



University of Malawi

KAMUZU COLLEGE OF NURSING

**KNOWLEDGE and PERCEPTIONS OF GUARDIANS/PARENTS OF  
UNDERFIVE CHILDREN ON CONJUNCTIVITIS, AT KAWALE  
HEALTH CENTRE**

**A RESEARCH DESERTATION SUBMITTED TO UNIVERSITY OF  
MALAWI FACULTY OF NURSING IN PARTIAL FULFILMENT OF  
BACHELOR OF SCIENCE DEGREE IN NURSING.**

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## DECLARATION

I, Dziwenji Makombe, declare that this research study is a result of my own effort and that it has never been presented elsewhere for a degree program.

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## **DEDICATION**

This research study is dedicated to my parents Mr. and Mrs. Makombe for their spiritual, financial and psychological support throughout my years of study in college.

I love you all, and God bless you!

## ACKNOWLEDGEMENT

I would like to thank God for granting me this opportunity to come up with this research study.

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May the Almighty God bless you all!!

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## ABBREVIATIONS

WHO: World Health Organisation.

HBM: Health Belief Model.



## **DEFINITION OF TERMS.**

Conjunctivitis: Refers to inflammation of the conjunctiva, the mucous membrane that lines the eyelids and covers the white of the eyeball.

Viral/virus:

Bacteria: Microscopic unicellular organism

Culture: Appreciation and understanding of the arts; of a given people who share common values and beliefs.

Beliefs: A principle considered to be true by a specific group of people.

Practices: Actions done repeatedly due to the skills people have.

Community: An organised political or social group of people living together and share common values, norms and interact with each other,.

Health centre: A branch of a major district hospital.

Primary School Education: First carder of school.

Adult: A person above the age of 18.

Guardian: An person who looks after a sick person.

Child: A person under the age of 18 that is usually taken care of, by an adult.

## **ABSTRACT.**

**Background:** A few studies have been done on conjunctivitis both at continental (in Africa) and national level. The condition is one of the leading causes to blindness as mentioned by Chirambo, 1983, In Malawi, a few studies have been done on conjunctivitis, but not in under-five children.

**Purpose:** The study was to assess the level of knowledge and perceptions of parents/guardians of under-five children on conjunctivitis at Kawale Health Centre.

**Design:** A sample of 10 parents/guardians of under-five children with complaints of conjunctivitis was selected at this health centre.

**Results:** The results revealed that most guardians lacked knowledge causes, signs and symptoms, complications and management of conjunctivitis.

**Recommendations:** Based on the identified problems, some recommendations have been made and included in the dissertation.

**Limitations:** The study was conducted at one health centre and therefore should be used cautiously but may not be a true reflection of the situation in Malawi.

## **CHAPTER 1: BACKGROUND**

### **1.0 Introduction**

Conjunctivitis is the commonest ocular disease worldwide, characterised by the inflammation of the conjunctiva, the mucous membrane that lines the eyelids and covers the white of the eyeball. Symptoms of conjunctivitis include redness, discharge, burning, and sometimes itching and light sensitivity (Brunner & Suddath. 2008). There are two types of conjunctivitis; Bacterial and Viral Conjunctivitis. Both Viral and Bacterial conjunctivitis may attack both eyes, but usually the infection is in one eye but, spreads to the other by mainly hand contact.

Bacterial conjunctivitis is very infectious, occurs in all age groups but commonly in ages 0 to 5 years due to exposure to poor hygienic practices and is caused by Staphylococcal and Haemophilus influenza. It is self limiting; lasting 2 weeks if untreated, and progresses to chronic conjunctivitis if it has not cleared in the 2 weeks. It manifests with acute onset, crusted eye lids, white or yellowish discharge, foreign body sensation, scratching or burning sensation, itching, and mild photophobia. (Brunner & Suddath, 2008).

Viral Conjunctivitis is commonly caused by adenovirus type 8. It is transmitted by airborne respiratory droplets and it produces a mild self limiting conjunctivitis but sometimes it can produce severe disability difficulties (Lewis, 2006). It manifests with acute or sub acute onset, minimal pain, pruritus, a clear watery discharge, severe photophobia and foreign body sensation (Brunner & Suddath. 2008).

Viral or Bacterial conjunctivitis may attack both eyes, but usually the infection is in one eye and then, spreads to the other by hand contact. Report from Ministry of Health 2002, stated that about 1% of the population of Malawi is blind and 15% of the causes happens to be complicated conjunctivitis. Malawi is one of the developing countries where most people are poverty stricken, living in over populated areas and in very unhygienic conditions. These conditions increase incidences of conjunctivitis. Merck manual (1999), reported that 40% of children presenting with eye infection, suffer from conjunctivitis and most of these children are under the age of five.

At Kawale Health Centre, children with bacterial or viral Conjunctivitis are treated with antibiotics. It has been observed from the clinical area that, guardians/parents of children suffering from conjunctivitis bring their children to the health centre late as result children develop complications like corneal scar, or perforation. Hence the interest of the study to explore knowledge and perceptions of parents/guardians of under five's on conjunctivitis.

## **1.1 Background**

A few studies have been done on conjunctivitis both at continental (in Africa) and national level. In a Health Impact Assessment of a water and sanitation programme in Tangier (Morocco) by Arfi and Detournay 2006, an epidemiologic register was implemented in 17 health facilities in order to follow the incidence of 3 water-related diseases in under five children: where by infective conjunctivitis was one of these diseases. The results showed that 40% of the studied diseases were infective conjunctivitis.

Malawi is also one of the African countries in which bacterial and viral conjunctivitis is common especially in under-five children. These types of conjunctivitis are infectious and children are infected through hand-contact with discharges from the infected eyes since hand washing is not quite relevant to them.

Studies in Malawi have indicated that conjunctivitis is a serious eye condition in Nsanje and Chikhwawa in the southern region and one of the leading causes of blindness in these districts (Chirambo,1983). Kawale Health Centre (KHC) serves a thousand of population. Several communities are served by the KHC for example Area 23. 2008 KHC records showed that, out of 2116 under fives with eye infections 67% conjunctivitis, and in 2009 out of 2085 under fives that presented with eye infection, 60% had conjunctivitis. Additionally, records have indicated that most patients in these years were from Area 23 and Kaliyeka communities that are served by this health centre. Such high figures of the infection indicate that there is a problem in theses specific communities that if no proper strategies like guardians with under five children having knowledge about the condition, importance of early treatment at a facility and its management be in place most children may be at risk of suffering from complications of conjunctivitis. Since there is no evidence of a study done at this and any other health facility on knowledge and

perceptions of guardians/parents of under five children on conjunctivitis a decision was made to have a small study at KHC that would act as an eye opener to the problem not for KHC but other areas as well.

