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ACCURACY IN ESTIMATING POSTPARTUM BLOOD LOSS BY SKILLED BIRTH ATTENDANTS AT MOI TEACHING AND REFERRAL HOSPITAL, KENYA

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Estimates of blood loss after delivery are subjective and known to be imprecise, inaccurate and often underestimated leading to delayed diagnosis and treatment of postpartum haemorrhage. Caregivers consistently underestimate actual blood loss and continued use of visual estimation is related to ease of use and a traditional rather than serving any clinical value. It tends to be clouded by conventional teaching that blood loss at delivery is usually between 200-300 milliliters.

The goal was to determine whether accuracy in estimating blood loss could improve in diagnosis and treatment of PPH

A prospective, single blinded observational study was conducted to 56 skilled birth attendants. Clinical birthing area scenarios were reproduced in the form of thirteen Objective Structured Clinical Examination stations augmented with known volumes of blood concentrates. ANOVA test was also employed to evaluate difference in the errors in estimates by different demographics. Shapiro Wilkis test was used to check the normality assumption while Kruskal Wallis tests was used to compare the percent difference.

RESULTS: Small volumes were noticeably overestimated while large volumes were notably underestimated. There was an insignificant difference between demographics on estimating blood loss.

Conclusion: Estimation of blood remains significantly inaccurate with most of the SBA failing to ascertain the blood loss within the accuracy range. The study has shown that the type of provider training, years of experience, qualifications and prior training on blood loss estimation do not contribute to accuracy of estimating blood loss despite differences in estimation. Furthermore, teaching methods were found to be adequate with real life experience being the least adequate methods while simulation being the most adequate method.

Recommendations: Medical and nursing training institution to consider practical protocol of estimating blood loss in their curricular, consider refresher courses to the skilled birth attendants and frequent frequent drills in the clinical area on estimating blood loss

Keywords:

Blood Loss, Simulated Scenario, Artificial Blood, Visual Estimation

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ASSESSMENT OF THE EFFECT OF BURNOUT ON THE LEARNING OUTCOMES OF SENIOR NURSING STUDENTS AT KABARAK UNIVERSITY

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Burnout is characterized as feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy (Maslach, 1982; WHO, 2019). Nursing students cope with stressors of nursing practice as well as a commitment to long hours of study in the school leading to lack of free time and stressful. The purpose of this study was to assess the effect of burnout on the learning outcomes of senior nursing students at Kabarak University. A cross-sectional study design was adopted. A structured questionnaire assessing burnout and perceived effect on learning outcomes was used. A convenient sample of 60 senior student nurses were selected as participants. Quantitative data was analyzed using SPSS version 22.0. The departmental ethical review board approved the proposal before the data collection, and informed consent sought from participants. The majority of the respondents

were female (65.6%), age 20-24 (90.2%), year of study 3-4th (100%). Many resided off campus (61.7%) and academic workload of 6-10 CF (68.9%). Level of burnout score: very severe (61.7%), severe burnout (33.3%) and moderate burnout (5.0%). The female gender (70% of the females), being a fourth year student (70%) and academic load of 6-10 credit factors were associated with burnout. The key perceived effect on students included: "Nursing is generally a tough course but we feel like our workload and lecturers put excess pressure on us by giving continuous assignments which makes one lack free time to do other personal things: There's less time for studies and to meet clinical objectives". The students had a burnout score of "very severe" and "moderate" that is perceived to affect performance in academic, clinical and social domains of their lives. The programme should be adjusted to separate class time and time for clinical rotation.

Keywords:

Burnout, Senior Nursing Students, Effect

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DIETARY PRACTICES, HEALTH AND NUTRITION STATUS OF INFANTS BORN TO ADOLESCENT MOTHERS IN TRANSMARA WEST, NAROK COUNTY, KENYA

