SCHISTOSOMIASIS IN THE DEMOCRATIC REPUBLIC OF THE CONGO: KNOWLEDGE, ATTITUDE AND PRACTICE RELATED SCHISTOSOMIASIS

INTRODUCTION/PRESENTATION

My name is …… and I am medical doctor/social scientist working for a research team based at the National Institute of Biomedical Research (INRB) in Kinshasa. As part of our research activity, we are conducting health research about schistosomiasis/bilharziosis, in this village. Our research aims to investigate the knowledge, attitudes, and practices of the local community regarding schistosomiasis/bilharziosis. This information will help the schistosomiasis control program to improve its management of the disease in the future. We would like to invite you to take part in an interview, during which we will ask you some questions about schistosomiasis and related issues. You can refuse to participate at any time. You can also choose not to answer any questions that make you feel uncomfortable, and you can stop answering at any time, it is your right to refuse or to participate. If you choose not to participate, we will respect your decision and will not ask again. Your refusal will not affect you or your family to access to the health services, other benefits regarding this research or participation in other activities to combat schistosomiasis within the village.

If the participant gives consent to be interviewed ☐ (Participant sign document and continue to ask questions)

Date of interview (DD/MM/YY): __/__/____

Name of interviewer **Name of respondent**

Signature of interviewer **Signature of respondent**

If the participant does not give consent to be interviewed ☐ (Please complete information about the date and name of interviewer and stop asking further questions/stop interview).

Date of interview (DD/MM/YY): __/__/____

Name of interviewer

Signature of interviewer

PART I: SOCIODEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

1	Status of the respondent	
		1. Head of the family
		2. Wife of the head of the family
		3. Other family member (specify)…….
2	Age (years)	……..
	Date of birth	……..
3	Sex	
		1. Male
		2. Female
		3. Neuter
4	Marital status	
		1. Single
		2. Married
		3. Widow/widower
		4. Divorced/Separated
		5. Other (Specify .....)
5	High school education (degree)	
		1. None
		2. Primary school
		3. Secondary school
		4. University
		5. Post-University
6	Occupation	
		1. Famer
		2. Commerce/trader
		3. Diamond worker
		4. Student
		5. Employed
		6. Unemployed
		7. Retired
		8. Other (Specify .....)
7	How long have you been living here in this village?	
		..... Months
		.....Years
8	How many persons live in the house?	.....
9	Do you have a supply of domestic water?	
		1. Yes
		2. No
		3. Don't known
	If yes, what kind of supply do you have?	

		1. Tap/robinet
		2. Well
		3. Dug well
		4. Pump well or borehole
		5. Other (Specify ……)
		6. Don't know
	If no, who is your main source of water for the households?	
		1. Unprotected well
		2. Protected well
		3. Pump well or borehole
		4. Surface water
		5. Rainwater
		6. River/Stream/Dams/lakes/ponds/river /Irrigation canals
		7. Other (Specify ……)
		8. Don't know
	How far is the river/stream from your house?	
		1. .....Km
		2. .....Min
		3. .....Hours
		4. Don't know
	Do you have toilet facility at home?	
		1. Yes
		2. No
		3. Don't know
	If yes, what kind of toilet facility do you have?	
		1. Pit latrine
		2. Composting toilet
		3. Bucket
		4. bowl/pot
		5. Wall-hung latrine
		6. Other (Specify ……)
		7. Don't know
	If no, where do you usually defecate/urinate?	
		1. In the Bruch
		2. In the river or stream
		3. In the forest
		4. In the open space/Nature
		5. Other (Specify ……)
	How far is the forest from your house?	
		1. .....Km
		2. .....Min
		3. Don't know

PART II: KNOWLEDGE, PERCEPTION, ATTITUDES, AND PRACTICES TOWARDS SCHISTOSOMIASIS

	Have you heard of schistosomiasis before?	
		1. Yes
		2. No
		3. Don't know
	If yes, where did you get information on schistosomiasis from?	*Possibility of multiple answers*
		1. TV
		2. Radio
		3. Newspaper
		4. Families
		5. Friends
		6. Neighbors
		7. Meetings from the village
		8. Health workers
		9. Banners/Boards/Flyers/leaflets
		10. Other (Specify..... …)
		11. Don't know
	If yes, what are the symptoms of Schistosomiasis?/How do you know if a person has schistosomiasis?	*Possibility of multiple answers*
		1. Fever
		2. Diarrhea
		3. Blood in urine
		4. Blood in stool
		5. Abdominal boating
		6. Stomach pain
		7. Vomiting
		8. Abdominal pain
		9. Painful urination
		10. General discomfort
		11. Loss of appetite
		12. Headache
		13. Other (Specify ……)
		14. Don't know
	Which can cause schistosomiasis? (From)	*Possibility of multiple answers*
		1. Worm
		2. Mosquito bite
		3. Snail
		4. House fly

		5. Bacteria
		6. Virus
		7. Other (Specify ……)
		8. Don't know
	How can we get schistosomiasis? (Through)	*Possibility of multiple answers*
		1. Contact with contaminated water
		2. Contact with contaminated soil
		3. Unclean surroundings
		4. Eating contaminated food
		5. Drinking unclean water
		6. Contact with mollusks (skin penetration)
		7. Barefoot
		8. Other (Specify ……)
		9. Don't know
	Do you think that you can get schistosomiasis if anybody in your family or your neighbor has schistosomiasis?	
		1. Yes
		2. No
		3. Don't know
	If yes, how? (Through)	*Possibility of multiple answers*
		1. Water
		2. Food
		3. Touch
		4. Air
		5. Other (Specify ……)
		6. Don't know
	Do you think that schistosomiasis is a big problem in your village/community?	
		1. Yes
		2. No
		3. Don't know
	If yes, how often do you describe your degree of agreement?	
		1. Agreed
		2. Strongly agreed
		3. Undecided
	Is schistosomiasis dangerous?/Are you scared of it?	
		1. Yes
		2. No
		3. Don't know
	If yes, how often do you describe your degree of agreement?	