The condition is one of the leading causes to blindness as mentioned by Chirambo,1983, from a study done in Malawi (Nsanje and Chikhwawa districts), which aimed at evaluating the attitudes, and practices of people on eye care services. In this study, it was found that 45.7% of the participants reported conjunctivitis as a serious eye condition to them.

Similarly, records from Kawale health centre, showed that in the year 2008, out of 2116 under fives who came with eye infections 67% had bacterial and viral conjunctivitis, and in 2009 out of 2085 under fives that presented with eye infection, 60% had conjunctivitis. Records have also indicated that most patients in these years were from Area 23 and Kaliyeka that surrounds this health centre.

Such high figures of the infection indicate that if not properly managed most children are at risk of suffering from complications of Conjunctivitis. To prevent this there has to be proper knowledge about the condition and its management in guardians of the under five children so that they seek proper health behaviours. It is therefore imperative that a study is done on knowledge and perceptions of guardians/parents of under-five children on conjunctivitis at Kawale Health Centre to explore its status quo.

## **1.2 Problem Statement**

Among the causes of blindness in Malawi, 1% is caused by complications of conjunctivitis the major cause being poor hygienic practices. When an individual is infected, he/she needs to seek medical attention as soon as possible to prevent the disease's complications e.g. corneal scar.

Records from Kawale Health centre highlighted that a lot of under-five children are brought to the hospital with late/ advanced symptoms. No study has been conducted in Malawi about conjunctivitis among the under-fives population hence the need for this study.

### **1.3 Significance of the Study**

The results of the study will help the guardians/parents especially from Area 23 and Kaliyeka; have the knowledge on management of a child with conjunctivitis which will help reduce the prevalence rate of the infection. It will also generate new knowledge about conjunctivitis to health workers, and since the study will evaluate the home management of conjunctivitis, the results will show if the home management is effective or not.

### **1.4 Objectives of the Study**

#### **1.4.1 *Broad Objective***

Explore the knowledge and perceptions of guardians/parents of under five's on conjunctivitis at Kawale Health Centre.

#### **1.4.2 *Specific Objectives***

- (a) Assess the knowledge that the guardians/parents have on causes, treatment and prevention of conjunctivitis.
- (b) Examine home treatment and measures of conjunctivitis.
- (c) Evaluate traditional and religious believes if any towards conjunctivitis.

## **CHAPTER 2: LITERATURE REVIEW.**

### **2.1 Introduction**

This chapter reviews literature on knowledge and perceptions of guardians/parents of under-five children on conjunctivitis

### **2.2 Knowledge and Conjunctivitis in under-five children.**

Conjunctivitis is the commonest eye problem worldwide and is very common in hot climates. It occurs in all age groups, but has high prevalence in children of 0 to 5 years due to exposures to poor hygiene. Since the condition is common in children who are not responsible for their health, parents/guardians need to have knowledge on the signs and symptoms, causes, and management of the disease in order to care for the children when they have the infection.

In support, Peter (2005) in a study to investigate the non-clinical determinants of the management of acute infective conjunctivitis in under-five children in United States of America. Found that, parents had limited knowledge about conjunctivitis as they could only took the child to the hospital because the policy could not allow infected children to attend day care but they knew that it can clear without medication. The study also found that parents knew the benefits of antibiotic medication.

Additionally Shaffi, and Bediga 2003 of Ethiopia, did a study to identify the causes of ocular morbidity in children of rural community, 52% of the participants were under-five children of which 6.3% had conjunctivitis. The researcher concluded that conjunctivitis is caused by poor personal and environmental hygienic practice of a community with an over-crowded living condition. This shows that parents had limited knowledge about the predisposing factors to the disease i.e. poor personal hygiene.

### **2.3 Traditional and religious believes towards conjunctivitis and home treatment and measures of conjunctivitis in under-five children**

Treatment of conjunctivitis can be affected by many factors including traditional and religious beliefs where by a guardian/parent may decide to stay home with a child suffering from conjunctivitis because their tradition is deep routed in traditional medicine. Alternatively parents may decide to get over-the-counter drops and ointment or natural home remedies. Since different people may have different understanding of the use and effectiveness of these measures they may not perceive poor hygiene as the main root for spread of the infection as noted by Glenn et-al (1998), in a study on Barriers to Health Care Access where 33% of parents treated conjunctivitis with home remedies such as; instilling drops of chamomile, breast milk, washing the face with warm urine.

To support this Blanche I. Mikhail 1994 Of Canada in a study on Mothers' Beliefs and Practices Regarding Selected Children's Health Problems found that 32% of the mothers used or would use health professionals as the initial source of advice or help with children ' problems. The majority 81% admitted using home remedies to manage children's problems including the ingestion or application of certain foods, fluids and herbal teas.

In a similar study done by Halford, et-al 1997, on medical enrollment of health services, accessed by Latino children in inner-city of Los Angeles. It focused on children under the age of five, and parents were interviewed.

Results revealed that, parental health belief systems could act as barriers to health care access whereby 53% of the interviewed parents stated that conjunctivitis was more commonly attributed to drafts and wind than to infectious etiologies hence the need to be treated with home remedies.

This study will evaluate if there are any religious and traditional beliefs pertaining to conjunctivitis in Malawi, and its effectiveness will then be evaluated.



#### **2.4 Summary for literature review.**

Conjunctivitis remains to be a common problem worldwide but more especially in developing countries because of high rates of poor hygienic practices. Literature has shown that a few studies have been done on conjunctivitis in children. In Malawi, a few studies have been done on conjunctivitis, but not in under-five children. Therefore, this research intends to find out knowledge and perceptions of guardians/parents of under-five children on conjunctivitis.

## **CHAPTER 3: CONCEPTUAL FRAMEWORK.**

### **3.1 Introduction.**

A conceptual framework is a loosely organized set of ideas that form a structure of a meaningful whole (Booyens 2001). There are several importance of using a conceptual framework in a study some of which are;

- Clarifies the concepts on which the study is built on.
- It identifies relationships among concepts.
- It identifies and states the assumptions underlying the study.

A health belief model (HBM) was be used as the conceptual framework of this study.

This chapter contains a description of the model and its application to this study.

### **3.2 The Health Belief Model.**

This model was developed by Rosenstock(1974) and, Bercker and Maiman's(1975).The HBM addresses the relationship between a person's beliefs and behaviours. It provides the way of predicting and understanding how clients will behave in relation to their beliefs, and how they will comply with the health care therapies.

### **3.3 Description of the Health Belief Model.**

This model is based on the following concepts: Individual perceptions, modifying factors, and likelihood of an action to take place as depicted in figure 1 (Stanhope and Lancaster 1998; Kozier, Snyder and Berman 2008, and Polit and Hungler, 1997).

#### ***Individual Perceptions.***

The first concept states that, individuals will indulge themselves into health preventive behaviours, if they acknowledge that they are susceptible to that disease (Clemen-Stone, 2001).Unless acknowledgement of perceived susceptibility and consequences of the health problems that may exist, the individuals will not indulge themselves in health preventive behaviours.

