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Contents

Factors Influencing Healthcare Seeking Behaviors for Comprehensive Sexual and Reproductive Health Services of Female Sex Workers in Bomet County, South West Part of Kenya.	1
Prevalence of Postpartum depression among mothers attending Nakuru Level 5 Hospital, Nakuru County Kenya	1
Experiences of home-based caregivers of advanced cancer patients from a regional faith-based palliative care center in Kenya.	2
Thinking outside the box for postgraduate research methods instruction in Africa: MicroResearch and thesis proposals	2
A Blood Pressure Monitoring Prototype for Preeclampsia Management in Antenatal Care in Kenya	3
Morbidity and Mortality Burden of Neonatal Sepsis at Kericho County Referral Hospital, Kenya: A 5-Year Retrospective Analysis	3
DOCTORS' TRAINING, KNOWLEDGE AND ATTITUDE IN ADULT INPATIENT END OF LIFE CARE: CASE STUDY OF THREE MISSION HOSPITALS IN KENYA.	4
Third trimester Maternal Haemoglobin level and its association with infant Haemoglobin at birth	4
TYPHOID FEVER AMONG FOOD HANDLERS IN STREET FOOD VENDING PREMISES, BAHATI SUB-COUNTY: KNOWLEDGE , ATTITUDE AND PRACTICES	5
UTILIZATION OF PRE-TRAVEL HEALTH SERVICES AMONG KENYAN TRAVELLERS DEPARTING JOMO KENYATTA INTERNATIONAL AIRPORT	6
Do consumers utilize nutrition information on processed meat products in their purchasing decisions in supermarkets in Nakuru town, Kenya.	6
Thinking outside the box for postgraduate research methods instruction in Africa: MicroResearch and thesis proposals	7
PREVALENCE OF DEPRESSION AMONG MOTHERS ATTENDING MCH CLINIC AT KABARAK HEALTH CENTER	8
RISK FACTORS ASSOCIATED WITH ANTENATAL DEPRESSION AND THEIR INFLUENCE ON PSYCHOSOCIAL QUALITY OF LIFE AMONG ANTENATAL MOTHERS ATTENDING PRIMARY HEALTH CARE SETTINGS IN UASIN GISHU COUNTY, KENYA	8

INFLUENCE OF MATERNAL HEALTH LITERACY ON INFANTS' AMONG FIRST-TIME MOTHERS IN KIBERA SLUM, KENYA	9
Do consumers utilize nutrition information on processed meat products in their purchasing decisions in supermarkets in Nakuru town, Kenya.	9

Factors Influencing Healthcare Seeking Behaviors for Comprehensive Sexual and Reproductive Health Services of Female Sex Workers in Bomet County, South West Part of Kenya.

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Introduction

To improve health of every individual, universal health coverage has to be effected now, not in the near future or tomorrow but today. . FSWs have a higher morbidity and mortality risk than the general population while access and equitable distribution of health services that provide comprehensive, sexual and reproductive health services and holistic care is still a problem in sub Saharan Africa. To meet FSWs needs, it is important to have a paradigm shift from disease model to a person centered model where there is integration of the biophysical, mental, emotional and social aspects of health. The study will help us understand the health care seeking behaviors of female sex workers, depict the barriers that FSWs experience when seeking healthcare and the key health determinants that play a role in influencing their health. This study is aligned with the third sustainable development goal and the social pillar of Kenya vision 2030.

Methods

This is a phenomenological qualitative research design with a target population of female sex workers working in Bomet County. A partner working with this population by providing both preventative and curative health services will assist in accessing the population. The sampling procedure will be non- probability through respondent driven snowball sampling. Sampling will be done until saturation is achieved and no new data will be collected. A Semi-structured in-depth key individual interview will be used as the instrument to collect data and confidentiality of all participants will be assured. Data will be transcribed, then translated in English for analysis. Constant comparison analysis will be used where codes will be assigned and emerging themes highlighted and written in the final document. Safe data handling and all other ethical considerations will be observed for this study. Community engagement has started and will continue throughout the research study.