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Infant and young child feeding practices contribute to the growth and development of infants as well as preventing the occurrence of common illnesses. Infants should be exclusively breastfed for the first 6 months of life and thereafter introduced to complementary foods according to WHO recommendations. Infants are vulnerable to malnutrition thus nutrition and health status of the infants of young mothers is of interest. The purpose of this study was to determine dietary practices, health and nutrition status of infants born to adolescent mothers in Transmara West, Narok County. A descriptive cross-sectional study design was adopted targeting infants belonging to adolescent mothers in the selected health facilities in Transmara West Sub County. A structured questionnaire was used to obtain information on socio-demographic of both mother and infant, feeding practices, anthropometry, morbidity prevalence and health seeking behavior for the mother. Quantitative data was analyzed using SPSS for windows version 24.0 and ENA for SMART survey 2011. Chi-square and Pearson Product Correlation Relationship was used to establish associations between variables at a significance level of <0.05. The prevalence of wasting, stunting and underweight was 17.1%, 22.0% and 22.0% respectively. About 62.2% of the infants were initiated within the first hour while 50% were exclusively breastfed. Infant illness two weeks before the study, meal frequency and exclusive breastfeeding were significant ($p < 0.05$) factors associated with malnutrition. Educational level of the mother did not influence the nutritional status of their infants. The study alluded to the existence of malnutrition among infants of adolescent mothers hence teenage mothers should be educated on child care in order to reduce malnutrition among their infants.

Keywords:

Nutritional status, adolescent mother, feeding practices, infant, health status

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Determinants of first Antenatal Care visit among pregnant women Attending Tenwek

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ABSTRACT

Every pregnant woman is at risk of complications and hence ANC is recommended to identify these complications early and adequately managed through timely ANC visits. Late attendance of first antenatal visit is a common problem throughout sub-Saharan Africa posing difficulty in accomplishing the targeted maternal mortality ratio of less than 70 maternal deaths per 100,000 live births and new born death to 12 per 1000 live birth by 2030. The aim of this study is to investigate the determinants of first ANC visit among pregnant mothers attending antenatal clinic in Tenwek Hospital. This is a qualitative study that will utilize phenomenological study design to understand the experiences of pregnant women in seeking ANC service. Homogeneous purposive sampling will be used to sample mothers coming to clinic for the first time during the index pregnancy. In-depth interviews will be used to gather data from the participants. Data will be recorded during the interviews using a voice recorder and later transcribed verbatim. Thematic analysis will be used to analyze the data. All translated interviews will be double-checked for accuracy by principal investigator and trained research assistants. Transcribed interviews will be entered into a text organization software program, called NVivo to enable analysis. Ethical approval will be sought from the university Ethics and Research Board (ERB) and Nacosti.

Keywords:

CARE

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Doctors' training and knowledge in end of life care: case study of three mission hospitals in Kenya.

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Background

There is an increasing number of people in Kenya with life limiting illnesses secondary to HIV/AIDS, cardiovascular diseases and cancer. Patients who suffer from these illnesses require palliative and end of life care. In developed countries such care is often given in a hospice or at home by palliative service professionals. In Kenya, there are limited such resources and therefore this care frequently ends up being offered by inpatient healthcare professionals spear-headed by doctors.

Objectives

To assess doctors' previous training in end of life care, and to assess doctors' knowledge regarding end of life care.

Methodology

A descriptive cross-sectional survey utilizing a questionnaire was administered to doctors working in three mission hospitals in Kenya.

Results

The response rate was 59.2%. Forty percent of the respondents had not had any end of life care training as part of their undergraduate curriculum. For those who had received training only 26% had received bedside training.

End of life care knowledge was positively associated with having received both lectures and bedside teaching ($p=0.001$) as an undergraduate as well as having undergone further training in end of life care at postgraduate level ($p=0.046$).

Other factors associated with a higher knowledge in end of life care were: older age ($p=0.008$), seniority ($p=0.000$), medical specialty ($p=0.029$), having trained in a developed country ($p=0.000$) and having >10 years clinical experience ($p=0.004$).

Conclusion

Nearly half of doctors working in three mission hospitals in Kenya had never received any form of undergraduate training in end of life care. Those clinicians who had received more intensive end of life care training appeared to have a greater knowledge of end of life care management. Curriculum reviewers should incorporate end of life care as part of training for all doctors. The training should include both lectures and bedside tutorial.

Keywords:

end of life care, palliative care, terminal illness, knowledge, training, doctors

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FACTORS CONTRIBUTING TO DRUG ABUSE AMONG STUDENTS IN KABARAK UNIVERSITY, NAKURU COUNTY.