### ***Modifying Factors.***

The second concept states that demographic values such as age, sex, religion, marital status and educational level; socio-psychological variables such as personality, peer pressure, social class and culture; and structural variables such as knowledge and experience about health problem affect individual's perceived susceptibility and perceived seriousness of a given health problem. They also affect the perceived benefits and barriers to health action (Clemen-Stone et al. 2001; Pender et al. 2002).

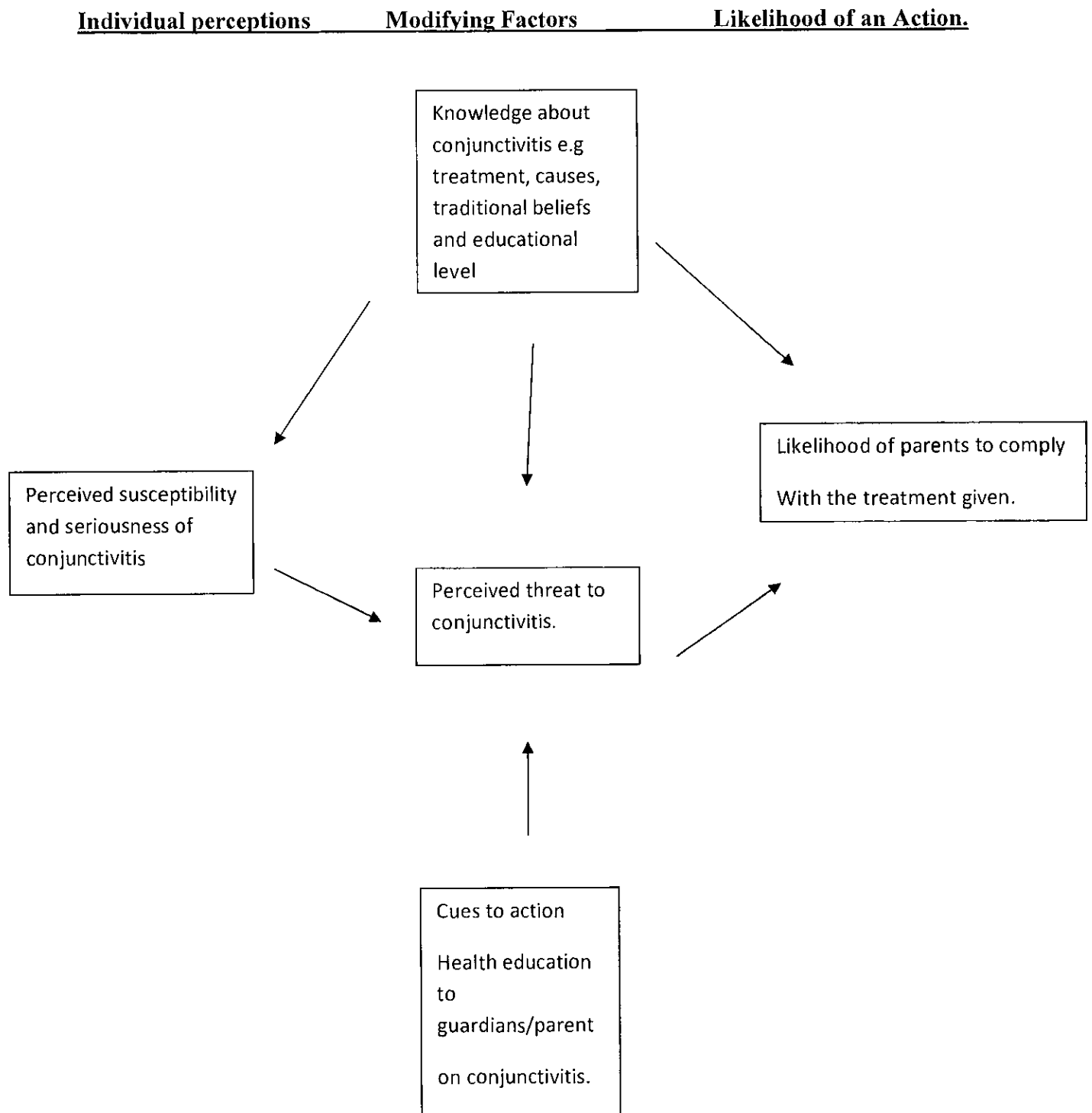
Cues of action are also modifying factors. They provide suggestions on how to trigger health action. These include public and media information, health education, symptoms, illness of the family member and environmental changes (Kozier et al. 2004). Cues of action motivate clients to take preventive action.

### ***Likelihood of an action.***

The last concept explains that perceived benefits are weighed against perceived barriers of action and these determine the recommended preventive health action (Clemen-Stone, et al. 2001). This means that the individual's health action will depend on the benefits of having weighed the problems that she/he may face during the course of attempting the action. For example, a client may view going to hospital as a benefit but bad attitude of health worker prevents him/her to go on. Unless there are no barriers to the health action, the patient would choose to stay at home.

**Figure 1: Diagrammatic Presentation of Health Belief model.**

(Becker, et al. (1977) in Kozier, et al., 2004, p.179)



### **3.4 Application of the model to the study.**

The Health Belief Model has been applied to a broad range of health behaviours and subject populations. The model would explain why guardians/parents take their children with conjunctivitis to the hospital, or manage the condition at homes. The model stipulates that the knowledge that people have will influence their health seeking behaviours .For example, if the parents are aware of the complications that may come if they delay in taking the child to the hospital, they will be fast in seeking medical attention with a child of conjunctivitis.

It may also highlight that, parents and guardians may know that some eye conditions (cataract, eye trauma, e.t.c) lead to deadly complications i.e. blindness, but they may not know that conjunctivitis is also one of such conditions.

If they know the health hazards associated with conjunctivitis through health education as a modifier, then, they may acknowledge the susceptibility of their child becoming blind; hence they are likely to take recommended health actions as promotive and preventive measures.

## **CHAPTER 4: METHODOLOGY**

### **4.1 Introduction**

This chapter gives an overview of the research design, sampling procedure, study setting, data collection, analysis and dissemination of results. .

### **4.2 Research Design.**

The study design was a qualitative one. With qualitative method the researcher was able to understand the knowledge and perceptions that the parents had on the disease through their words, and the researcher's observations

### **4.3 Study setting and sampling Procedure.**

The study was conducted at Kawale Health Centre. This setting was proper because it holds the highest rate of conjunctivitis in under-fives than other Health Centres under Lilongwe District Health Office i.e. Area 25 and Area 18, health centres.

The study comprised of a sample of 10 participants. The sample was such to give a good representation and valid data. This study targeted both male and female guardians/parents of children with conjunctivitis. The participants were only those guardians who came to the eye department. These subjects were only Guardians/parents who came to the health facility with under-five children of conjunctivitis.