		1. Agreed
		2. Strongly agreed
		3. Undecided
	If yes, why are you scared?	
		1. It can take life
		2. It causes poor health
		3. It causes extra expenses for the treatment
		4. I cannot work when i am sick
		5. Other (Specify.....)
		6. Don't know
	Have you ever had schistosomiasis in your lifetime?	
		1. Yes
		2. No
		3. Don't know
	If yes, date of the last schistosomiasis episode?	
		1. Days
		2. Weeks
		3. Months
		4. Years
		5. Don't know/Don't remember
	If yes, did you seek treatment?	
		1. Yes
		2. No
		3. Don't know
	Do you think that is possible to cure for schistosomiasis?/Is schistosomiasis curable?	
		1. Yes
		2. No
		3. Don't know
	If yes, how often do you describe your degree of agreement?	
		1. Agreed
		2. Strongly agreed
		3. Undecided
	Where did you first go for treatment when you got the infection for the past time?/when you felt sick?	*Possibility of multiple answers*
		1. Traditional healer
		2. Witchcraft
		3. Nearest health center/health post
		4. Drug store
		5. Self-medicated with natural plants
		6. Self-medicated with Biltricide
		7. Nothing, it will get cured by itself

		8. Other (Specify…….)
		9. I don't remember
	Do you think that health centers in your community are capable of treating schistosomiasis?	
		1. Yes
		2. No
		3. Don't know
	Can you get medicine without Health personnel's prescription? /Do you think that is important to visit health center before treatment?	
		1. Yes
		2. No
		3. Don't know
	If yes, how often do you describe your degree of agreement?	
		1. Agreed
		2. Strongly agreed
		3. Undecided
	Why do you prefer to get treatment by self at home with natural plants than to visit health center for medical treatment?	
		1. It's easy to get natural treatment
		2. Often does not get cured from their treatment
		3. I don't like to go health center
		4. I am scared of side effects of medical treatment
		5. Medical treatment is not faster
		6. Medical treatment is cheaper
		7. Absence of medicine in the center
		8. Other (Specify.....)
	How far is nearest health center from your home?	
		1. ..... Km
		2. ..... Min
		3. ..... Hours
		4. Don't know
	Do you think that schistosomiasis is preventable?	
		1. Yes
		2. No
		3. Don't know
	If yes, how often do you describe your degree of agreement?	

		1. Agreed
		2. Strongly agreed
		3. Undecided
	If schistosomiasis is preventable, how do you prevent it?	*Possibility of multiple answers*
		1. Avoid contact with contaminated water
		2. Avoid open defecation/urination
		3. Wear sleeved clothes
		4. Wear shoes
		5. Mosquito bed net
		6. Medication
		7. Water provision
		8. Nothing
		9. Other (Specify ……)
		10. Don't know
	Do you have regular contact with freshwater bodies?	
		1. Yes
		2. No
		3. Don't know
	If yes, how often do you describe your habit of contact with freshwater bodies?	
		1. Always
		2. Sometimes
		3. Never
		4. Could not specify
	Do you have a habit of bathing in the river?	
		1. Yes
		2. No
		3. Don't know
	If yes, how often do you describe your habit of bathing in the rivers?	
		1. Always
		2. Sometime
		3. Never
		4. Could not specify
	When you take bath in the river, do you have a habit of defecating/urinating into the river?	
		1. Yes
		2. No
		3. Don't know
	If yes, how often do you describe your habit of defecating/urinating into the rivers?	
		1. Always

		2. Sometime
		3. Never
		4. Could not specify
	Do you have a habit of collecting or drawing water for domestic purposes?	
		1. Yes
		2. No
		3. Don't know
	If yes, how often do you describe your habit of collecting or drawing water for domestic purposes?	
		1. Always
		2. Sometime
		3. Never
		4. Could not specify
	Do you have a habit of going to wash your clothes, dishes, or vegetables for meals in the river?	
		1. Yes
		2. No
		3. Don't know
	If yes, how often do you describe your habit of washing your clothes, dishes, or vegetables for meals in the river?	
		1. Always
		2. Sometime
		3. Never
		4. Could not specify
	Do you have a habit of take part in the irrigation activities or remove vegetation from the water?	
		1. Yes
		2. No
		3. Don't know
	If yes, how often do you describe your habit of participating in irrigation activities or removing vegetation from the water?	
		1. Always
		2. Sometime
		3. Never
		4. Could not specify
	Do you have habit of to participate in the retting process for cassava (softening, fermenting the roots in water, and peeling)?	
		1. Yes
		2. No
		3. Don't know
	If yes, how often do you describe your habit of	

	participating in the retting process for cassava?	
		1. Always
		2. Sometime
		3. Never
		4. Could not specify
	When you are in contact with water for domestic purposes/or when you participating in irrigation activities or in retting process for cassava, do you get protective equipment?	
		1. Yes
		2. No
		3. Don't know
	If yes, how often do you describe your habit of using protective equipment (clothes, boots,) when in contact with water or when in participating in irrigation activities or in retting process for cassava?	
		1. Always
		2. Sometime
		3. Never
		4. Could not specify
	How far is your plantation farm from your house?	
		1. ..... Km
		2. ..... Min
		3. ..... Hours
		4. Don't know
	How often do you go to the plantation farm?	
		1. Every day
		2. Every alternate day
		3. Weekly
		4. Every 2 weeks
		5. Every month
		6. Could not specify
		7. Not at all

We thank you for your time!