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Drug abuse among the youth has become a global challenge. Substance use and abuse among the youth population, has become a rampant problem affecting both the communities, economies, governments, global markets, schools and institutions of higher learning as well as the professional world in terms of the employment sector. The main aim of the study was to establish factors that influence drug abuse among university students. The study sought to determine the demographic, social and economic factors that contributed towards drug abuse among the students. A Quantitative descriptive survey was conducted among 154 students. Stratified sampling on the three schools was done and Simple random sampling was used to select the participants. Structured questionnaires were used for data collection and SPSS version 20 used in data analysis. The study established that almost half (46%) of the participants were aged between 20 – 22 years with 21 years having the highest incidence rate of drug use. Majority of the respondents involved in drug use were male students at 66%. Use of drugs as a form of recreational social activity as well as conforming to peer pressure were found to be significant contributors towards drug use among students despite a majority of students (85 %) indicating that their parents were not permissive of the vice. The two most commonly abused drugs were alcohol (43%) and Bhang (40%). It was recommended that, the university should implement effective social mentorship programs for students to provide guidance in decision making and behavioral life choices. The University should also review and implement the University's procedures for managing drug abuse related cases and parental involvement. Drug abuse counselling should re- focus on assessing levels of usage and potential for addiction. Finally, seminars and health talks on physical and mental effects of drugs should be enforced and life skills to be introduced.

Keywords:

Drug use, Drug abuse, drug, students, binge drinking, trap houses, factors

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FACTORS THAT CONTRIBUTE TO STUNTING OF CHILDREN LESS THAN TWO YEARS IN FOOD SECURE REGIONS: A COMPARATIVE STUDY OF URBAN AND RURAL UASIN GISHU

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Stunting is low height for age with poor brain and physical development. It affects about one fifth of children less than five years globally with Africa having 39% in 2017. Stunting develops during pregnancy and in children 0-23 months due to inadequate nutrition. It results to increased morbidity, mortality, reduced individual output, and predisposes children to chronic illnesses. Some surveys have shown stunted children are found in food secure areas. However there seems to be a major research gap on factors contributing to stunting in such areas more so in Uasin Gishu County. The purpose of this study was to determine the contributors to high prevalence of stunting in children less than two years in Uasin Gishu County. A comparative cross-sectional survey design was used for this study. A sample size of 331 stunted children aged 0-23 months were recruited using multistage, systematic random sampling. The results show more stunted females than males at χ^2 ($P=0.001$) with most of the children cared for by their biological mothers 92% (305/331). More urban children who were less than six months were exclusively breastfed compared to rural children, χ^2 ($P=0.001$). More rural than urban children 6-23 months were still breastfeeding at χ^2 ($P=0.001$). Children who lived in the rural area had a higher dietary diversity score ≥ 4 compared to urban children. Eggs were least fed food for both urban and rural children respectively (13/269:11/88). Rural children had a higher intake of vitamin A rich foods compared to urban children. Sub optimal feeding for the urban children six to twenty three months and rural children less than six months may be a contributing factor for stunting in children who are less than two years of age.

Keywords:

Stunting, Children, Foods, Food secure, Nutrition

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INFLUENCE OF CULTURE ON HEALTH INSURANCE UPTAKE AMONG PATIENTS AT CHOGORIA MISSION HOSPITAL, THARAKA NITHI COUNTY

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The government of Kenya plans to largely finance Universal Health Coverage through the National Health Insurance Fund (NHIF). However, most of the Kenyan population do not have health insurance cover. They rely mainly on out-of-pocket payment. The reality today is that uptake of health insurance is still low in general, particularly in rural areas, where the majority of Kenyans live. Studies have identified four main reasons why individuals are not registered for any form of health insurance: affordability, value, relevance and process. However, these reasons may be complicated by cultural and social beliefs, as revealed by studies done in other middle and low- income countries. The aim of this study is to describe cultural beliefs and practices that may have an influence on health insurance uptake. We used a qualitative phenomenology study design over a period of 3 months at Chogoria Mission Hospital. The study used purposive sampling to recruit participants from inpatient and outpatient departments. Through 20 in-depth interviews using a semi structured design and utilizing the constant comparative method of analysis, we identified the following themes: Chieftaincy, religious beliefs that purchasing health insurance is a lack trust in the healing power of God and calling bad omen, patriarchal culture, traditional medicine use, peer influence of purchasing insurance and Harambe as factors that might have an influence on health insurance uptake. Unique to this study was the theme about health insurance being associated with family and community dissociation. Compared to findings in other countries, the findings of this study suggest that culture also has an influence on health insurance even if it is limited. The results of this study need to be explored more in details in other studies. This study suggests that most reasons of non-enrollment are hinged on cultural motivation at various level and degrees.