### **4.4 Instrument for Data collection.**

An interview guide was used in data collection. The first part contained personal data and the second part, questions on guardian's knowledge and perceptions on conjunctivitis and the last part contained suggestions of the parents/guardians on the better management of the children.

### **4.5 Data Collection.**

Data was collected through interviewing the study population and the responses were written in the spaces of the interview guide.

#### **4.6 Data Analysis.**

Due to the design of the study, content analysis was used to summarise the qualitative data. Content analysis involved categorisation and summarisation of verbal data. Therefore the researcher decided to use this technique because it provides the means of measuring the frequency, order or intensity of occurrence of words phrases or sentences (Burns,2001).The results have been presented in tables and categories.

#### **4.7 Ethical Consideration.**

Clearance to conduct the study was sought from Kamuzu College of Nursing Research and Publications Committee. The researcher also sought clearance from Lilongwe District Health Office.

To ensure protection of human rights, clear explanation was given to the participants about the benefits and purpose of the study. Participants were assured of confidentiality of the data collected and no names were written on the interview guides. The participants were told of their right to withdraw from the study at anytime they wish and no punishment was to be given for such a decision. Participants were then requested to sign an informed consent form in agreement to take part in the study.

## CHAPTER 5: PRESENTATION OF THE FINDINGS.

### 5.1 Introduction

This section presents results of the study, whose aim was to find out the knowledge and perceptions of guardians/parents of under-five children on conjunctivitis at Kawale Health Centre, Lilongwe. Data collection was done from the 19<sup>th</sup> to 20<sup>th</sup> of October, 2010 using a sample of ten participants 7 females and 3 males. Data was analyzed using content analysis and the results are presented in tables and categories.

This section presents results of the study, whose aim was to find out the knowledge and perceptions of guardians/parents of under-five children on conjunctivitis at Kawale Health Centre, Lilongwe. Data collection was done from the 19<sup>th</sup> to 20<sup>th</sup> of October, 2010 and it was a qualitative study with a sample of ten participants. Data was analyzed using content analysis and the results are presented in tables and categories.

### 5.2 Demographic

Demographic information for the study, focused on both the guardian/parent and the child. For the guardian, age, sex, education and relationship to the child were considered. While sex and age were the focus for the demographic data of children.

*Table 1: Age of guardians/parents*

| Age          | Frequency<br>N = 10 | Percentage (%) |
|--------------|---------------------|----------------|
| 18 -23       | 5                   | 50%            |
| 24 - 29      | 3                   | 30%            |
| 30 – 35      | 2                   | 20%            |
| <b>Total</b> | <b>10</b>           | <b>100%</b>    |

**n=10**

Among the 10 participants, representing the guardians, 50% (n=5) were in the age range of 18 – 23, 30% (n=3) age range of 24 – 29, and the remaining 20% (n=2) age range of 30 – 35. This



shows that all the participants were adults and eligible to participate in the study as guardians/parents to the children.

**Table 2: Age of Children**

| Age               | Frequency<br>N = 10 | Percentage (%) |
|-------------------|---------------------|----------------|
| 0 – 6 months      | 2                   | 20%            |
| 6 months – 1 year | 4                   | 40%            |
| 1 year -3 years   | 1                   | 10%            |
| 4 years -5 years  | 3                   | 30%            |
| <b>Total</b>      | <b>10</b>           | <b>10 0%</b>   |

**N=10**

Among the 10 children, 40% (n=4) were in the age range of 6 months to 1 year, 30% (n=3) in the age range of 4 to 5 years, 20% (n=2) were within the age range of 0 to 6 months, and 10% (n=1) was within the age range of 1 to 3 years. This may suggest that children within the age range of 6 months to 1 year, and 4 to 5 years are newly exposed to dust due to crawling and, are continuously exposed to dust hence contracting conjunctivitis respectively.

**Table 3: Sex of Children**

| Sex of Child | Frequency<br>N = 10 | Percentage (%) |
|--------------|---------------------|----------------|
| Male         | 5                   | 50%            |
| Female       | 5                   | 50%            |
| <b>Total</b> | <b>10</b>           | <b>10 0%</b>   |

**N=10**

Among the 10 children, 50% (n=5) of them were males and 50% (n=5) were female children.

**Table: 4 Level of Education of Guardian/Parents.**

| level of education | frequency<br>n = 10 | percentage % |
|--------------------|---------------------|--------------|
| Primary            | 3                   | 30           |
| Secondary          | 7                   | 70           |
| Tertially          | 0                   | 0            |
| <b>total</b>       | <b>10</b>           | <b>100%</b>  |

**n=10**

The majority of the participants 70% (n=7) attended Primary School Education and 30% (n=3) attended Secondary School Education. This shows that the majority of the participants were exposed to formal education which exposed them to some knowledge about conjunctivitis.

**Table 5.Relationship of Guardian to Child**

| Characteristic of guardian | Frequency<br>N=10 | Percentage (%) |
|----------------------------|-------------------|----------------|
| Mother                     | 7                 | 70%            |
| Father                     | 2                 | 20%            |
| Sister                     | 0                 | 0              |
| Brother                    | 1                 | 10%            |
| <b>total</b>               | <b>10</b>         | <b>100%</b>    |

**n= 10**

Out of the 10 participants, as shown in table 3, 70% (n=7) were mothers of the children and 20% (n=2) were fathers of the children and 10% (n=1) represented a brother relationship to the child.

Most of the times it is obvious for mothers to take their children to the hospital as soon as they notice that the child is ill. This is because mothers are the ones who can give good care unlike when it is any other relative, for example: As for the fathers and brother who brought the sick children to the hospital they gave the following reasons:

The brother of age range 18-23, who attended secondary school, brought a female child of age range 4-5 saying: *her mother is suffering from Malaria and the father has gone to work, so she asked me to take this child to the hospital.*

The father of age range 30-35 who attended primary school, brought a male child of age range 1-3 years saying that: *I and his mother were both busy in the farm so I decided to take this child to the hospital while the mother remains in the farm.*

### **5.3 Guardians Knowledge on Conjunctivitis.**

When the participants were asked to state what they know about conjunctivitis, 30% were able to correctly define conjunctivitis as an infectious eye disease. While 50% stated that it is a disease caused by Tsetse flies, and 20% said that they did not know the cause e.g;

*'It is just an eye infection, common in hot weather.'* (a brother of 18 -23 years, secondary school education)

*A 24-29 year mother who attended secondary school commented that 'It is a disease transmitted by dust, and tsetse-flies.'*

*'It is caused by barging fontanel of the baby.'* (a mother of 18 -23 years, with primary school education)

The above results may suggest that as people advance in education, the exposure to conjunctivitis knowledge gets higher, while low level of education predisposes one to lack health related information for common conditions..

### 5.3.1 Sources of Information

Almost all participants got the information on conjunctivitis 80% from friends, school and grandparents.

18 -23 year mother with secondary school education explained that *'I got this information from my grandparents and also my friends'*.

