chlamydia trachomatis* due to their tendency to have close contact with others and constantly rubbing their eyes. Active blinding trachoma has 60-90% prevalence among preschool children in endemic regions. Additionally, with increasing age, frequency and duration of infection becomes less frequent, blinding

trachoma trichiasis symptoms appears as; constant eye pain, light intolerance, corneal scarring, irreversible opacities and blindness (Khokhar et al., 2018).

The infection usually occurs in childhood in form of conjunctivitis with follicles and papillae. Healing results in scarring and fibrosis that affects the palpebral conjunctiva and the lids. Repeated infection can lead to destruction of the conjunctival epithelium, meibomian glands and accessory lacrimal glands, tarsal deformation, entropion, trichiasis, and corneal scarring. Superior tarsal conjunctival scarring takes the form of Arlt's line, diffuse scarring and fibrosis, localized

focal scarring or tarsal deformation (**Tadesse et al., 2017**).

The development of scar tissue on the inside of the eyelid lead to inward folding of the eyelid (entropion) and ingrown eyelashes (trichiasis). So eyelashes rub against the cornea lead to corneal scarring. Corneal scarring can be in the form of superior pannus, Herbert's pits at the upper cornea, peripheral or central scars or generalized scarring. This lead to irreversible damage of the eye, corneal opacification, low vision, and partial or complete blindness (**El Toukhy et al., 2020**).

Mothers have more significant role in caring for children with active blinding trachoma infection and being responsible for health of their children. Mothers play role in completing domestic tasks as house environmental cleaning and control of insects, caring for sick children and also they are responsible for cleanliness and disease prevention. Additionally mothers are responsible for care for their children with blinding trachoma including giving medications and keeping children' personal hygiene (**Greenland et al., 2019**).

Nurses have an important role in caring children with blinding trachoma in identifying and diagnosing the disease, nurses also, should give health education to the caregiver about the disease. Nurses educate mothers giving oral antibiotics and topical eye drops and provide advice to parents on keeping their children's personal hygiene particularly face clean. The nurses confirm on hand hygiene for children and mothers and encourage children and their families to prevent spread of the infection through avoidance of sharing of towels and other personal equipment, improving cleanliness of house environment, proper disposal of animal

waste and control of insects (**Corley et al., 2017**).

### **Significance of the study**

Blinding trachoma is the leading infectious cause of blindness worldwide. Blinding trachoma causes misery, dependency and is a barrier to development. Blinding trachoma is hyper endemic in many poorest and most remote rural areas in 53 countries in Africa, Asia, Central America, South America, Australia, pacific islands and the Middle East. Globally, 27.8 million children are suffering from active blinding trachoma and Africa is the most affected continent with 12.4 million (68.5%) children affected. The disease affects mostly children aged one to nine years. Children are the main reservoirs of infection (**Ferede et al., 2017**).

Blinding trachoma has a negative impact on the life of the affected children, their families and communities. Blinding trachoma has further disadvantages on children in low-income countries when it interrupts their education. Children who suffer pain or vision problems as a result of repeat infections face significant barriers to learning as they grow up; affecting their ability to lead healthy, productive futures. It cause disability, dependency and poverty and it is a barrier to development. Economically, there is a huge loss in productivity, the disease exacerbates poverty as it diminishes the financial viability (**Tanywe et al., 2019**).

According to **Outpatient in Benha Ophthalmic Hospital, (2018-2019)** statistics of children who had blinding trachoma were 103 cases. So, this study was conducted to assess mothers' knowledge and practices regarding care of their children suffering from blinding trachoma.

### **Aim of the study**

This study aimed to assess mothers' knowledge and reported practices regarding care of their children suffering from blinding trachoma.

### **Research questions**

1. What are the levels of mothers' knowledge and practices regarding care of their children suffering from blinding trachoma?
2. Is there a relationship between mothers' knowledge and their practices regarding care of their children suffering from blinding trachoma?
3. Is there a relationship between personal characteristics of the mothers and their knowledge and practices regarding care of their children suffering from blinding trachoma?