Keywords:

culture, health insurance

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INFLUENCE OF HEALTH INSURANCE ON CLINICAL DECISION MAKING AMONG KENYAN DOCTORS IN EMERGENCY CARE

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Background: Majority of Kenyans lack health insurance and therefore find it difficult to raise money for health expenditure. Studies elsewhere have shown disadvantage to uninsured individuals in terms of health care accorded to them when compared to those insured, even in provision of lifesaving medical care. There is scarcity of research in Kenya to evaluate whether lack of insurance affects the kind of health care they receive.

Objective: To examine the extent that clinical decisions on emergency medical care by doctors in Kenya changed given the health insurance status of a patient

Methodology: An online self-administered survey was sent to Kenyan doctors. Data obtained included demographics of the doctors and the modality of payment of their patients. Respondents were then asked how often they would change their clinical decisions in emergency medical cases. The results were compared to the payment modality of their patients. Chi square test was used to measure significance for a p value of/or less than 0.05 using SPSS software.

Results: The completed responses were 183 (20 % of total surveyed). Of the respondents' data analyzed, 84% reported that they had changed their clinical decisions on basis of health insurance status of the patients. In regards to decision change in delivery of emergency health care, no difference was found between the doctors who attended to uninsured patients and those who attended to insured patients (p=0.4).

Conclusion: While clinical decision making of Kenyan doctors is influenced by health insurance, delivery of emergency health care is not influenced by health insurance.

Recommendation is made to the government bodies to formulate policies that ensure that health-care is universally available regardless of insurance status. Further research on objective outcome measures in emergency care should be done.

Keywords:

Health insurance, Emergency medical care, Clinical decisions

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KNOWLEDGE AND PRACTICE TOWARDS PREVENTION OF KIDNEY FAILURE AMONG HYPERTENSIVE PATIENTS ATTENDING NAKURU COUNTY REFERRAL HOSPITAL

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Hypertension is the second most common cause of kidney disease (KD). Globally the prevalence and incidence of Kidney failure is high, studies which looked into the actual knowledge level of Kidney failure among the general population both locally and internationally were limited. This study therefore sought to assess the knowledge and practices towards prevention of Kidney failure among hypertensive patients attending Nakuru County Referral Hospital. A cross-sectional study involving 80 purposefully selected participants were systematically chosen. Data was collected among

patients in the medical inpatient and at the clinic. A suitably designed questionnaire consisting of 20 questions was used to determine the K&P scores. The data was entered in SPSS Version 20 and analysed. A total of 80 patients participated and the majority (78.8%) were males. More than half (66.2%) were aged between 40 to 59 years. About 71%, had received secondary education and nearly 3 out of 4 (77.8%) were unemployed. More than half (54.4%) had hypertension for 5 years or more. The study findings indicated that that Age of respondents high education level, patients with high numbers of chronic diseases and other conditions which include cardiovascular disease, diabetes and respiratory condition, it also indicated that 55% of the respondents had knowledge on risk factors of kidney failure whereas 45% did not and lastly avoiding alcohol, low salt intake, low salt intake and avoiding alcohol, taking medications daily and avoiding alcohol, avoiding salt and drinking water, reducing alcohol intake and regular check-up, taking medications and going for check-ups, healthy eating and avoiding stress were indicated as the effective practices to prevent kidney failure. The study therefore concludes that, the Hospital through the Medical education department may consider developing targeted health education programs for hypertensive patients, and develop recommendations that aim at encouraging lifestyle modification by hypertensive individuals.

Keywords:

Hypertension, Kidney Failure, Renal replacement therapy, end stage renal disease

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MATERNAL DETERMINANTS OF IRON DEFICIENCY ANAEMIA AMONG PREGNANT WOMEN IN MIGRATORY COMMUNITY, NAROK COUNTY