*'It is just an eye infection, common in hot weather.'* a brother of 18 -23years, with secondary school education

*'It is a disease transmitted by dust, and tsetse-flies.'* a mother of 24-29 years, with secondary school education.

*'It is caused by barging fontanelles of the baby.'* a mother of 18 -23 years, with primary school education.

The above results may suggest that as people advance in education, the exposure to conjunctivitis knowledge gets higher, while low level of education predisposes one to lack knowledge in conjunctivitis.

### 5.3.2 Causes of Conjunctivitis

For knowledge on the causes of conjunctivitis, 50% (n=5) said that conjunctivitis is caused by tsetse-flies and the other half responded that they did not know the cause.

*'It is an eye disease caused by tsetse-flies.'* (Quoted from a mother of 24-29 years, who attended secondary school)

This may also indicate that, much that the people can be exposed to higher formal education (secondary), they may still more lack some knowledge in conjunctivitis because the eye is a special body part and people need special education on this.

### **5.3.3 Types of conjunctivitis.**

The participants were asked to mention types of conjunctivitis; 50% (n=5) responded that they only know about bacterial conjunctivitis, while the other 50% mentioned both bacterial and viral conjunctivitis.

*'I know of one which represents with whitish eye discharge and red eyes only.'* a father of 30-35 years, with primary school education).

*'I know of two types; the other one represents with very red eyes and tearing, and the other one which represents with red eyes and whitish eye discharge.'* a mother of 18 -23years, with secondary school education.

These findings may suggest that health education on conjunctivitis is being given in the communities i.e. through radios and community groups.

### **5.3.4 Length of days when the child was taken to the hospital.**

50% (n=5) of the participants brought their children to the hospital after four days of the disease's presentation, 30% (n=3) after three days o10% (n=1) after a day while 10% (n=1) brought the child to the hospital after one week. The participants were giving the following reasons;

*I thought that the disease would go with water as my grandparents told me,* a mother of 18 -23 years, with secondary school education, and came after 3 days).

*His mother was sick and I was busy with business so, no one had time to come with the child to the hospital, so we were treating the disease with aspirin* a father of 30 - 35 years, with primary school education, and came after 4 days).

*I and his mother were busy in the farm and we took the disease as a simple one such that it could not give us tough time to bring the child to the hospital,* a father of 30-35 years, with primary school education, came after one week.).

These reasons may indicate that people stick to their traditional lives and manage diseases at home despite the knowledge they have about the disease. The participants might have weighed the cost and benefit of staying in their income generating activities because they outweighed the task of going to the hospital with the child of conjunctivitis.

### **5.3.5 First aid measures to Conjunctivitis.**

Almost 80% (n=8) of the participants reported that they use water in cleaning the infected eyes as a first aid measure, 10% reported to instil drops of breast milk into the child's eyes and 10% reported to apply Aspirin(drug) into the infected eye as a first aid measure for conjunctivitis.

*'My grandparents always encourage me to use water in cleansing infected eyes,* a mother of 18 - 23 years, with secondary school education, and came after 3 days).

*'I remember when I was once suffering from this eye infection, I was healed with Aspirin, and therefore I applied the same drug to my child's eyes.'* a father of 30 - 35 years, with primary school education, and came after 4 days).

*'My grandmother taught me to use breast milk in treating eye infection.'* a mother of 18 -23 years, with primary school education, and came after 4 days).

This may indicate that much that people would appreciate the effectiveness of hospital medication, they will still prefer manage conjunctivitis at home with the tradition knowledge they have. This may be influenced by distance to the hospital and time factor.

### **5.3.6 Medication given to the child.**

All the participants, 100%(n=100), reported that the child has been given Tetracycline Eye Ointment (T.E.O), to be applied to the child's eyes three times a day, until the medication comes to an end. They also reported that they were aware of why the child was given the medication and thus to heal the disease.

The results indicate that the issue of number of days of drug application is not addressed to the guardians. This may affect the effectiveness of the drug and prognosis of the disease too.

#### **5.4 Home management of conjunctivitis.**

When the participants were asked to state what they use in management of conjunctivitis at home; 50% (n=5) reported that they use clean water in cleaning the infected eyes, 20% (n=2) reported that they use Aspirin, 10% (n=1) reported to be using breast milk into the infected eyes and, 20% (n=2) reported to always seek medical attention.

This may explain the reason why most of the guardians bring their children to the hospital late, because they manage the condition at home first.

##### **5.4.1 Sources of Home Medication.**

The main source of home medication for conjunctivitis were; home resources 80% (n=8) and over-the-counter drugs 20 % (n=2).

*'I use my tap water in cleaning the infected eyes of my child.'* (Quoted from a mother of 18 -23 years, who attended secondary school).

*'I instil my breast milk into the infected eyes of my child as my grand parents told me.'* (Quoted from a mother of 18 -23 years, whose child was 0-6 months, attended primary school).'

*'We buy aspirin from our neighbour's small shop to instil in an infected eye.'* (Quoted from the father of 30 - 35 years, who attended primary school).

The above results may reflect why guardians choose to manage conjunctivitis at home; they do not move long distances to find medication for conjunctivitis because most of them access the medication in their homes and their attachment to their traditional life.

#### **5.4.2 Difference between Home Medications and Western Medications from a Health Facility.**

When participants were asked about the difference between home medication and that from a health facility, 100% reported that the home medications are easily accessed in their communities compared to facility medication that is costly (financial and time).

*'For us to go to the hospital we require transport money, but we can easily access water in our homes so I prefer the home management.'* (Quoted from a mother of 24-29 years, who attended primary school)

This may justify why guardians prefer managing conjunctivitis at home, because the sources of the medication are right there in their locations.

#### **5.4.3 Effectiveness of the Home medications/Health Facility.**

Upon taking the question on the effectiveness of the home medications as compared to that from a health facility, 100% reported that the hospital medications are more effective.

*'My neighbour came to the hospital with her child of conjunctivitis and the drug healed the child within a few days so I feel that the hospital one is more effective.'* (Quoted from a mother of 18 - 23 years, who attended secondary school).

This may suggest that, people will seek medical treatment only when they appreciate the effectiveness of the hospital medication.