### **Subjects and Method**

#### **Research design:**

A descriptive research design was utilized for conducting this study.

#### **Research setting:**

The present study was conducted at the outpatient clinic at Benha Ophthalmic Hospital that affiliated to the Egyptian Ministry of Health and Population. The study was conducted at clinic number 1 which located at the first floor of the hospital and consists of only one room where children with ophthalmic disorders from Benha city and the surrounding villages receiving treatment and follow up.

#### **Sample:**

A purposive sample consisted of 55 mothers who accompanied their children and attended the

previously mentioned setting for six months under the following inclusion criteria:

- Mothers with children diagnosed with blinding trachoma.
- Mothers with children aged from 1 day- 9 years.
- Mothers with children free from other ophthalmic problems.
- Mothers willing to participate in the study.

#### **Tools of data collection:**

Data was collected through the following two tools :

##### **I. A structured interviewing questionnaire:**

It was developed by the researcher after reviewing related literatures, under supervision of the supervisors and written in an Arabic language. It consisted of three parts:

##### **Part 1:-** Characteristics of the study subjects:

- Mothers' sociodemographic characteristics which included age, level of education, occupation, residence, type of family and family income.
- Children' personal characteristics which included age, gender, level of education and ranking.

➤ **Part 2:-** Family history of blinding trachoma and medical history for children, it consisted of 6 multiple choice questions.

➤ **Part 3:-** Mothers' knowledge regarding blinding trachoma. It was adopted from **Khokhar et al., (2018)** and **WoldeKidan et al., (2019)** to assess mothers' knowledge regarding blinding trachoma. It consisted of (10) multiple choice questions.

### **Scoring system:**

The scoring system was divided as: The complete correct answer scored (2), incomplete correct answer scored (1) and wrong/don't know scored (0). The mothers' answers were compared with the model key answers and according to mothers' answer, their total level of knowledge categorized as

\* **Satisfactory** if mothers scored  $\geq 60\%$  ( $\geq 12$  score)

\* **Unsatisfactory** if mothers scored  $< 60\%$  ( $< 12$  score).

### **II. Reported practice questionnaire**

It was adapted from **Hockenberry et al., (2017), Greenland et al., (2019) and Tanywe et al., (2019)**. It was used to assess mothers' reported practices regarding care of their children suffering from blinding trachoma, it consisted of (7) checklists regarding; handwashing (10 steps), face care (8 steps), eye drops administration (16 steps), oral medication administration (21 steps), children personal hygiene (9 steps), house environmental cleaning (9 steps) and control of house flies (5 steps).

### **Scoring system:**

The studied mothers' reported practices assessed using the observational checklists and scored as the following one score was given to each step done correctly and zero score for each step done incorrect or not done. Total scores were classified as;

\* **Adequate** reported practices if mothers scored  $\geq 60\%$  ( $\geq 47$  score).

\* **Inadequate** if mothers scored  $< 60\%$  ( $< 47$  score).

### **Tools validity and reliability:**

The study tools were revised by a panel of three experts who were professor and assistant professor in the field of Pediatric Nursing from Benha Faculty of Nursing to assess the content validity of the study tools. This phase took one month (March, 2020). According to the experts opinions some modifications were done such rephrasing and correct grammars. Testing reliability of tools was done using Cronbach's alfa coefficient test, it was 0.89 for the first tool and 0.94 for the second tool.

### **Ethical considerations:**

The researcher explained the aim and the nature of the research for each mother before their inclusion . Mothers' oral consent were obtained from them before their participation in the study. Anonymity and confidentiality of the study subjects secured and the mothers were informed that the gathered data were used for research purpose only. The study was harmless and the study subjects allowed to withdraw from the study at any time freely without explanation of any rationales.

### **Pilot study:**

A pilot study was carried out during April, 2020 and involved 10% of the sample size (five mothers and their accompanying children) to test

feasibility and applicability of the study tools. All participants in the pilot study were included in the sample, where no radical modifications were carried out in the study tools as revealed from the pilot study.