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ABSTRACT

Iron deficiency Anaemia is defined as the haemoglobin less than 11g/dl. It is associated with adverse effects. The objective was to identify maternal determinants of IDA among pregnant women in migratory community of Narok County. A cross-sectional design was adopted and the study was conducted at Ewaso Ngiro Health Centre, in Narok County, targeting pregnant women. Quantitative data including socio-demographic characteristics, were collected using structured and validated questionnaire while Haemoglobin levels were collected using the Mission Plus Hb machine. A sample size of 373 pregnant women took part in the study. The data obtained was analyzed after cleaning using SPSS version 24.0 and Microsoft Excel 2013. The 24-hour recall was analyzed using Nutri survey 2007 for mean nutrient consumption. Analysis of variance was used to assess the significance of the study parameters between IDA, dietary intake, and Haemoglobin levels. Student t test was used to analyze correlations between Iron deficiency anaemia and Haemoglobin levels. The results indicated that the mean age was 24.9 ± 6.5 years. The mean Haemoglobin levels ranged from 6.0 – 14.9 . The mean dietary intake for macronutrients was energy (1597 \pm 612.9), Protein (56.7 \pm 31.2), PUFA (4.0 \pm 2.4), Fat (14.2 \pm 20.3) and Fibre was (4.0 \pm 2.4). Mean intake of key micro nutrients was Vitamin A (1195 \pm 826.2), Vitamin B1 (1.1 \pm 0.5), Folic acid (228.2 \pm 105.7), Zinc (11.8 \pm 5.8), Iron (12.8 \pm 6.7), Magnesium (421 \pm 198.5) and Vitamin C (76.8 \pm 62.1). Generally, pregnant women who had Haemoglobin levels less than 11.0 g/dL were 61.5%. Pearson correlation indicated that there was a weak positive association between pregnancy haemoglobin levels and maternal dietary iron intake levels. Future work should investigate on serum ferritin levels as it is a more sensitive measure that can indicate iron storage disorder and its low levels are indicative of Iron deficiency anaemia.

Keywords:

Maternal determinants, pregnant woman, migratory community

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MATERNAL FACTORS INFLUENCING LOW BIRTH WEIGHT IN WEST POKOT COUNTY, KENYA

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MATERNAL FACTORS INFLUENCING LOW BIRTH WEIGHT IN WEST POKOT COUNTY, KENYA

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Abstract

Worldwide an estimated 20% babies are born LBW and the impact on infant mortality is enormous. Child survival and development need more focus on healthy start of life. A broad range of maternal factors have shown strong influence on giving birth to LBW babies whereas information available was not documented for West Pokot County and considerable variations observed within different settings based on context. The objective of this study was to investigate maternal characteristics associated with LBW. Cross sectional hospital based mixed study design was employed to collect maternal demographic socio-economic, obstetric and cultural information from women of reproductive age in seven (7) randomly selected health facilities. A sample size of 223 eligible biological mothers of infants (< 12 months old), randomly recruited upon provision of informed consent, participated in this study. Quantitative data were collected using interviewer administered questionnaire. Descriptive statistics were analyzed and presented in frequencies and proportions and associations maternal characteristics on birth weight was examined for relationships and chi square tests done to confirm their statistical significance. Significant associations were observed among five maternal characteristics including; Maternal nutrition; MUAC (B = 1.890, p=0.045), Antenatal Care attendance (B=2.236 p<0.001), Mothers education (B = 1.399, p=0.003), marital status (B=-5.647, p<0.001), FGM (B = 1.532, p<0.001). The implication of this study results was that mother's socio demographic and cultural characteristics strongly predict mother giving birth to a LBW baby. Interventions that focus on improving the socio demographic characteristics recommended for implementation to improve the birth outcome (LBW).

Key Words: Maternal, Influence, Low Birth Weight, West Pokot

Keywords:

Maternal, Influence, Low Birth Weight, West Pokot

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Modalities of Healthcare Payment and their Consequences - A Qualitative Study on Kenyan Doctors

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Modalities of Healthcare Payment and their Consequences - A Qualitative Study on Kenyan Doctors
Introduction: In the past 3 years, the Kenyan government has put a spirited reform to ensure all Kenyans get universal health-care. This has led to restructuring of several entities among them the health insurance industry. This is geared at alleviating the burden of catastrophic expenditure on health from the poor Kenyans. The process has been slow as insurance uptake still remains at a

quarter of the population. Majority of Kenyans still pay for healthcare out of pocket. This out of pocket payers often don't afford the ever increasing cost of health-care in Kenya. This study looked at how doctors deal with patients given their modality of payment.

Methodology: This was an online based survey that was distributed to Kenyan doctors via email by Kenya Medical Association. The survey sought information from the respondents on how they dealt with patients given their modality of payment. In addition, respondents were asked to provide an example of a case they had dealt with that touched on each payment modality.