## 5.5 Perceptions and Expectations of Guardians towards Child sickness and Health Workers

|   |   |
|---|---|
| <p><b>1. Perception of guardian about child's illness</b></p> <p><i>worried</i></p> | <p><b>Reason</b></p> <p>40% (n=4) stated that they were worried that their children will be missing classes due to the illness, and 60%(n=6) stated that they were just worried that their child can no longer play.</p> <p><i>i) The child is no longer going to nursery school and may have difficulties in catching up with friends in class. (Quoted from a mother of 18-23 years, who attended secondary school and her child was 4-5 years).</i></p> <p><i>ii) The child is no longer able to play since the disease has rendered him inactive. (Quoted from a mother of 24-29 years, who attended primary school)</i></p> <p>This may indicates that the need for child to attend classes influenced the guardians to bring the child to the hospital.</p> |
| <p><b>2. Perception of guardian towards Health</b></p>                              | <p><i>i) 'The health workers welcomed us and gave us a health talk on HIV/AIDS.'</i></p>  |

|   |   |
|---|---|
| <p><b>Worker</b></p> <p><i>Behaviour</i></p> <p><i>Attitude</i></p>                                   | <p>(Quoted from a brother of 18 -23years, who attended secondary school)</p> <p><i>ii) 'They were delaying us with an education session. (Quoted from a mother of 18 -23 years, attended primary school).'</i></p> <p>This shows that some guardians may view the 2<sup>nd</sup> response as a barrier to seek medical attention because they feel that they are wasting time if they go to the hospital.</p>   |
| <p><b>3. Expectations of guardian towards Child's condition basing on the Treatment received.</b></p> | <p>40% (n=4) reported that they expect the child to get healed within 3days, 30% (n=3) reported within 5days and 30% (n=3) reported within 7 days.</p> <p><i>I expect the condition of my child to go off within 7 days of applying medication.'</i><br/>(Quoted from a mother of 24-29 years, who attended secondary school)</p> <p><i>'My child will be healed in 5 days.'</i><br/>(Quoted from a brother of 18 -23years, who attended secondary school)</p> <p><i>'I hope to see my child fine within 3 days</i></p> |

|   |  |
|---|--|
|   | <p><i>because of the medication given.</i> ' (Quoted from a mother of 18 -23 years, attended primary school). '</p> <p>This may indicate that shows that the guardians have no official information pertaining to this.</p>  |
| <p><b>Suggestions on the improvement of care of children with conjunctivitis.</b></p> | <p><i>'Health workers should provide health education on Conjunctivitis to the people in the community. When the people understand the disease's complications they will definitely rush to the hospital whenever a member of the family is infected.</i> ' (Quoted from a brother of 18 - 23years, who attended secondary school)</p> <p>This may suggest that, the guardians realise the need for enough knowledge in the disease and are ready to receive health education on this.</p> |

## 5.6 Tradition and Religious Beliefs.

The researcher wanted to find out if the respondents have any traditional or religious beliefs on conjunctivitis. 100 % (n=10) of the participants reported not to have any traditional or religious beliefs pertaining to conjunctivitis. The participants were also asked to explain if there are any myths related to conjunctivitis and 100% reported this:

*In our village we believe that conjunctivitis is transmitted through sight contact with an infected person.* (Quoted from a mother of 24-29 years, who attended secondary school)

This may suggest that no matter how much people are exposed to formal knowledge, tradition knowledge may be more significant to them and this may also affect the time of seeking medical care.

It was noted that most children were from Area 23 which is a little bit far from Kawale health centre.

## **CHAPTER 6: DISCUSSION OF THE FINDINGS**

### **6.1 Introduction.**

This chapter presents a discussion of findings, , recommendations and limitations of the study which aimed at exploring knowledge and perceptions of guardians/parents of under-five children on conjunctivitis, at Kawale Health Centre in Lilongwe. The study was conducted from the 19<sup>th</sup> to 20<sup>th</sup> of October, 2010 whereby ten participants were exclusively interviewed using an interview guide.

### **6.2 Demographic Data.**

Demographic data mostly comprises of personal information. The personal information collected in this study, focused on both the guardian/parent and the child. For the guardian, age, sex, education and relationship to the child were considered. While sex and age were the focus for the demographic data of children.

The demographic data in this study may suggest that, relationship of mothers to the children influenced the time of taking the child to the hospital, such that mothers could rush to the hospital than fathers could. This may indicate that mothers take full responsibility of the children welfare than fathers. These results are supported by Peter ..et-al (2005), who found that, 52% of the parents who could took the children to the hospital were mothers in a study on non-clinical determinants of the management of acute infective conjunctivitis in under-five children in United States of America. .

The level of education of guardians also plays a role in influencing the management of a child with conjunctivitis. The results have shown that most guardians who had attended secondary school education could manage the disease at home with water as a first aid measure while those who attended up to primary level could choose to manage the disease with remedies like breast milk, and aspirin that can irritate the eye and complicate the disease even more. The data also may have suggested that conjunctivitis is equally common in both male and female children.

The findings on the demographic data on age of the children may also suggest that children within the age range of 6 months to 1 year, and 4 to 5 years are newly exposed to dust due to crawling and, are continuously exposed to dust hence contracting conjunctivitis respectively.

### **6.3 Knowledge on conjunctivitis.**

The findings on the knowledge of guardians on conjunctivitis may reveal that, as people advance in education, the exposure to conjunctivitis knowledge gets higher, while low level of education predisposes one to have little knowledge about the disease.

This study's results on causes of conjunctivitis may suggest that the majority of people do not know what the real cause of conjunctivitis is. This is bad because only when these people know about conjunctivitis, i.e. causes, complications they can know the risks hence they will appreciate the need to take the child to the hospital early.

Likewise (Brachi 1999) wrote that if a person is to perform particular act i.e. protective health behaviour such as seeking medical attention, he/she has to believe that is susceptible, feel that health problem is serious, and believe that the problem can be treated. In other words, people take action when they see the likelihood of illness (Wills.J and Naidoo .J. 2000).In this case the guardians could not seek treatment fast because they could not understand the complications of the disease.

The study's results may also have suggested that, most of the times people are given enough information on the name, frequency, mode of action and route of the drug but they are not told on the day to come for review. This is bad because the medical personnel may not be able to evaluate the prognosis of the disease as such the patient may continue suffering at home hoping to get well one day without visiting the hospital for check-up, this may lead to preventable complications.

The results also may suggest that although people will choose to stay home and manage conjunctivitis, they always keep medical care as their last resort. The major factors that make the guardians bring the children with conjunctivitis to the hospital late include working on the farm,

long distance to the hospital, lack of knowledge on the disease and its complications, and preferring home management before hospital, These reasons indicates the value attached to the two tasks. Thus child illness has less value. In most cases it was noted that the guardians with such choices were just exposed to primary school education and were fathers to the children. However, the guardians do not assume that such actions may bring complications to the child like corneal perforation, corneal scar which can later lead to blindness. Such actions are supported by the Health Belief Model, on the concept of likelihood of an action; it explains that perceived benefits are weighed against perceived barriers of action and these determine the recommended preventive health action (Clemen-Stone, et al. 2001). This means that the individual's health action will depend on the benefits of having weighed the problems that she/he may face during the course of attempting the action.