Health education and promotion on behavior change / 4

Prevalence of Postpartum depression among mothers attending Nakuru Level 5 Hospital, Nakuru County Kenya

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Postpartum depression (PPD) is a non-psychotic mood disorder that can affect women during perinatal period. The World health organization has identified PPD as an international public health concern. Globally, the statistics of postpartum depression is at 10-20%, however, this prevalence varies depending on the demographic regions from 0% in Singapore to 57% in Brazil. In Africa, the prevalence is estimated to be at 18.3%, however different values has been reported at 22.9% in Nigeria, 23.4% in Cameroon, 50.3% in South Africa and 10.6% in Kenya. Despite PPD being categorized as the fourth leading cause of burden of disease, little focus has been placed in mental health therefore not meeting health care needs as defined by the WHO in order to curb maternal morbidity and mortality hence this research sought to identify the prevalence of PPD among mothers attending Nakuru level

five hospital.

Methodology: The research study design was a descriptive study design that was carried out among mothers seeking clinic services. The study participant were identified using systematic random sampling to identify 381 study participants. A pretested questionnaire with the socio-demographic characteristics and Edinburgh Postnatal Depression Screening tool was administered. Mothers who scored above 13 points on the scale were considered to have postpartum depression.

Results: 381 study participants were recruited for the study where 43 study participants were screened positive for PPD at a prevalence of 11.3% where only 32% were aware of PPD and 2% were ever screened previously of PPD. **Conclusion** this study shows that the prevalence obtained in Nakuru Level 5 hospital is 11.3% which is comparable to the prevalence found in Kenyatta National hospital at 10.6%, the researchers noted that there was low level of awareness on PPD regarding the condition and the different screening tools and very few participants had ever been screened.

7

Experiences of home-based caregivers of advanced cancer patients from a regional faith-based palliative care center in Kenya.

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Cancer is a leading cause of death worldwide and the third cause of mortality in Kenya accounting for 22,000 deaths annually. Eighty percent of recorded cancer cases are diagnosed at advanced stages when curative care is unlikely and require palliative care. Due to limited in-patient hospice beds, the burden of end of life care for the patients is transferred to family members, often without any or limited training and preparation for such duties. The caregiver unmet needs, the effects of caregiving on the caregivers and their potential ways to support caregivers are unknown in our setting.

This study aims to find out the experiences of home-based caregivers offering end of life care for advanced cancer patients. The specific objectives are to identify challenges perceived by primary caregivers, identify the perceived effects of caregiving on primary caregiver, identify perceived sources of support for caregivers and to explore what caregivers feel can be done to support them.

The study design will be qualitative, phenomenological in nature. In-depth interviews will be conducted on primary caregivers of advanced and dependent cancer patients in the patient's home to see the patient and caregiver in context. Field notes and non-participant observation will also be used to collect data, and the information obtained from this will be used to contextualize the data, and inform interpretation of data obtained from the in-depth interviews. The study participants will be recruited from Kijabe Palliative clinic. The interviews will be digitally recorded and transcribed, and translated into English. Thematic analysis will be used to analyze the data. Ethical clearance has been obtained from both Kijabe Hospital and Kabarak University Ethics Committees.

8

Thinking outside the box for postgraduate research methods instruction in Africa: MicroResearch and thesis proposals

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MicroResearch is a multi-disciplinary team approach to train novice researchers for projects that provide local solutions to health problems. Early program success in East Africa led to an iterative

adaptation of the approach to prepare postgraduate health professions students for thesis proposals.

Advances in health care technology / 9

A Blood Pressure Monitoring Prototype for Preeclampsia Management in Antenatal Care in Kenya

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The health of women is a critical public health concern in public health as it impacts the personal well-being, family reproduction, and societal development. Globally, it has been noted that a significant number of women die as a direct result of pregnancy and childbirth complications such as haemorrhage, infection, and high blood pressure, among others. This study focuses on the specific challenge of high blood pressure in pregnancy known as preeclampsia. The condition develops during pregnancy, threatens the life of both the mother and child and has the potential to persist after delivery. The condition is fairly well managed in developing countries where a robust healthcare system complemented by the availability of technology aids in the detection of blood pressure fluctuations in expectant mothers. However, the situation in developing countries is not as supportive due to poor health systems and lack of affordable technology. This study therefore, sought to develop a blood pressure monitoring prototype for preeclampsia management in antenatal care in a developing country setting. A mobile application was developed and integrated with a blood pressure smart wrist band to help in reading real time data and sending alerts to care giver in case of an emergency and where data can be stored for analysis. The Actor Network Theory was adopted in guiding the study while functional decomposition and rapid prototyping approaches were adopted during the implementation. The prototype was successfully developed and taken through an alpha test. This paper documents the features of the prototype and their potential in addressing the challenge of pre-eclampsia detection and management in developing countries.

