Knowledge, behaviours, practices and beliefs regarding Human African Trypanosomiasis (HAT) among inhabitants of Kinshasa (Democratic Republic of Congo)

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Background: In Kinshasa, an average of less than 50 new cases of Human African Trypanosomiasis was notified, per year, between 1969 and 1995. The situation of endemic sleeping sickness suddenly worsened in 1996 with 254 new cases identified thanks to passive detection. No study dealing with conceptions relative to sleeping sickness was ever listed to date. The objective of this study was to determine the level of knowledge, behaviours, practices and local beliefs about sleeping sickness among residents of the endemic zone of Kinshasa. Methods: The investigation relied on a case/control study. We used a quantitative and qualitative methodology (structured questionnaire and focus on discussion groups). Case-patients were people affected by trypanosomiasis between the 1st of January 2004 and the 31st of December 2005 and who registered to the National Human African Trypanosomiasis Program (PNLTHA-RDC). Controls were seronegative residents. The case/control ratio was of 1/2. Results: A total of 437 case-patients and 874 controls were included in the study. Level of knowledge of elementary concepts about trypanosomiasis was low among case-patients (44%). The proportion of participants with a low level of education was more important in the group of case-patients (40%) than in the control group (25.6%). The supernatural origin of trypanosomiasis was evoked such as divine, sorcery and transgression of rules. Many respondents (31.4%) call on churches for help when they are not satisfied with the health centre where first therapeutic aid is provided. An important proportion of people who participated to the study (87%) were in favour of a passive detection. After testing the degree of statistical significance, several variables appeared to be determining factors for the acquisition of knowledge of Human African Trypanosomiasis in the city of Kinshasa: education level (elevated: 81%, low: 19%; p < 0.0001), age (≥20 years old: 89.9%, < 20 years old: 10.1%; p < 0.0001), sex (57.2% of patients were male and 42.8% were female; p < 0.001), birth place (51.4% were not native of Kinshasa and 48.6% were indigenous or born in Kinshasa; p < 0.05) and travel/stay in endemic areas (yes: 58.3%, no: 43.7%; p < 0.0001). Conclusion: The very restrained knowledge of people involves a generalized lack of interest. Their behaviour illustrates their lack of concern by the fight against trypanosomiasis. Beliefs and practices of Kinshasa’s inhabitants (coming from their conceptions) also stand in the way of plans meant to fight the disease. It is necessary to improve the knowledge of preventive strategies and to fight social prejudice and false beliefs by informing and educating populations.
Human African Trypanosomiasis (HAT) transmitted by the tsetse fly continues to be a public health issue, despite more than a century of research. There are two types of the disease, the chronic gambiense and the acute rhodesiense-HAT. Fly abundance and distribution have been affected by changes in land-use patterns and climate. The Democratic Republic of Congo (DRC) continues to report the highest number of gHAT cases, contributing up to 84% of endemic cases reported in 2012 [6]. The acute zoonotic form of the disease caused by T. b. rhodesiense is termed as rhodesiense-HAT (rHAT) and is found in 13 countries in eastern and southern Africa. The authors declare that there is no conflict of interests regarding the publication of this paper. Acknowledgment. Human African Trypanosomiasis (HAT) transmitted by the tsetse fly continues to be a public health issue, despite more than a century of research. There are two types of the disease, the chronic gambiense and the acute rhodesiense -HAT. Fly abundance and distribution have been affected by changes in land-use patterns and climate.