Results: Respondents gave their experiences where insurance had influenced their clinical decisions. Codes developed from the prose were; "inability to pay", "harmful to the patient", "changed the prescription", "referred to a public hospital", "admitted to allowing insurance to pay" among others. Health insurance plays a crucial role whenever respondents make decisions.

Conclusion:

It appears that the respondents are stuck in a limbo; striving to give the best care to patients but limited by the patients' inability to pay.

In explaining their experiences, respondents explain a situation where they intend to offer the best but patients cannot afford. This especially so for those without health insurance who end up either not getting services or at the very best, get inferior services

Keywords:

insurance

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PERSONALITY DETERMINANTS OF BURNOUT AMONG NURSES AT NAKURU COUNTY REFERRAL HOSPITAL

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Workplace burn-out is characterized as feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy (Maslach, 1982; WHO, 2019). Relationship between personality traits and development of burnout has been studied in other parts of the world but literature in Africa, particularly Kenya, is scant.

The purpose of this study was to establish the relationship between personality traits and burnout among nurses. A cross sectional study design was adopted. A structured questionnaire assessing the big five personality traits and Maslach's burnout inventory was used to collect quantitative data. A convenient sample of 76 nurses working in Nakuru County Referral Hospital were the study participants with the nurse managers of the hospital units as key informants. Quantitative data was analyzed using SPSS version 22.0. The nursing departmental ethical review board and NACOSTI approved the proposal before the data collection, and informed consent sought from participants. The majority of the respondents were fully employed nurses (84%), aged 21-50+, gender 80.3% female, 47.4% single, 44.7% married. Most of the respondents (68.4%) attained Diploma and below while 31.5% had BSc.N and above. The years of experience were from 1->15. The results of scores on levels of burnout was: LOW emotional exhaustion occurred in traits of agreeableness (32.8%) and conscientiousness (17.7%), moderate emotional exhaustion among 23.6% with conscientiousness trait. At depersonalization level, agreeableness trait experienced LOW (19.7%) and MODERATE (23.6%), and conscientiousness (21%), while LOW level of Decreased Personal Competence was those with agreeableness (32.2%) and conscientiousness (43.4%). Traits of extroversion, neuroticism and openness to experience scored significantly less on burnout. The traits of agreeableness and conscientiousness seem to predispose nurses to burnout. Baseline personality tests and periodic burnout surveillance should be carried out to ensure early detection and intervention.

Keywords:

Burnout, Personality traits, nurses

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PREVALENCE AND CORRELATES OF DIETARY SUPPLEMENTS USE BY ADULT OUTPATIENTS SEEKING HEALTHCARE SERVICES IN A COUNTY REFERRAL HOSPITAL, KENYA

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Background: Globally, there is a rise in dietary supplement use and is considered common in the developed countries with estimated use of about 40% among adult outpatients in these countries. The key documented usage of dietary supplements in low income countries is on those specific supplements which are routinely recommended to be used under close supervision of healthcare worker with minimal literature on the other dietary supplements. Dietary supplementation especially in illness is highly debated since toxic effects of excessive intake have been identified for some of them especially when their use is not monitored.

Aim: The aim of this study was to assess the prevalence of dietary supplements and their correlates of use among adult outpatients aged 18 to 65 years seeking medical services in Kericho County Referral Hospital.

Methodology: It was designed as an institutionalized cross sectional survey and simple random sampling was used to select 237 study participants. Researcher administered Structured questionnaire was used

Data Analysis: Data was analysed using Statistical Package for Social Sciences (SPSS) version 20.

Results: The overall prevalence of dietary supplements use was 42% with 58% being non-prescribed by a healthcare worker. High prevalence of dietary supplements use was reported among respondents who were females (55.8%), aged below 35 years (65.5%), tertiary highest level of education (51.9%), farmers (51.9%), respondents living in rural areas (47.4%) and among the widowed respondents (55.6%). High prevalence of dietary supplements use was also noted among the respondents who were exercising (68.9%), Obese 1(82.8%) and underweight (81.2%). The variables that were positively correlated with the use of dietary supplements were were gender (male), presence of non-communicable disease and engagement in at least moderate physical activity ($p < 0.05$ and adjusted $O.R > 1$).

Recommendation: Patient-centered interventions need to be enhanced to ensure safety and relevance in the use of dietary supplements especially in illness.