Keywords: Pre-eclampsia, wristband, antenatal care, mobile application

Emerging and re-emerging diseases / 10

Morbidity and Mortality Burden of Neonatal Sepsis at Kericho County Referral Hospital, Kenya: A 5-Year Retrospective Analysis

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Introduction: Neonatal Sepsis causes substantial morbidity and mortality globally; its burden varying by setting (The Lancet, 2017). In Kenya, Neonatal Mortality Rate is 22/1000 live births (KDHS, 2014). In spite of the morbidity and mortality burden imposed by neonatal diseases, Kericho County has no publicly shared record of neonatal morbidity or mortality indices, a situation that frustrates neonatal care services. The study had two-fold objectives (i) To determine the morbidity burden of Neonatal Sepsis at Kericho County Referral Hospital (ii) To determine the mortality burden of Neonatal Sepsis at Kericho County Referral Hospital.

Methods: A sample neonatal data from 2011-2015 was extracted using a pre-designed capture tool. Neonates were either born at the hospital or admitted after delivery elsewhere. Relevant files were identified; those meeting specific inclusion criteria underwent sampling, stratified according to years, months and stratum size. Within strata, the files were selected using systematic random sampling; the first was picked using simple random sampling. The sample size was 422 files using Cochrane (1963) formula.

Results: Period Prevalence: 34.43% (95% CI: 29.1-39.76); Cumulative Incidence: 34.40% (95% CI: 29.03-39.71); Person-Time Incidence: 6.30% (95% CI: 6.18- 6.42); Neonatal Mortality Rate: 44/1000 live births; Proportionate Mortality Rate: 34.14% (95% CI: 28.70-38.66).

Conclusion: Neonatal Sepsis imposes a high burden in Kericho County as reflected by the higher than national average indices.

Key words: Key Words: Neonatal Sepsis, Morbidity Burden, Mortality Burden, Retrospective Analysis, Kericho.

11

DOCTORS' TRAINING, KNOWLEDGE AND ATTITUDE IN ADULT INPATIENT END OF LIFE CARE: CASE STUDY OF THREE MISSION HOSPITALS IN KENYA.

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Background

There are a growing number of people with incurable illnesses in Kenya due to HIV/AIDS, cardiovascular diseases and cancer. The patients who suffer from these illnesses need end of life care. End of life care is care that helps all those with incurable illness to live as well as possible until they die. While in the developed countries such care is given in a hospice or at home by palliative service professionals, these services are very few in Kenya. This care therefore ends up being offered by inpatient healthcare professionals headed by the doctors. Doctors play a key role in offering end of life care. They are the ones who make the diagnosis of a terminal illness, prescribe medications and communicate to the patients and their families. However, a literature review done in sub-Saharan Africa showed that doctors have limited knowledge and skills in end of life care. The emphasis of their training is almost exclusive on curative treatment, hence they struggle to identify the needs of patients with terminal illness.

Study objectives

The aims of this study are three-fold: to understand the doctors' knowledge, attitude, and level of training in adult inpatient end of life care.

Method

This is a descriptive cross-sectional survey utilizing a self-administered questionnaire. The questionnaire was administered to Doctors who work in three mission hospitals in Kenya (AIC Kijabe, AGC Tenwek and PCEA Chogoria mission hospitals).

13

Third trimester Maternal Haemoglobin level and its association with infant Haemoglobin at birth

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Background: The transfer of haemoglobin from mother to fetus is controlled by maternal iron status in the third trimester.

Objective: The main aim of this study was to determine the association between maternal haemoglobin in the third trimester with infant haemoglobin at birth among infants

Methodology: Mother-infant pair was enrolled randomly into the study. Secondary data for third trimester maternal haemoglobin level was obtained. Diaspect Analyzer was used to test infant Cord blood haemoglobin. Pearson correlation was used to establish the relationship between maternal haemoglobin with infant haemoglobin at birth.

Results: The results showed that maternal haemoglobin was strongly associated with the infant haemoglobin at birth (95% CI; R²=0.889; p=0.014).

Conclusion: There is evidence to show that infants benefit from adequate maternal haemoglobin moreso in the third trimester.