#### **6.4 Home management of conjunctivitis.**

Clean water is recommended in management of conjunctivitis, but in this case it reflects that maybe the guardians were not using clean water as a result the disease couldn't show signs of healing. As for the Aspirin and breast milk, they may be influenced by education and relationship to the child as well. This is because, for the guardians who used aspirin; attended primary school, and were fathers to the children. While the mother who used breast milk was influenced by her grandmother and attended primary school as well. This agrees with Glenn et-al (1998), who found out that parents were treating conjunctivitis with home remedies such as; instilling drops of chamomile, breast milk, washing the face with warm urine. Therefore this signifies that almost worldwide people have their traditions deep rooted in their life styles.

#### **6.5 Perceptions and Expectations of Guardians towards Health Workers, Conjunctivitis.**

When the guardians were asked to express their feelings about the child's illness, 40% expressed that they were worried that their children were missing classes. Parents might have brought these children to the hospital so that they resume these classes and this is in line with the study of, Peter .W.et-al (2005) of United States of America which was done to investigate the non-clinical determinants of management of acute infective conjunctivitis in under-five children (attending day care), in United States of America. The study found that, parents had limited knowledge about conjunctivitis as they could only took the child to the hospital because the policy could not

allow infected children to attend day care. Therefore the parents could only take their child to the hospital so that he/she continues with day care attendance.

Therefore, social factors including the need for children to attend school contribute to the decision to take the child to the hospital.

It is impressive that 90% of the participants reported that the health workers' behaviour is professional and that they welcomed and assisted them accordingly.

Health workers' behaviours may hinder clients to visit the hospital for the fear of insults and bad behaviour displayed by care providers.

Almost all the guardians had their own perceived days of evaluating recovery in their children. This may suggest that the medical personnel did not give this information to them and hence it may reflect that information on coming for review was also omitted.

If the guardians go home with this mind-set it may lead to drug in compliance. When they notice that signs of the disease have ceased to appear, they may stop applying the medication which may lead to recurrence of the infection.

At the end, the participants suggested that health workers should provide health education on conjunctivitis to the people in the community. When the people understand the disease's cause, mode of transmission and complications they will definitely rush to the hospital whenever a member of the family is infected.

## **6.6 Tradition and Religious Beliefs.**

The participants in this study denied being under any traditional or religious beliefs pertaining to conjunctivitis. This may imply that the guardians are not under any traditional religious beliefs in management of conjunctivitis in their children, and when the participants were asked to mention if they have any myths related to conjunctivitis, almost 100% of them stated that they believe that conjunctivitis is transmitted through sight contact with an infected person. With this belief, it might be easy for these people to get infected with the disease because they don't know the real mode of transmission.



## **6.7 Conclusion.**

The goal of the study was to find out the knowledge and perceptions of guardians/parents of under-five children on conjunctivitis. Knowledge is very important to guardians pertaining to whatever is happening to their patients; because guardians are the most important people as far as patients' care is concerned since children cannot be able to take care of themselves. It is the responsibility of the health professionals to be giving health education to each and every patient/guardian so as to achieve quality care.

The study has revealed that most of the guardians lack knowledge on conjunctivitis.

The study has also shown that most of guardians do not know the cause of conjunctivitis, hence the need for health workers to provide health education at all cost.

The study has also revealed that, most guardians do not have traditional or religious believes pertaining to conjunctivitis.

## **6.8 Recommendations.**

- There is need to sensitize communities on common childhood conditions like conjunctivitis using various strategies i.e. through outreach clinics.
- Conjunctivitis should be part and parcel of focus topics on Morning Health Talks in Health Centres, with much focus on home management.
- Impart knowledge on guardians/parents whenever they visit the health facility with conjunctivitis
- More research has to be done in conjunctivitis pertaining to all populations.

### **6.9 Limitations of the study.**

The study was conducted at one health centre and therefore should be used cautiously but may not be a true reflection of the situation in Malawi.

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## Appendix A.

### INTERVIEW GUIDE.

My name is Dziwenji Makombe. I'm a 4<sup>th</sup> year student at Kamuzu College of Nursing. Am conducting a research study on Knowledge, attitudes and perception of guardians of under-five children on conjunctivitis.

Are you free to take part in this study?

Yes [ ] No [ ]

#### Part 1: (1) Demographic Data of the parent/guardian.

(a). Sex is:

(a) Male [ ]

(b) Female [ ]

(b). How old are you?

(i) 18-23 [ ]

(ii) 24-29 [ ]

(iii) 30-35 [ ]

(iv) 36-41 [ ]

(v) 42-47 [ ]

(vi) 48-50 [ ]

(c). Have you ever been to school?

(i) Yes [ ] (ii) No [ ]

If no, why?

.....  
.....  
.....

If yes, how far did you go with your formal education?

(i) Primary [ ]

(ii) Secondary [ ]

(iii) Tertiary [ ]

(d). How are you related to the child?

.....  
.....

**(2) Demographic data of the child.**

(a). Sex is:

(i) Male [ ]

(ii) Female [ ]

(b). How old is the child.

(i) 0-6 months [ ]

(ii) 6 months-1 year [ ]

(iii) 1 yr- 3 yrs [ ]

(iv) 4-5 yrs [ ]

**Part 2: Knowledge of guardians/parents on conjunctivitis and Medication.**

3. Can you tell me anything you know about conjunctivitis?

.....

.....

.....

(a). What is the source of this information?

.....

.....

(b) Which one is the most effective source of information?

.....

.....

4. What causes conjunctivitis?

.....

.....

(a). Are there different types of conjunctivitis you know?

.....

.....

.....

(b). If yes, can you describe each one of them.

.....

.....

.....

5. When did you notice that your child has an eye infection?

.....

(a) If it is after one week what was the reason for taking that time?

Explain.....

.....

6. What 1<sup>st</sup> aid measures did you give to the child at home?

.....

7. What medication has the child been given?

.....

8. What is the prescribed frequency of this medication?

.....

9. Do you know why your child has been given this medication?

(a) Yes [ ], (b) No [ ].

If yes, explain.....

.....

**Management of conjunctivitis at home.**

10. How do you manage conjunctivitis at home?

.....

Probe: What is the source of this medication?



.....  
.....  
Probe: How different is the medication you give at home with that from a health facility

.....  
.....  
11. How effective are the home/traditional medications compared to those from a health facility?

Explain.....  
.....  
.....

**Part:3 Expectations and Perceptions of guardians/parents towards Health workers, conjunctivitis, and how they were received by the health workers on this day.**

12. How do you feel about the child's illness?

.....  
.....  
.....

13. Can you describe what happens when you arrive at this health facility?

.....  
.....  
.....

14. What is your impression on the behaviour of the health workers of this department?

.....  
.....

15. What do you expect from the condition of the child with the medication you given?

.....  
.....  
16. What can be done to improve the care of children with conjunctivitis?

.....  
.....  
.....  
**Traditional and Religious beliefs.**

19. Do you have any traditional or religious beliefs on conjunctivitis?

(a) Yes [ ], (b) No [ ].

If yes, what are they? Explain.

.....  
.....  
.....  
20. Do you have any Myths related to conjunctivitis i.e. causes, mode of transmission e.tc.