Keywords:

Dietary supplements, Prevalence, Adult, Patient, Correlates

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PREVALENCE AND CORRELATES OF DIETARY SUPPLEMENTS USE BY ADULT OUTPATIENTS SEEKING HEALTHCARE SERVICES IN A COUNTY REFERRAL HOSPITAL, KENYA

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Background: Globally, there is a rise in dietary supplement use and is considered common in the developed countries with estimated use of about 40% among adult outpatients in these countries. The key documented usage of dietary supplements in low income countries is on those specific supplements which are routinely recommended to be used under close supervision of healthcare worker with minimal literature on the other dietary supplements. Dietary supplementation especially in

illness is highly debated since toxic effects of excessive intake have been identified for some of them especially when their use is not monitored.

Aim: The aim of this study was to assess the prevalence of dietary supplements and their correlates of use among adult outpatients aged 18 to 65 years seeking medical services in Kericho County Referral Hospital.

Methodology: It was designed as an institutionalized cross sectional survey and simple random sampling was used to select 237 study participants. Researcher administered Structured questionnaire was used

Data Analysis: Data was analysed using Statistical Package for Social Sciences (SPSS) version 20.

Results: The overall prevalence of dietary supplements use was 42% with 58% being non-prescribed by a healthcare worker. High prevalence of dietary supplements use was reported among respondents who were females (55.8%), aged below 35 years (65.5%), tertiary highest level of education (51.9%), farmers (51.9%), respondents living in rural areas (47.4%) and among the widowed respondents (55.6%). High prevalence of dietary supplements use was also noted among the respondents who were exercising (68.9%), Obese (82.8%) and underweight (81.2%). The variables that were positively correlated with the use of dietary supplements were gender (male), presence of non-communicable disease and engagement in at least moderate physical activity ($p < 0.05$ and adjusted O.R > 1).

Recommendation: Patient-centered interventions need to be enhanced to ensure safety and relevance in the use of dietary supplements especially in illness.

Keywords:

Dietary supplements, Prevalence, Adult, Patient, Correlates

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Predictors of Nutritional Status of Infants at 6 Months of life in Semi-Urban Hospital in South Rift Valley, Bomet County Kenya

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Background: In low resource settings, malnutrition during infancy is thought to greatly increase the risk of infant morbidity and mortality (Blake et al., 2016). There is a significant challenge to our understanding of the influence of maternal and infant related predictors of the infant nutritional status at 6 months of life.

Objective: This study sought to establish the maternal and infant related predictors of infant nutritional status at 6 months of life in Semi-Urban Hospital in South Rift valley, Bomet County Kenya.

Methodology: The study design was randomized control trial where sample size of 204 mother infant pairs were enrolled into the study. Weight was measured using SECA 354 and length was assessed using SECA 210 length Matt. A 5 mls of infant blood sample was drawn and hemoglobin assessed at birth, 6 weeks and 6 months. Data was analysed using Stata version 15.1 and Microsoft Office Excel 2007. Mother-infant socio-demographic characteristics by the study group was compared using Pearson chi-square ($p < 0.05$; 95% CI). Predictors of infant Nutritional status at six (6) months were established using binary logistic regression model.

Results: The results were based on two-tailed tests at 95% confidence interval and a p-value $p < 0.05$. Mean age (22.73 ± 1.9 ; $p < 0.05$); about 50% of health workers knew that delaying umbilical cord clamping is beneficial to the infant. Predictor of infant nutritional status at 6 months of life were weight (OR14.90, $p < 0.05$; 95% CI: 7.25-30.00) and infant hemoglobin (OR1.64, $p < 0.05$; 95% CI: 1.3-2.07).

Conclusion and Recommendation: The predictors of infant nutritional status at 6 months were mainly infant weight and their hemoglobin level. Intervention at facility and community level should focus on promoting weight gain and hemoglobin rich food.

Keywords:

Predictors, Nutritional Status, Infants, 6 Months

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SALT IODIZATION MONITORING AT COMMUNITY LEVEL; CASE OF KWALE COUNTY, KENYA

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SALT IODIZATION MONITORING AT COMMUNITY LEVEL; CASE OF KWALE COUNTY, KENYA

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Introductions: Assessing the severity of Iodine deficiency disorders (IDD) and monitoring the progress of salt iodization programs are cornerstones of a control strategy. In spite of remarkable improvement in the control of the iodine deficiency disorders (IDD), there remain a substantial global public health problem (Zimmermann, 2004).

Objectives: Assess the level of iodine in salt that was consumed at household level in Kwale County Kenya.