14

TYPHOID FEVER AMONG FOOD HANDLERS IN STREET FOOD VENDING PREMISES, BAHATI SUB-COUNTY: KNOWLEDGE, ATTITUDE AND PRACTICES

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Background

Street food vending is part of the eating culture in many low-middle income countries despite the associated public health concern of food borne diseases including typhoid fever. Food handlers play an significant role in the transmission of food-borne diseases.

Objective:

This study was conducted to determine the knowledge, attitude and practices related to typhoid fever among food handlers operating street food vending premises in Kiamaina Location Bahati Sub-County.

Methods

A cross-sectional study was conducted, where 300 food handlers operating street food vendors in Kiamaina Location were included. Data was collected through structured questionnaire and interviews. Univariate analysis was performed for main demographic characteristics and contributory factors to typhoid fever among the food handlers.

Results

Respondents included 300 food handlers; 53% females, with the largest proportion being of over 31years. Sixty percent of food handlers were primary educated. Knowledge on typhoid fever transmission was high (74%) and most food handlers understood that the typhoid fever is curable. Despite the positive attitude towards typhoid fever immunization, majority (74%) of respondents felt that responsibility prevention and control measures implementation was the responsibility of the public health officer or business owner. Lack of water, poor waste disposing facilities, consumption of untreated water for drinking and cooking as well as poor handwashing practices were contributory

factors to typhoid fever infection.

Conclusion: Knowledge and attitudes on typhoid fever among food handlers is inadequate. There is need to improve hygiene practices and environmental street food vending premises.

16

UTILIZATION OF PRE-TRAVEL HEALTH SERVICES AMONG KENYAN TRAVELLERS DEPARTING JOMO KENYATTA INTERNATIONAL AIRPORT

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Abstract

Introduction: Geographical movement of people from one area to another poses a threat to the transmission of infectious diseases. Kenya is among the vulnerable countries when it comes to disease transmission since it's a major transport hub in East Africa yet data about availability and uptake of pre-travel health services is limited.

Method: A cross-sectional descriptive study was conducted to determine uptake of pre-travel health services. Systematic sampling method was used to get a sample among travellers at the waiting lounge prior to departure to get a sample size of 384 participants while 4 key informants were chosen purposively. A self-administered questionnaire was used for data collection. Data analysis methods results were presented in form of tables, graphs, charts and text.

Results: Majority of the respondents (70.6%) knew at least one health service offered to international travellers in Kenya. The most sought after pre-travel health service was vaccination (70.97%) while very few (13.93%) travellers sought pre-travel health advice on how to stay healthy while abroad. Majority of travellers were positive about pre-travel health services. Port health department focuses more on international arrivals as opposed to departures health there are no functional travel health clinics.

Conclusion: It's important for the government to develop policies, guidelines and structures that will ensure pre-travel health services are received by travellers prior to departure since from the study the government pays little attention to departing international travellers. Travel clinics need to be set up to increase uptake of pre-travel health services and further research conducted.

Key words

Airport

Immunization *

International travellersKenya

Pre-travel health

Vaccine

18

Do consumers utilize nutrition information on processed meat products in their purchasing decisions in supermarkets in Nakuru town, Kenya.

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Background: High consumption of processed meats has been associated with non-communicable diseases such as cancer, obesity and cardiovascular diseases among others. The purpose of this study was to determine the utilization of nutrition information in purchasing decisions of processed meats in supermarkets in Nakuru, Kenya.

Methods: A cross-sectional study was conducted among 422 consumers continually sampled from eight randomly selected supermarkets in Nakuru town. Structured questionnaire, key informant interviews and observation checklist were used to collect data. Data were analyzed using SPSS. P-value of $p < 0.05$ was considered significant.

Results: Majority (66.1%) of the participants were female; young adults aged between 29-39 years (48.6%), with an average income of between Kshs 10,000- 20,000 (24.6%). Majority (92.6%) had above secondary education. Only one of the brands in the market under study provided nutrition information on the label of its products. Most (66.8%) utilized nutrition information. Cholesterol (26.1%), sodium (17.8%) and fats (15.4%) were the nutrient of most interest. 58.2% of consumers experienced challenges when reading nutrition information. Associations were established between utilization of nutrition information in purchasing decisions with age (chi-square; $p < 0.001$), sex (chi-square; $p = 0.018$), income (chi-square; $p < 0.001$), and education (chi-square; $p < 0.001$).