.....  
.....  
*Thank you for your cooperation.*

## APPENDIX B

The university of Malawi  
Kamuzu College of Nursing  
Private Bag 1  
LILONGWE.

Dear Participant,

CONSENT TO PARTICIPATE IN A STUDY TO DETERMINE KNOWLEDGE, ATTITUDES  
AND PERCEPTION OF GUARDIANS OF UNDERFIVE CHILDREN ON CONJUNCTIVITIS.

I am a fourth year student pursuing a Bachelor of Science Degree in Nursing. In partial fulfilment of the programme, I am required to conduct a research study. The purpose of this letter is to request for your consent to participate in the above research study.

The study aims at assessing the level of knowledge and perceptions that the parents of under-five children have on conjunctivitis. The results will be used by the Health workers in coming up with health education (lessons) pertaining to the condition to minimize health problems that come due to this infection. As a result your child will be protected from the disease and he will also not be infected by friends since a group of people will be taught about the disease, after the research is done.

In the course of participating in this study, you will be required to respond to questions. You are not going to be exposed to any risk during this study. No harmful procedures will be performed on you and you will be free to express your opinions during your response to the interview questions.

Participation in the study is voluntary. No penalty will be imposed for not participating in the study but your participation will be greatly appreciated as you will contribute to knowledge on

the subject area. You can withdraw from the study at any time and you are free to ask questions about the study.

An interview guide will be used. No names will be used in the study. The information obtained will be confidential and will only be used by the researcher and the supervisor.

You are required to sign a consent form if willing to participate in the study.

Looking forward to your participation.

Yours truly,

DZIWENJI MAKOMBE.

Signature.....

PRINCIPAL INVESTIGATOR

I hereby give consent to participate in this study.

Signature of participant.....

Date.....

**Consent form.**

I have understood all the explanations about the study. I hereby give consent to voluntarily participate in the study.

Signature of participant.....

Date.....

Signature of researcher.....

Date.....

## APPENDIX C

University of Malawi

Kamuzu College of Nursing

Private Bag, 1

Lilongwe.

Wokondedwa Bambo/Mayi,

KUPEMPHA CHILOLEZO KUTI MUTENGE NAWO MBALI PA KAFUKUFUKU  
WOFUNA KUDZIWA NZERU,MAGANIZO NDI ZOMWE MUMAYEMBEKEZA,KWA  
MAKOLO KAPENA OYANG'NIRA ANA OSAPOSERA ZAKA ZISANU AMENE  
AKUDWALA MATENDA A MANTHONGO.

Ndine wophunzira wa chaka chachinayi pa sukulu ya ukachenjede ya unamwino ya Kamuzu College of Nursing.Ndalemba kalatayi kuti ndipemphe chilolezo kuti mutengepo mbali pakafukufuku ali pamwambayu.

Potengapo gawo pa kafukufuku ameneyu,mudzayembekezeka kuyankha mafunso omwe adzidzachokera pachipepala cha munthu opanga kafukufukuyu.Ndinunso omasuka kusiya kutenga nawo mbali ngati mwaona kuti simungathe kupitiriza kafukufukuyu palibe adzakuimbeni mlandu pakutero.

Tidzasunga chinsisi pa zomwe mitiuze ndipo palibe wina aliyense adzathe kupeza zonsezi,popanda chilolezochanu.Sitigwiritsa ntchito dzina pa mayankho onse omwe mupereke.

Pomaliza ndizakhala wokondwa chifukwa chakutenga nawo mbali kwanu mukafukufukuyu.

Ndine,

DZIWENJI MAKOMBE.

**Kupereka chilolezo.**

Ndamva zonse zokhuzana ndi kafukufuku ameneyu ndipo ndikuvomera kulowa nawo wopanda kuumilizidwa.

Saini ya wotenga mbali..... Tsiku.....

Saini ya wopangisa kafukufuku..... Tsiku.....

Appendix D.

The University of Malawi

Kamuzu College of Nursing

Private Bag 1

LILONGWE

31<sup>ST</sup> May 2010.

The District Health Officer

Lilongwe District Health office

P.O Box 149

LILONGWE

Dear Sir/Madam

REQUEST TO CONDUCT A STUDY AT KAWALE HEALTH CENTRE

I am a fourth year student at Kamuzu College of Nursing undergoing a Bachelor of Science in Nursing Programme.

In partial fulfilment of the programme I'm required to do a research study in my area of interest. The purpose of this letter is to therefore ask for your permission to conduct a study at Kawale Health Centre which is under your management. The study is on Knowledge, attitudes and perception of guardians/parents of under five children on conjunctivitis.

The subjects of the study will be those parents or guardians of these children and they will be required to answer questions on the topic following an interview guide.

I will be grateful if my request meets your favourable consideration.

Yours sincerely.

DZIWENJI MAKOMBE

Supervisor.....

Date.....

Cc: Kawale,Sister in charge.





University of Malawi  
**KAMUZU COLLEGE OF NURSING**

**RESEARCH AND PUBLICATIONS COMMITTEE**

**APPROVAL CERTIFICATE**

**TITLE:** Knowledge, Attitudes and Perceptions of  
Guardians/Parents of Under-five Children on  
Conjunctivitis at Kawale Health Centre

**INVESTIGATOR:** DZIWENI MAKOMBE

**DEPARTMENT/YEAR OF STUDY:**

**REVIEW DATE:** 08 SEPTEMBER 2010

**DECISION OF THE COMMITTEE:**

Approved

**SIGNATURE:** ..... **DATE:** 29/09/10  
CHAIRPERSON, RESEARCH AND PUBLICATIONS COMMITTEE

cc Supervisor:

**DECLARATION OF INVESTIGATOR(S)**

*I/we fully understand the conditions under which I am/we are authorized to carry out the above mentioned research and I/we guarantee to ensure compliance with these conditions. In case of any departure from the research procedure as approved, I/we will resubmit the proposal to the committee.*

DATE: 29<sup>th</sup> Sept, 2010 SIGNATURE(S): ..... Makombe

Ref. No.:  
Telephone No.: **265 727017**  
Telefax No.: **265 727817**  
Telex No.:  
E-Mail: **lilongwedho@malawi.net**

Please address all communications to:  
**The District Health Officer**



Lilongwe District Health Office  
P.O. Box 1274  
Lilongwe  
Malawi

1<sup>st</sup> October, 2010

To whom it may concern,

**RE: PERMISSION TO CONDUCT A STUDY IN LILONGWE DISTRICT.**

Permission has been granted to the bearer of this letter,

**Dziweni Makombe**

to conduct a survey in Lilongwe District Health Office

**"Knowledge, Attitudes and Perceptions of Guardians/Parents of Under-five children on conjunctivitis at Kawale Health Centre"**

Any assistance rendered would be appreciated.

  
Dr. M. Mwale  
DISTRICT HEALTH OFFICER