So that, mothers who were included in the pilot study were not excluded from the total study sample .

**Field work:**

The actual field work was carried out from the beginning of May, (2020) up to the end of October, (2020). Data collection was done three days/week during morning shift in the previously mentioned setting, these days were Sunday, Tuesday and Wednesday. The data was collected through six months. Mothers' oral consent were obtained from the mothers before participation in this study. The title and objectives were clarified for each mother to obtain her approval which was needed for conducting this study. Each mother was individually interviewed using the questionnaire for assessing mothers' knowledge regarding blinding trachoma and the average time required for completion of each questionnaire was around 15-20 minutes and about 20-30 minutes for filling the mothers' reported practice.

**Statistical analysis:**

The collected data were organized, arranged, analyzed and tabulated by using an electronic computer and statistical analysis was done by using Statistical Package for Social Sciences (SPSS version 20), which used frequencies and percentages for qualitative descriptive data, and chi-square coefficient ( $\chi^2$ ) was used for relation tests, pearson correlation coefficient (r) was used for correlation analysis and degree of significance was identified.

The statistically significance were considered as the following:

- Highly statistically significant difference (HS)  $P < 0.001$
- Statistically significant difference (S)  $P < 0.05$
- No statistically significant difference (NS)  $P > 0.05$ .

**Results**

**Table (1):** Reveals that less than half (47.3%) of the studied mothers were in the age group

20 < 30 years with mean age  $25.02 \pm 5.66$  years old, and less than two thirds (63.6%) of them had secondary education. Moreover, less than three quarters (70.9%) of studied mothers don't work and more than two thirds (67.3%) of them had insufficient income.

**Table (2):** Reveals that more half (58.2%) of the studied children were in the age group 1<3 years with mean age  $3.16 \pm 1.41$  years old, while about half (50.9%) of them were male and the rest (49.1%) of them were female. Moreover, less than two thirds (60%) of studied children were at kindergarten. Also, this table shows that more than two thirds (69.1) of studied children were the second child.

**Figure (1):** Illustrates that the majority (92.7%) of the studied mothers had unsatisfactory total knowledge about blinding trachoma, on the other hand the minority (7.3%) of them had satisfactory knowledge.

**Figure (2):** Illustrates that less than two thirds (60%) of the studied mothers had inadequate reported practices toward caring of their children with blinding trachoma and the rest (40%) of them had adequate reported practices.

**Table (3):** Reveals that there were statistically significant differences between mothers' age & level of education and their total knowledge regarding blinding trachoma. Meanwhile, there was no statistically significant difference between mothers' occupation & family income and their total knowledge regarding blinding trachoma.

**Table (4):** Reveals that there were statistically significant differences between mothers' age, level of education & occupation and their total reported practices regarding care of children with blinding trachoma. One

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the other hand, there was no statistical significant difference as regards their family income.

**Table (5):** Demonstrates that there was a positive strong correlation between total

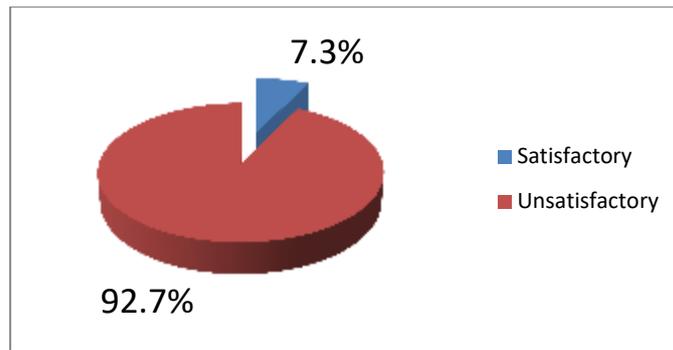
scores of mothers' knowledge and their total reported practices towards caring of children with blinding trachoma as ( $r= 0.70$ ) and ( $P$ -value=0.05).