Conclusion: Kenya Bureau of Standards and nutritionists should ensure that the information on processed meats is simplified. It should also set policies and make nutrition labeling mandatory on all processed foods to protect consumers and improve access to health related information.

19

Thinking outside the box for postgraduate research methods instruction in Africa: MicroResearch and thesis proposals

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Background

Although African leaders agreed to strengthen national health research agendas a decade ago, the number of publications by African health professionals remains limited. MicroResearch is a multi-disciplinary team approach to train novice researchers for projects that provide local solutions to health problems. The early success of the program in East Africa led to an iterative adaptation of the approach to prepare postgraduate health professions students for thesis proposals and encourage life-long research activity.

Methods

The 2017 cycle utilized the two-week MicroResearch workshop to review principles of research methods and develop individual thesis proposals under a faculty coach. The 2018 cycle invited only post-graduate health professional students, added inter-professional learning, supplemental material on mixed methods research and an assessment on study designs. The 2019 cycle will include an additional module on conceptual and theoretical frameworks. The process will be evaluated over four years by: 1. end of course evaluations, 2. success rates of thesis proposal defense, 3. success of thesis defense and 4. post-graduation survey on continued research activity.

Results

In total, 18 postgraduate students in Family Medicine and Nutrition have completed the MicroResearch workshop to develop thesis proposals. In the 2017 cycle, 6 Family Medicine residents were among the 14 who completed the course and 5 passed their thesis proposal defense, with major and minor corrections. One Family Medicine resident dropped from the academic program. The post-graduate only cohort in 2018 included 7 from Family Medicine and 5 from Nutrition and Dietetics, with 100% of participants rating the workshop as excellent.

Conclusion

Early results suggest that the MicroResearch process using experiential learning and feedback from coaches can be successfully adapted to develop thesis proposals for postgraduate health professions students. Long-term evaluation processes are needed to determine impact on success in final thesis defense and continued research engagement after graduation.

20

PREVALENCE OF DEPRESSION AMONG MOTHERS ATTENDING MCH CLINIC AT KABARAK HEALTH CENTER

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Women of reproductive age suffer disproportionate depression which is a principal cause of disability, ranking among 4th in the 10 leading causes of the Global Burden of Disease. Severe depression is evidenced by avolition, reduction in concentration, feelings of guilt and worthlessness. Marked distress, suicidal thoughts, attempts and even acts are common in severe cases. Early case finding, management and treatment of depression in primary care is a fundamental step to enable the greatest number of cases to get easier and faster access to services. The majority of communities in middle and low-income countries seek help at the Primary Health Care level as a first step and choice. There are effective screening tools for detecting depression that would facilitate early case-finding and interventions. The specific objectives of the study were to determine the socio-demographic characteristics of the study participants, evaluate the rates of diagnosis of depression and to establish the symptoms presented among the study participants. A cross-sectional study design was adopted. The study setting was at the Kabarak Health Centre located in Menengai Sub-location, Nakuru County. A sample size of 35 used based revision using Cochran formula out of N=40. Self-administered questionnaires with both structured and semi-structured questions were used. The study findings were: 82.9% respondents presented with mild, moderate to severe depression, representing 31.4%, 23.9%, and 28.6% respectively. Depression was most prevalent among mothers who were married, those aged 10-24 years and those below tertiary level of education. Common symptoms comprised having little energy (28.6%), trouble with sleep (11.4%) and reduced pleasure with poor concentrating (8.6%). The study concluded that depression is common among antenatal mothers in PHC settings. The recommendations included routine screening in PHC settings for early case-finding and intervention.

21

RISK FACTORS ASSOCIATED WITH ANTENATAL DEPRESSION AND THEIR INFLUENCE ON PSYCHOSOCIAL QUALITY OF LIFE AMONG ANTENATAL MOTHERS ATTENDING PRIMARY HEALTH CARE SETTINGS IN UASIN GISHU COUNTY, KENYA

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Women of reproductive age suffer a disproportionate high prevalence of depression that impacts on quality of life. Depression is rated the second leading cause of Disability-Adjusted Life Years and the leading cause of Years Lived with Disability, among women aged 15–44 years. Early identification and management of depression among antenatal mothers in primary health care facilities (PHCF) is fundamental in enabling a larger number of mothers to get easier and faster access to services. The objectives will be to identify the risk factors associated with antenatal depression, assess the psychosocial quality of life (PQoL), determine the influence of identified risk factors on PQoL, and determine the role of depression as a mediator between risk factors and PQoL. A cross-sectional study design will be adopted. Data collection will be sequenced from quantitative to qualitative data.