Materials and Methods: Authorization was sought from ministries of Health and Education. Four Primary schools were sampled and health education provided. Students (n=140) were invited to bring sample of salts used in their household for analysis. A total of 140 salts samples were processed and assessed using two drops of potassium iodate (Myers et al., 2016). Analysed data on iodine range were presented in proportions.

Results: 0 PPM (1 %); < 15 PPM (32 %) and > 15 PPM (73%)

Conclusion: Households in Kwale County are consuming fortified salts. A significant population are consuming fortified salts less than recommended levels. Fortified salts seem to lose iodine due to storage at household.

Recommendations: Sensitization of the households on proper storage of fortified salt

KEY WORDS: SALT, IODIZATION, MONITORING & COMMUNITY LEVEL

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Sources of support for primary home-based caregivers of patients with advanced cancers from AIC Kijabe, Kiambu County.

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ABSTRACT

Introduction

Cancer is the third leading cause of mortality in Kenya. Eighty percent of cancer cases present at advanced stages, when little curative care can be done and palliative care is their best option of care. Majority of the end of life care in Kenya is done in the home setting, yet little is known about the caregiver's lived experiences and their support systems. This study sought to know the caregiver's support system so as to understand how to equip the "supporters" of the primary caregiver to optimize the care they give to the patients.

Methods

This was a qualitative phenomenological study. A purposive sampling method was used to identify and recruit twelve participants were recruited from the Kijabe Palliative clinic database. Home visits were then carried out. Data was collected in two primary ways: in-depth interviews and direct observation. A six-step thematic analytic method was used to analyze the data. Ethical clearance was obtained prior to conducting the study.

Results

Four main themes with subthemes emerged: (i) family members- financial support, relief for primary caregiver, unmet expectations from extended family members, modernization of the family structure, (ii) social and community networks, (iii) religious institutions-role of prayer, propagating hope and (iv) healthcare providers-use of phone calls, healthcare at home.

Conclusion

This study found that the main source of support for primary caregivers was family members. Social and community networks, religious institutions and healthcare workers also form part of the support system for the primary caregivers. It is recommended that family debriefing meetings should be done with the primary caregiver and other support persons. The debriefing meetings should include discussions on how the other family members can support the primary caregiver.

Keywords:

Cancer caregivers, home-based, support

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Trends and factors associated with early initiation of breastfeeding in Namibia: Analysis of the Namibia Demographic and Health Survey 2000–2013

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Background: Early initiation of breastfeeding (EIBF) lowers the risk for all-cause mortality in babies, including those with low birth weight. However, rates of neonatal mortality and delayed initiation of breastfeeding remain high in most low- and middle-income countries. This study aimed to assess the trends and factors associated with EIBF in Namibia from 2000–2013.

Methods: An analysis of EIBF trends was conducted using data from three Namibia Demographic Health Surveys. The present sample included singleton children younger than 2 years from the 2000

(n=1655), 2006–2007 (n=2152) and 2013 (n=2062) surveys. Descriptive statistics were used to analyse respondents' demographic, socioeconomic and obstetric characteristics. Factors associated with EIBF were assessed using univariable analysis, and further evaluated using multivariable logistic regression analysis.

Results: EIBF significantly decreased from 82.5% (confidence interval [CI]: 79.5–85.0) in 2000 to 74.9% (72.5–77.2) in 2013. Factors associated with EIBF in 2000 were urban residence (adjusted odds ratio 0.58, 95% CI: 0.36–0.93), poorer household wealth index (1.82, 1.05–3.17), lack of antenatal care (0.14, 0.03–0.81), small birth size (0.38, 0.24–0.63) and large birth size (0.51, 0.37–0.79). In 2013, factors associated with EIBF were maternal age of 15–19 years (2.28, 1.22–4.24), vaginal delivery (2.74, 1.90–3.93), married mothers (1.57, 1.16–2.14), delivery assistance from health professionals (3.67, 1.23–10.9) and birth order of fourth or above (1.52, 1.03–2.26).

Conclusions: Namibia has experienced a declining trend in EIBF rates from 2000–2013. Factors associated with EIBF differed between 2000 and 2013. The present findings highlight the importance of continued commitment to addressing neonatal health challenges and strengthening implementation of interventions to increase EIBF in Namibia.

Keywords:

Breastfeeding, early initiation, trends, determinants, Namibia, Demographic Health Survey