**Table (1): Percentage distribution of the studied mothers according to their characteristics (n=55).**

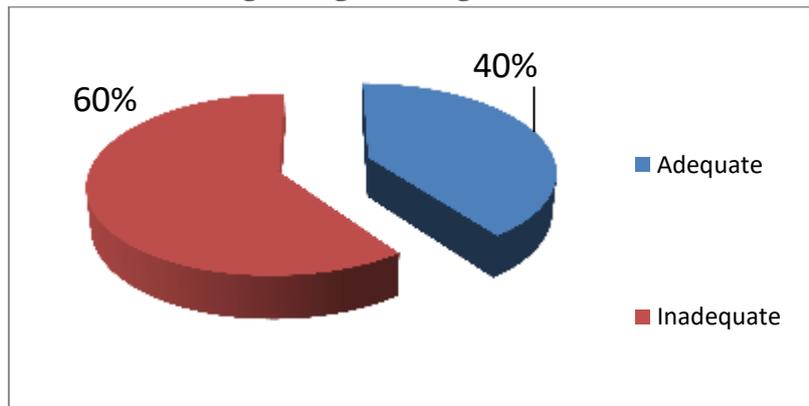
Items	No	%
<b>Age / years</b>		
16 < 20	19	34.5
20 < 30	26	<b>47.3</b>
30 ≤40	10	18.2
<b>Mean ± SD</b>	<b>25.02 ± 5.66</b>	
<b>Level of education</b>		
Basic education	16	29.1
Secondary education	35	<b>63.6</b>
University education	4	7.3
<b>Mothers' occupation</b>		
Work	16	29.1
Don't work	39	<b>70.9</b>
<b>Family income</b>		
Medium income	18	32.7
Insufficient income	37	<b>67.3</b>

**Table (2): Distribution of the studied children according to their characteristics (n=55).**

Items	No	%
<b>Age / years</b>		
1 < 3	32	<b>58.2</b>
3 < 6	23	41.8
<b>Mean ± SD</b>	<b>3.16 ± 1.41 years</b>	
<b>Gender</b>		
Male	28	<b>50.9</b>
Female	27	<b>49.1</b>
<b>Level of education</b>		
Not yet enrolled in any nursery schools	16	29.1
Kindergarten	33	<b>60</b>
At the elementary level	6	10.9
<b>Ranking</b>		
The second	38	<b>69.1</b>
The third	17	30.9



**Figure (1): Percentage distribution of the studied mothers according to their total knowledge regarding blinding trachoma.**



**Figure (2): Distribution of the studied mothers according to their total reported practices regarding care of children with blinding trachoma.**

**Table (3): Relation between mothers' characteristics and their total knowledge regarding blinding trachoma (n=55).**

Mothers' characteristics	Total knowledge				X <sup>2</sup>	p-value
	Satisfactory (n= 4)		Unsatisfactory (n= 51)			
	No	%	No	%		
<b>Age of mothers in years</b>						
16< 20	0	0	19	37.3	Fisher Exact test	<b>0.008*</b>
20<30	1	25	25	49		
30≤40	3	75	7	13.7		
<b>Level of education</b>						
Basic education	0	0	16	31.3	Fisher Exact test	<b>0.000**</b>
Secondary education	1	25	34	66.7		
University education	3	75	1	2		
<b>Mothers' occupation</b>						
Work	2	50	14	27.5	0.91	0.339
Don't work	2	50	37	72.5		
<b>Family income</b>						
Medium income	1	25	17	33.3	0.12	0.732
Insufficient income	3	75	34	66.7		

**\*\*Highly significant P≤ 0.001**

**\*Significant P≤ 0.05**

**Table (4): Relation between mothers' characteristics and their total reported practices regarding care of children with blinding trachoma (n=55).**