The study variables will comprise the HIV status, socio-demographic and obstetric characteristics, levels of depression, and domains of psychological and social relationship of quality of life. The target population will be antenatal mothers attending routine antenatal clinics. A random sample of 270 antenatal mothers will be proportionately selected from the six sub-Counties of Uasin Gishu. Qualitative data will be collected from depressed antenatal mothers using FGDs. Key-informants will include nurses and clinicians working in antenatal. All ethical principles will be applied to ensure anonymity, informed consent, protection of data, feedback and referral of the depressed patients. SPSS statistical software will be used for quantitative data while the qualitative data will be analyzed thematically using N-vivo. Statistical tests will be set at 95% CI, to include Pearson chi-square, likelihood ratio and other inferential statistics. The results will benefit policy on screening and holistic care of depressed antenatal mothers to improve PQoL, minimize antenatal suicide and improve care of the infants.

22

INFLUENCE OF MATERNAL HEALTH LITERACY ON INFANTS' AMONG FIRST-TIME MOTHERS IN KIBERA SLUM, KENYA

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Maternal health literacy in first-time mothers is a significant problem in Kenya. Low literacy is associated with difficulty in accessing, understanding and utilization of health information. Mothers are considered as the main decision makers on infant health information-seeking. Low health literacy in women affects knowledge on health, the ability to navigate the health care system, as well as the capacity to care for the infant. This may lead to problems that impact on the infant's health, growth and development. Maternal health literacy is thus a powerful tool for empowering mothers to take control of their own and the infants' health. The purpose of this study will be to assess the influence of maternal health literacy on infant health outcomes among first-time mothers. The specific objectives will be to describe the socio-demographic characteristics, assess the levels of health literacy of the first-time mothers, and evaluate the health status of their infants. The target population will be first-time mothers attending randomly sampled health facilities in Kibera slum. A list of the facilities will be obtained from the Public Health office in Kibera and used as the sampling frame. The first-time mothers will be purposely selected from the routine attendance register in the maternal and child welfare clinics of the participating institutions. The study will adopt a mixed methods approach to data collection, analysis and presentation. A standardized questionnaire with both structured and open-ended questions will be used as the tool for data collection. Quantitative data will be analyzed using SPSS version 21 statistical software, while the qualitative data will be analyzed thematically based on categories of responses from the open-ended questions using N-vivo. All ethical principles will be applied to ensure anonymity, informed consent, protection of the data and assurance of feedback.

23

Do consumers utilize nutrition information on processed meat products in their purchasing decisions in supermarkets in Nakuru town, Kenya.

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Background: High consumption of processed meats has been associated with non-communicable diseases such as cancer, obesity and cardiovascular diseases among others. The purpose of this study was to determine the utilization of nutrition information in purchasing decisions of processed meats in supermarkets in Nakuru, Kenya.

Methods: A cross-sectional study was conducted among 422 consumers continually sampled from eight randomly selected supermarkets in Nakuru town. Structured questionnaire, key informant interviews and observation checklist were used to collect data. Data were analyzed using SPSS. P-value of $p < 0.05$ was considered significant.

Results: Majority (66.1%) of the participants were female; young adults aged between 29-39 years (48.6%), with an average income of between Kshs 10,000- 20,000 (24.6%). Majority (92.6%) had above secondary education. Only one of the brands in the market under study provided nutrition information on the label of its products. Most (66.8%) utilized nutrition information. Cholesterol (26.1%), sodium (17.8%) and fats (15.4%) were the nutrient of most interest. 58.2% of consumers experienced challenges when reading nutrition information. Associations were established between utilization of nutrition information in purchasing decisions with age (chi-square; $p < 0.001$), sex (chi-square; $p = 0.018$), income (chi-square; $p < 0.001$), and education (chi-square; $p < 0.001$).

Conclusion: Kenya Bureau of Standards and nutritionists should ensure that the information on processed meats is simplified. It should also set policies and make nutrition labeling mandatory on all processed foods to protect consumers and improve access to health related information.