Mothers' characteristic	Total reported practices				X <sup>2</sup>	p-value
	Adequate (n=22)		Inadequate (n= 33)			
	No	%	No	%		
<b>Age of mothers in years</b>						
16< 20	4	18.2	15	45.5	9.53	<b>.009*</b>
20<30	10	45.4	16	48.5		
30≤40	8	36.4	2	6		
<b>Level of education</b>						
Basic education	3	13.6	13	39.4	9.13	<b>.010*</b>
Secondary education	15	68.2	20	60.6		
University education	4	18.2	0	0		
<b>Mothers' occupation</b>						
Work	3	13.6	13	39.4	4.24	<b>.039*</b>
Don't work	19	86.4	20	60.6		
<b>Family income</b>						
Medium income	10	45.5	8	24.2	2.70	0.1
Insufficient income	12	54.5	25	75.8		

\*Significant P≤0.05

**Table (5): Correlation between total scores of mothers' knowledge and their total reported practices score towards caring of children with blinding trachoma**

Items	Total mothers' knowledge	
	R	P-value
<b>Total mothers' reported practices</b>	<b>0.70</b>	<b>0.05*</b>

**Discussion**

Regarding to the characteristics of studied mothers, the findings of the current study revealed that, less than half of mothers aged 20 < 30 years with mean age 25.02 ± 5.66 years old, also, This result was in compliance with that of **Melkie et al. (2020)** who carried out a study entitled "Prevalence and Associated Factors of Active Trachoma among Children Aged 1-9 Years Old in Mass Drug Administration Graduated and Non-Graduated Districts in Northwest Amhara Region: A Comparative Cross-Sectional

Study" and reported that, half of the studied sample their age ranged between 17 > 30 years with mean age 25.7± 5.41 years.

In relation to family income of the studied mothers, it was evident that more than two thirds of mothers had insufficient income. This result was in agreement with that of **Mengistu et al. (2016)** who conducted a study entitled "Prevalence and Factors Associated with Trachoma among Children Aged 1–9 Years" and reported that less than three quarters of them had inadequate income.

In relation to level of education of the studied mothers, it was evident that less than

two thirds of mothers had secondary education. This result was in compliance with that of **Oswald et al. (2017)** who conducted a study entitled "Active Trachoma and Community Use of Sanitation" and reported that more than half of mothers had secondary education. From the researcher's point of view, low education level of mothers is a great factor that lead to the low level of mothers' knowledge and practices as education greatly strengthens the women to perform their vital roles in caring of their children and creating a healthy environment.

Regarding the characteristics of the studied children, the findings of the current study revealed that more than half of children aged 1<3 years with mean age  $3.16 \pm 1.41$  years old. This result was in agreement with that of **Gebrie et al. (2019)** who carried out a study entitled "Prevalence and Associated Factors of Active Trachoma among Children in Ethiopia: a Systematic Review and Meta-Analysis" and stated that more than half of children aged 1<3 years with mean age of the studied children was  $3.34 \pm 1.54$  years.

In relation to level of education of the children, the current study revealed that less than two thirds of them were at kindergarten. This result was parallel to that of **Nigusie et al. (2015)** who performed a study entitled "Prevalence and Associated Factors of Active Trachoma among Children Aged 1–9 Years in Rural Communities" and found that, more than half of children were enrolled at kindergarten. Related to gender of studied children, it was evident that about half of children were male. This result was in compliance with that of **Khokhar et al. (2018)** who performed a study entitled "Active Trachoma among Children of District Dera Ghazi Khan, Punjab, Pakistan", and mentioned that, more than half of the studied children were male.

Regarding to total level of mothers' knowledge regarding blinding trachoma, the

finding of the current study revealed that the majority of studied mothers had unsatisfactory total knowledge about blinding trachoma. This result was in accordance with that of **Munguti (2017)** who carried out a study and stated that, the majority of studied sample reported poor level of knowledge about blinding trachoma.

Related to total level of mothers' reported practices regarding care of their children with blinding trachoma, the finding of the current study revealed that less than two thirds of mothers had inadequate reported practices. This result was parallel to that of **Njomo (2016)** who conducted a study entitled "Knowledge, Practices and Perceptions of Trachoma and its Control among Communities of Narok Country, Kenya" and reported that, less than two-thirds of studied sample had poor level of practices toward caring for their children with blinding trachoma.

Concerning the relation between total scores of mothers' knowledge and their personal characteristics, the present study revealed that, there were highly statistically significant difference between total scores of mothers' knowledge and their level of education and their age. This result was in compliance with that of **Mtuy et al. (2019)** who achieved a study entitled "Knowledge, Perceptions and Experiences of Trachoma among Maasai in Tanzania" and found that there were highly statistically significant relation between total scores of mothers' knowledge about blinding trachoma and their age and level of education.

Regarding to the relation between total scores of mothers' practices and their personal characteristics, the present study revealed that, there were a highly statistically significant difference between total scores of mothers' reported practices and their age, level of education and mothers' occupation. This result was in compliance with that of **Islam et al. (2015)** who performed a study entitled

"Factors Associated with Awareness, Attitudes and Practices Regarding Common Eye Diseases in the General Population in a Rural District in Bangladesh" and reported that, mothers' age and educational level had a significant effect on mothers' practices level. From the researcher's point of view, this result could be explained as, inadequate level of practices was higher among mothers with lower age and lower educational level. Also, inadequate level of practices was higher among housewife mothers.

According to the correlation between total scores of mothers' knowledge and total reported practices score towards caring for their children with blinding trachoma, the present study revealed that there was a positive strong correlation. This result was in accordance with that of **Baashar et al. (2020)** who carried out a study and emphasized that, there was highly significant positive correlation between parents' knowledge and practices level towards caring for their children with eye diseases.

### **Conclusion**

The majority of studied mothers had unsatisfactory knowledge regarding blinding trachoma and less than two thirds of studied mothers had inadequate reported practices toward caring of their children with blinding trachoma.

In addition, the current study revealed that, there was a positive strong correlation between total scores of mothers' knowledge and their total reported practices towards caring of children with blinding trachoma.

### **Recommendations**

1. Provision of educational programs on regular basis is suggested to the mothers caring of their children with blinding trachoma.

2. Routine check-up for high risk groups for early case finding and frequent follow up of the cases to prevent complications.
3. Provision of strategies for mothers to control the disease and applying SAFE strategy by families and physicians will help to control blinding trachoma.
4. Further studies and surveys are recommended at national level in Egypt to detect the most affected areas and the actual magnitude of the problem.

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## معلومات وممارسات الأمهات تجاه العناية بأطفالهن المصابين بالرمد الحبيبي المسبب للعمى

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يعتبر الرمد الحبيبي السبب المعدي الاساسي المؤدي لحدوث العمى حول العالم. لذلك هدفت الدراسة إلى تقييم معلومات وممارسات الأمهات تجاه العناية بأطفالهن المصابين بالرمد الحبيبي المسبب للعمى. وقد أجريت هذه الدراسة في العيادات الخارجية بمستشفى رمد بنها علي ٥٥ من الأمهات اللاتي أصطحبن أطفالهن للمكان السابق ذكره وتم تشخيصهم بالرمد الحبيبي المسبب للعمى وأعمارهن تتراوح من يوم إلي ٩ سنوات . حيث أوضحت الدراسة أن الغالبية العظمى من الأمهات كان لديهم معلومات غير مرضية فيما يتعلق بالرمد الحبيبي المسبب للعمى، في حين أن أقل من ثلثي الأمهات لديهم ممارسات غير كافية فيما يتعلق برعاية أطفالهن الصابون بالرمد الحبيبي المسبب للعمى. كما أسفرت الدراسة بأن هناك علاقة إيجابية قوية بين معلومات وممارسات الأمهات فيما يتعلق برعاية أطفالهن المصابون بالرمد الحبيبي المسبب للعمى. وأوصت بأن هناك حاجة إلى تنفيذ برامج توجيهية بانتظام للأمهات الاتي يقومون برعاية أطفالهن المصابين بالرمد الحبيبي المييب للعمى.